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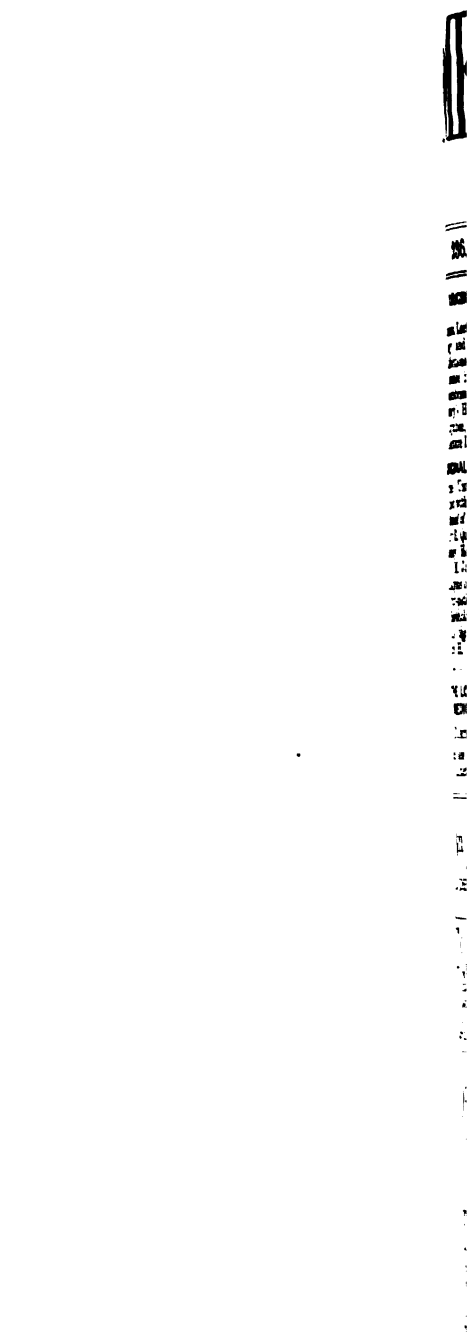

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ORIGINAL LECTURES.

CLINICAL LECTURES

ON THE

PATHOLOGY AND TREATMENT OF THE AFFECTIONS OF THE EAR,

CAUSING DISEASE IN THE BRAIN OR ITS MEMBRANES.

DELIVERED AT

St. Mary's Hospital.

BY JOSEPH TOYNBEE, F.R.S.

Aural Surgeon to the Hospital; Lecturer on Aural Surgery at St. Mary's Hospital Medical School; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, etc.

LECTURE I.

GENTLEMEN,—Cases of disease in the ear advancing to the brain are unfortunately of very frequent occurence, their progress is usually so insidious, and the results are of so fatal a character, that they appear to be highly deserving of our consideration.

The subject is naturally divided into cases of *acute* and those of *chronic* disease. It is to the latter class of cases that I purpose especially to draw your attention; my observations respecting the acute cases will be comparatively brief.

The subject of chronic disease advancing from the ear to the brain has attracted considerable attention from several eminent Medical men, in this as well as in other countries; among them the names of Abercrombie, Bright, Watson, Morgagni, Lallemand, and Ihard stand prominently forward. These writers have, however, mainly confined themselves to the description of certain cases which have fallen under their own notice; their attention has been almost exclusively devoted to the acute symptoms which preceded the death of the patient, and to the condition of the brain and its membranes after death; while the history of the case in its early stages, the exact state of the ear, the nature of its disease, and the mode in which it advanced from the ear to the brain, as well as the causes of this progress, have been insufficiently investigated. Indeed, many of the cases have been described by other writers in general terms, as instances of *otorrhœa*, terminating in caries of the petrous bone and injury to the brain, without reference to the part of the ear affected, or to the nature of the disease of which the discharge was but a symptom.

In a paper published in Vol. XXXIV. of the "Medico-Chirurgical Transactions," I have given in a tabular view the nature of the chronic symptoms and their duration, the nature of the acute symptoms and their duration, and the diseased appearances, in sixty-nine fatal cases of chronic disease of the ear advancing to the brain. In twenty-seven of these cases I had the opportunity of examining the petrous bones after death, and comparing them with the history of the cases. A glance at the table in that paper will give you a general idea of the peculiarly chronic and insidious character of these diseases. In many cases you will observe that the only premonitory symptom whereby the Medical man could judge of the existence of a serious lesion of the bone and the brain was a long-standing discharge from the ear. In some cases the discharge had continued for twenty or more years, at the end of which time acute symptoms suddenly appeared, and death occurred in a few days. In other cases, decided symptoms are present in addition to the discharge. Thus the patient suffers from frequent attacks of pain in the ear, extending over the side of the head; he may have habitual tenderness around the ear; he may complain of giddiness upon suddenly taking active exercise; and there is often partial or complete deafness. Now, when you bear in mind that simple discharge from the ear, unaccompanied by the symptoms just alluded to, is frequently the only indication of disease in the petrous bone and in the brain, it behoves you to examine carefully every case of discharge from the ear that comes before you, in order to assure yourselves whether the disease is confined to the ear, or whether it is probable that the deeper parts are implicated. If the latter is the case, you must pursue a careful treatment to subdue or control it. Many cases of so-called *otorrhœa* are, I believe, a simple chronic catarrh of the mucous membrane of the tympanum, the discharge freely escaping through an aperture in the membrana tympani, or through the space caused by its absence, there is no indication of disease in the bone or in the brain, nor is it probable that any will supervene. Such cases are, however, liable to be rejected at life assurance offices, simply because there is a discharge from an ear. In cases referred to you, it is important that you should be able to say which are likely to be serious, and which are merely cases of simple catarrh of the mucous membrane. I shall make some remarks upon this subject when speaking to you of the treatment of the several diseases under consideration. And here I may observe, what you in attendance upon my practice have ere this discovered, that in speaking of cases in which a discharge takes place from the ear, I have deemed it advisable entirely to abolish the use of the term *otorrhœa*; it means, as you are aware, a discharge from the ear. Now, not only are discharges from the ear of very various characters, some being composed of viscid mucus, others being epithelial, others purulent, serous, or sebaceal, but the sources of the discharges are very numerous. In place of using this term, we shall specify the part of the organ affected, and we shall indicate the nature of the disease, as catarrhal inflammation of the mucous membrane of the tympanum, ulceration of the dermoid meatus, or of the fibrous laminæ of the membrana tympani, etc., etc.

Previous to entering severally upon an examination of the affections of the different parts of the ear which cause disease in the brain, I may here briefly state the general result of my investigations into the cause of the disease advancing to the brain. You will perhaps hear it stated, that the cases in which the petrous bone and brain become affected are those of persons having a scrofulous diathesis. There is no doubt that, as a general rule, an attack of inflammation of the tympanic mucous membrane arising in scarlet fever, measles, or catarrh, subsides in persons having a healthy constitution, and it is usually in scrofulous subjects only that the disease becomes chronic. There are, however, many exceptions to this rule; but I think I shall make it evident to you that it is not the scrofulous diathesis of the patient which causes the disease to advance to the brain. It is in only a small proportion of these scrofulous cases that the disease does advance to the brain, and such cases are far from being those in which the scrofulous disease is most strongly developed. As a general rule, to which I have found but few exceptions, the cause of the advance of the disease inwards to the brain appears to be the circumstance, *that matter is secreted in one or more of the cavities of the ear, from which it has only a partial egress, or in which it is entirely pent up.* Sometimes it is scrofulous matter, at others mucus or pus; but, whatever may be its nature, or wherever it may be situated, I believe that its inability to escape externally is the cause of the progress inwards of the disease. Thus you will frequently find that, in the same subject, both ears have been equally injured by the original disease, scarlet fever for instance, but that only in one ear does the bone become affected. Upon examination, the cause is shown to reside in some peculiar arrangement of the membrana tympani or other structure, whereby the matter has been pent up.

In considering this subject, I have thought it best to speak first of the pathology, and afterwards of the treatment. By this means I hope to give you a more clear insight into the nature of the disease than I should be able to do if I treated the two branches together.

I purpose examining consecutively the different cavities of the ear from which disease advances to the brain, viz.:—

1. The external meatus.
2. The tympanic cavity.
3. The mastoid cells.
4. The labyrinth.

In the course of observations upon the progress of the disease inwards, I have been able to show that each cavity of the ear has its particular portion of the brain with which it has intimate relations, and to which it communicates disease. Thus, the external meatus and mastoid cells have an intimate connexion by proximity and by blood-vessels with the lateral sinus and cerebellum, and to the latter disease is communicated. The same

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intimate relations in health and disease exist between the tympanic cavity and the dura mater of the middle cerebral cavity and the middle lobe of the cerebrum, and between the labyrinth and the base of the brain.

The portions of the ear from which disease most usually advances to the brain are the tympanic cavity and mastoid cells; and, as I shall point out to you, disease very rarely begins in the labyrinth, but is prolonged into it from the tympanum.

THE EXTERNAL MEATUS.

On Disease Extending from the External Meatus to the Cerebellum.—If we examine the membranous meatus, we shall find that it is composed of the dermis, periosteum, and cellular tissue; these towards the orifice are distinct from each other; but towards the membrana tympani they are blended together, and it is impossible to separate them. The blood-vessels ramifying through these tissues are directly continuous with those entering and supplying the osseous meatus. The intimate connexion between the dermis of the meatus and the bone is, therefore, very obvious. The relations of the osseous walls of the external meatus to the cavity of the cranium are deserving attention. In the adult, it will be found that the upper wall of the meatus consists of a solid lamina of bone, varying from a line to two lines in thickness, which separates the cavity of the meatus from that occupied by the middle lobe of the cerebrum. In some cases, a prolongation of the tympanic cavity is found to extend into the substance of the upper wall of the meatus. The relations of the upper wall of the meatus in the child differ remarkably from those just detailed. At the time of birth, and for the first year subsequent to it, the only rudiment of the osseous external meatus is the superficial depression situated in the middle of the outer and lower part of the pars squamosa, immediately posterior to the root of the zygomatic process. This depression, to which the name "fossa auditoria" may with propriety be applied, has the rudiments of the mastoid process posterior to it; its surface is more smooth and its substance more dense, and it contains fewer foramina for the transmission of blood-vessels than the surrounding bone. At the period of birth, the portion of bone forming the fossa is not more than half or three quarters of a line thick, and the membranous meatus is attached to its outer, and the dura mater of the middle cerebral cavity to its inner, surface. Its structure is far from being compact and dense, and in its substance the blood-vessels from the meatus communicate with those of the dura mater. The relations of the fossa auditoria, at the period of birth and during the first year of life, are shown in this diagram, which represents a vertical section of the temporal bone, from without inwards, in a line through the fenestra ovalis. Subsequently to the first year of life, and during the period of youth, the substance of the bone between the fossa auditoria and the middle cerebral fossa so increases in thickness that the outer and inner surfaces of the cranium are separated by a space ranging from a line to a line and a-half thick. As the bone approaches maturity, the fossa assumes an oblique position, and forms the upper wall of the external auditory meatus, and it is separated from the cavity of the middle cerebral fossa by a dense layer of bone, into which cells communicating with the tympanic cavity are not unfrequently prolonged. In the adult the fossa auditoria has nearly wholly lost its oblique direction, and forms a horizontal lamina of bone.

From the above observations it will be evident that disease of the membranous meatus externus is liable to be prolonged to the outer surface of the bone, and thence to the interior. In the only case of fatal chronic disease which has fallen under my notice, the disease advanced posteriorly to the lateral sinus.

Pathological Observations.—The two diseases of the external meatus which are apt to be prolonged to the brain are—1st, acute inflammation; and, 2ndly, chronic catarrhal inflammation of the dermis.

Acute inflammation of the dermoid meatus may arise from the application of cold to the ear, or from the irritation of a foreign body; but neither cause is usually sufficient to induce the inflammation to advance to the brain or its membranes, unless there exist at the time considerable constitutional irritation.

For the particulars of the following case I am indebted to Dr. Nairne, who gave me the opportunity of dissecting the ear.

Acute Inflammation of the Dermis of the External Meatus Extending to the Brain and its Membranes.—Death.—Mary Wells, a single woman, aged 24, servant to Dr. Cursham, of a scrofulous family, was attacked on the 1st of April, 1841, with severe pain in the right ear; for some hours it was distracting, and then there was a sensation of something bursting, and there followed a discharge of blood and water which afforded immediate relief. Before this time she had suffered no pain, and could only account for it from having picked her ear with a pin, to relieve a tingling in it. The discharge continued bloody for two days, and quite ceased at the end of a week, when she felt pretty well. A few days after this she had a rigor, followed by violent pain in the ear, which continued twenty-four hours, when a copious purulent discharge took place, giving relief as before. She had now no pain, and felt in good health. The discharge continued profuse until the 24th of April, when it ceased. The next day she was seized with violent pain in the right ear and side of the head, accompanied by vomiting and symptoms of general fever. As the bowels were confined, she was purged with relief. On the 28th, the pain in the head returned with great severity, and towards evening extended towards the right ear, unaccompanied with pain or redness, or increase of pain on pressure. She vomited twice. Ever since the first attack, the hearing on the right side had been affected, and during the last few days she had complained of noise in the ear and giddiness, and has carried her head bent backwards.(a) The pain increased, and on the 30th she was admitted into St. George's Hospital, and ordered a calomel pill and haustus sennæ.

On the 1st of May, her state was as follows:—Pulse 104, full, sharp, and compressible; tongue red and glazed; the skin hot and dry; the conjunctiva slightly injected. There was slight intolerance of light, and a peculiar sensitiveness of the sense of touch, so that she shrank from the approach of a finger, though, when touched, she felt no pain. Her eyes were bright and in constant motion; the right pupil was a little more dilated than the left. The respiration was quick (thirty-two per minute). The countenance was placid, though the manner was rather hurried. The catamenia were present. She was cupped, had cold lotion applied to the head, and calomel and a black dose were administered. During the following night she was delirious, though the senses could be recovered by an effort.

May 2.—1 p.m.—There was a slight degree of opisthotonos this morning; and the nurse remarked, that, on her getting out of bed, there was a peculiar rigidity of the muscles. She was, however, quite comfortable, and said that the headache went away about an hour after the cupping. Pulse 120, sharp but compressible; tongue red and glazed. She was ordered a blister behind the right ear, and three grains of hydrargyrum cum creta were administered night and morning.

3rd.—The feverish symptoms were somewhat abated, and she had some quiet sleep in the morning. The urine is passed in natural quantity.

4th.—1 p.m.—Pulse again sharper, though the tongue was moist. The eyeballs were tender and suffused. No pain complained of, but she moans on being moved. The countenance is depressed, and she throws the clothes off her; she is, however, quite sensible when spoken to. Ice was ordered to be applied to the head. To proceed with other medicines.

3 p.m.—Is heavier, and less sensible.

6 p.m.—The ice was applied about four o'clock, soon after which she fell into a comatose state, occasionally, however, waving her hands, and appearing to recognise her friends.

5th.—11 a.m.—Became perfectly comatose about 4 a.m. She is now perspiring profusely. Pupil of right eye contracted. She died at 12.

Dissection of the Body, Twenty-Six Hours after Death.—The Weather Warm.—Head.—There were a few patches of lymph upon both hemispheres of the brain, immediately beneath the arachnoid. The arachnoid was more vascular than natural. The convolutions of the brain were flattened. The substance of the brain was watery, but not soft, with the exception of the corpus callosum, fornix, and the parts contained in and near the lateral ventricles, which broke up easily on a slight touch. The cavities of the ventricles were large, and contained a quantity of turbid fluid. The pons Varolii, medulla oblongata, and adjacent nerves were smeared with concrete purulent lymph, effused into the cavity of the arachnoid. The cellular tissue around the optic nerves and their union contained pus. The cerebellum was somewhat softer than natural. The dura mater covering the surface of the petrous bone was very vascular, and its vessels were distended with blood; it was separated from the bone by a small quantity of serous fluid. The substance of the bone was of a dark colour, its bloodvessels being distended. Upon examining the internal ear, the membrana tympani was found to be entire; it and the mucous membrane lining the tympanic cavity were

(a) Mr. Maule, who saw the patient two or three times, was of opinion that an abscess was forming in the internal ear.

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more vascular than natural. The chief disease was found in the external meatus, of which the membrane lining the inner third was soft, highly vascular, easily detached from the bone, and covered by purulent matter. There was no appearance of ulceration on the surface.

2. *On Chronic Disease extending from the External Meatus to the Lateral Sinus or Cerebellum.*—Chronic catarrhal inflammation of the dermoid lining of the external meatus is not uncommon, and it is frequently sympathetic, being the effect of irritation in the tympanic cavity or mastoid cells. It most generally occurs in children having a tendency to glandular enlargements, and often originates in an attack of measles, scarlet fever, or small-pox. Sometimes the exciting cause is simply a cold, and it not unfrequently happens that the first intimation of its existence is the presence of a discharge from the meatus, although it may be preceded by an itching or slight pain in the ear, and dulness of hearing. If examined at this early period the dermis is found to be covered by a milky discharge in place of the natural epidermis; the surface of the dermis is red and tumefied. After the affection has existed a short time the surface of the dermis often loses its unnatural redness, and the discharge assumes a very offensive odour, the latter symptom frequently depending upon a deranged secretion of the ceruminous glands, and not in the least degree upon any disease of the bone. This affection, once established, often continues many years, being aggravated by the use of oils and acrid applications to which the parents commonly resort. If it progresses, pain is experienced in the ear, the whole dermis becomes hypertrophied, fluid is effused in the cellular tissue, between it and the bone, the calibre of the meatus becomes extremely contracted, so that the egress of the discharge is prevented, the odour of the discharge becomes highly offensive, and symptoms of cerebral derangement manifest themselves.

The following is a well-marked case of the disease which fell under my own observation:—

Catarrhal Inflammation of the Dermoid Layer of the External Meatus, with Caries of the Posterior Wall; Disease extending to the Lateral Sinus and Cerebellum.—Harriet Baker, aged 3½, was admitted under my care, at the St. George's and St. James's Dispensary, on the 6th of December, 1848. Her mother stated, that she had always been sickly; at five months' old, a thick, creamy discharge was observed to ooze from the left ear; it was not very abundant, but very offensive; the child did not complain of pain, but now and then asked to have the ear picked on account of its itching. Three weeks ago, the discharge ceased, violent pain came on in the ear, accompanied by a swelling over the region of the mastoid and squamous processes, so as to make the ear project from the side of the head; great restlessness and delirium followed; she was constantly throwing herself about.

Upon examination, the surface of the dermis was red, and denuded of epidermis; it was smooth, but not ulcerated; it was much thicker than natural, so that the cavity of the meatus was only one-third its natural calibre; the membrana tympani was absent. The abscess behind the ear was opened, and, about a wine-glassful of pus having an extremely offensive odour having been discharged, the surface of the squamous and mastoid processes was felt to be rough and carious. Linseed-meal poultices were applied.

Dec. 9.—The discharge continues very copious; the pain and tumefaction have extended to the temporo-maxillary articulation, so that the jaw can be opened for a short space only.

14th.—The discharge, which has been very abundant, has now ceased, and the pain in the head and restlessness have greatly increased; the hands have been kept applied to the head.

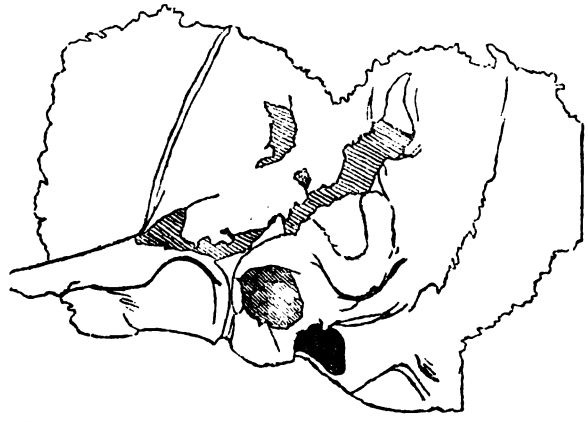
The head symptoms continued to increase until the 29th, when the patient died, being extremely emaciated.

Post-mortem Inspection.—Upon removing the calvaria, the dura mater appeared healthy, as well as the arachnoid and pia mater. The lateral ventricles contained about half-an-ounce of perfectly clear serum. Upon and after the removal of the cerebrum, there was no appearance of disease; the dura mater and arachnoid covering the upper part of the left petrous bone were quite healthy. Upon the removal of the tentorium, the left hemisphere of the cerebellum was observed to be much softer than natural, and the portion in contact with the posterior surface of the pars petrosa was dark-coloured, and very soft; and, upon gently drawing it backwards, it was found to be applied against two orifices in the posterior part of the lateral sinus, and it was separated from the cavity of the sinus by the thickened arachnoid and pia mater. A considerable vessel in the pia mater, opposite the orifice, was distended by a firm and dark coagulum, half-an-inch in length.

The internal surface of the temporal bone, showing the two orifices in the lateral sinus which were filled by the cerebellum.

The anterior membranous wall of the lateral sinus was absent; the bone joining the sulcus lateralis in the mastoid process was carious, and the sinus full of a dark-coloured coagulum and purulent matter; pus was also found in the jugular veins.

The Ear.—The dermis lining the whole of the external meatus was soft, tumefied, and of a dark colour; its surface was denuded of epidermis; beneath it posteriorly was purulent matter, which separated it from the carious bone. The membrana tympani was absent, but there was no more appearance of disease in the tympanic cavity than might have been produced by the affection of the meatus. The bone was carious anteriorly as far as the root of the zygomatic process, and the fossa for the articulation of the lower jaw; superiorly and posteriorly the caries extended for the distance of an inch and a-quarter, nearly to the margin of the parietal bone; in some parts the external table only was affected; in others, it extended to the diploe, and thence to the internal table. Upon holding the bone up to the light, small orifices were observed through the bone, so that its external surface, viz., that part which was covered by the membranous meatus was directly continuous with the lateral sinus.



The external surface of the temporal bone, showing the carious part.

The progress of the disease in this case from without inwards is very remarkable, but there is no evidence to prove that the disease originated elsewhere than in the meatus; and it is apparent from the direct communication by blood-vessels between the membranous meatus and the bone forming the lateral sinus, that disease could easily be transferred from the inflamed meatus to the bone beneath. A careful consideration of the subject has, however, induced me to believe that the progress of disease from the meatus inwards to the lateral sinus and cerebellum is a rare occurrence, and to think that the majority of the cases of this kind recorded, as having occurred to previous inquirers, were really instances of disease advancing from the tympanic cavity, or mastoid cells, outwards to the meatus, in which process the cerebellum and lateral sinus were implicated.

In my next lecture, I shall proceed to consider the diseases of the Tympanic Cavity.

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ORIGINAL COMMUNICATIONS.

SOME UNUSUAL CIRCUMSTANCES MET WITH IN OPERATIONS FOR THE RELIEF OF STRANGULATED HERNIA.

By R. QUAIN, Esq., F.R.S.
Surgeon to University College Hospital.

Among the operations for strangulated inguinal and femoral herniæ which I have lately been called upon to perform in the Hospital and in private practice, some facts have fallen under my notice, which, from their rarity and their practical importance, seem to me to be worth being recorded.

INGUINAL HERNIA.

The first case I propose to mention was one of inguinal hernia occurring in a gentleman of middle age, who, from having been a corpulent person, had lately been much reduced in bulk. The patient had not previously any symptom of hernia, and he was not conscious of the presence of an enlargement in the groin before the present attack. He was seized, while walking in one of the parks, with pain and sickness, and had suffered more or less for three days, when my assistance was required by his Medical attendant, Dr. Jones.

The tumour, which had fully the size of an egg, was found above the inguinal groove of the right side, covering the internal inguinal ring and the inguinal canal. It was entirely clear of the inguinal groove—without any neck or elongation—extending downwards from the abdominal wall to the thigh; it had therefore none of the position of a femoral rupture. Regarded as an inguinal hernia, there was one peculiarity worthy of notice, namely, that the mass admitted of being grasped between the fingers more completely than is usual in cases of bubocele—almost as completely as a mass of enlarged glands in that situation might be.

After the integuments had been divided, a tumour was met with embedded in the subcutaneous fat; the most prominent part reaching very nearly to the skin. In the first instance, not being prepared to meet with a hernia till after the tendon of the external oblique muscle had been divided, it occurred to me that the tumour now in view might be a fatty one, and that the hernia must be sought for beneath it. But, upon examination, it proved to be the hernia itself, protruded through the external abdominal muscle. The edge of the opening in that structure being notched at its upper part, the bowel was readily returned to the belly, without division of the sac, or any interference with the investments of the hernia. The patient did well; but, upon his making forced exertion, the bowel was protruded again in the same place in a fortnight after the operation. Now, however, it was easily replaced, and was retained with a compress and bandage, which were to be kept on till a proper truss should be procured.

Case 2.—In another operation, like that in the preceding case, very recently performed, for strangulated inguinal hernia, in a young robust female, a patient of Mr. Coghlan's, I found a considerable part of the protruded mass,—which was of large size and composed of omentum consolidated into a thick lump, with but a small knuckle of bowel—separated from the subcutaneous fat by only a thin transparent membrane, while the rest, the outer part of the rupture, was still bound down by the strong tendon of the external oblique muscle.

In the latter case it seemed obvious, from its altered condition that the protruded omentum must have lain long in its unnatural position,—the symptoms of strangulation having been induced by the recent descent of a knuckle of intestine; and the partial projection of the mass through the tendon of the abdominal muscle, was in all probability the result of the gradual separation of the fibres by pressure from beneath. But the approximation of the hernia to the surface in the former case is not to be accounted for in the same way, for in it there was no omentum, and the tumour was only recently formed. In that (the first) case, it might be that the protruded bowel had followed after one of those small lumps of fat which occasionally form over the peritonæum, and gradually find their way towards the surface, drawing behind a tube of the serous membrane, which is then ready to receive a hernia. It must be observed, however, that I have not hitherto seen anything bordering on that condition, except in the usual place of femoral hernia; and, on the whole, I believe it to be most probable that the tendon of the external abdominal muscle,—enfeebled as I have occasionally seen it in the same situation, by the wide separation of its fibres, which are then held together only by thin transparent membrane,—had given way to the hernia opposite to the abdominal ring, instead of compelling it to follow the course of the inguinal canal to the external ring, as happens in an ordinary case.

FEMORAL HERNIA.

Case 3.—A female, aged upwards of 70 years, was admitted ten days ago into the Hospital with the common indications of strangulated hernia,—vomiting and constipation, together with a tumour in the groin. It was ascertained that she first had rupture in the same place more than forty years ago, and that she had been troubled with a return of it from time to time, but had not required active Surgical interference, though she had not worn a truss. The tumour lay immediately below the groove of the groin, upon the thigh at its middle, and spreading inwards from the middle towards the pubes. It had the size of an orange, but flattened; was flaccid and painless to pressure. The manipulation of the taxis had no effect whatever in reducing the size of the mass, which resembled, in most respects, an incarcerated hernia, that is to say, a hernia which, though not reducible, was not strangulated. From this circumstance an operation was not at first suggested. Under the use of opium the symptoms were much abated, and for two days the patient was troubled only with belchings of air; but on the third day from the first occurrence of the symptoms, as vomiting returned at the same time that the constipation still continued, and some abdominal tenderness had arisen, the operation as for strangulated hernia was performed. After an attempt had been made ineffectually to reduce the tumour, when the fibrous structure on the inner side of the neck of the hernia was divided, the large sac which had been felt upon the surface was laid open. It contained serum, but no hernia. Satisfied, however, that a hernia was the most probable cause of the suffering of the patient, and mindful of a former case to be presently noticed, I made a careful examination in the cavity, in the direction of the femoral ring. There was no communication between it and the interior of the abdomen. Instead of that, a narrow circular depression, about half-an-inch in diameter, was found in the situation of the femoral canal. Within that depressed circle, the membrane, which there felt elastic, was divided, and a knuckle of bowel came into view. The bowel was of dark brown colour, and was separated from its proper sac only by recently-effused lymph. The operation was completed in the usual way. Some days afterwards, while the patient was going on favourably as regards the hernia and its effects, she was seized with a severe attack of bronchitis, under which she sank.

The matter of chief importance in this case was the fact of the strangulated bowel being altogether masked by the large serous bag, which not partaking in any degree in the inflamed condition of the hernia, was calculated to mislead as to the real nature of the cause of the patient's suffering.

Case 4.—A few years ago a case was sent to the Hospital by Mr. Walter Bryant which agreed with the preceding case, in the fact of an unusual serous bag being present, and yet differed from it in some not unimportant particulars. A female, aged 42, was attacked with violent vomiting, and during the forced straining a tumour was formed at the right groin. She had a hernia several years ago in the situation of the present swelling, and she had worn a truss; but the instrument was not worn regularly. The tumour, which was the size of a walnut, had the usual position and all the characters of a femoral hernia. It was nearly round, was prominent, and tense. To the touch, it was remarkably tender, so much so that an attempt to effect the taxis was productive of great pain; and at the same time the abdomen generally was tender. The operation was therefore immediately performed.

The whole prominence was found to consist of a thin membranous bag, filled with bloody serum, and nothing else. The inner surface of the membrane was of dark brown colour, and was highly vascular. There was no communication with the abdomen. Suspecting that the inflamed condition of the little serous cavity, though it should be the cause—as in all probability it was—of the tenderness of the tumour, would not account for the general symptoms, and that there still might be a hernia, I incised a slightly-prominent part of the sac at its upper end, and came upon a small piece of strangulated bowel, invested by and immediately in contact with a proper sac. It may be mentioned that a large quantity of deeply-coloured serum escaped from the cavity of the peritonæum in this case after the reduction of the hernia, the discharge being encouraged by pressure of the hand over the abdomen. The patient had a severe attack of peritonitis, but she did well.

These are the only examples of hernia, complicated in the way

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described, that I have met with in practice. The complication must be a very rare one, for Sir A. Cooper seems not to have met with any case of the kind, though he must have seized on every unusual circumstance within his reach for the purpose of his work on hernia; and Mr. Lawrence does not make mention of the same condition having occurred under his own observation. Nevertheless, a few cases have been recorded which may be noticed briefly, in order to show the various disposition of the supplemental sac.

A case is recorded in the 4th volume of the Medico-Chirurgical Transactions, by Mr. Chevalier; and a few others are described by Breschet *(Thèse de Concours sur la Hernie Fémoral ou Mérocèle)* from the practice of Dupuytren. In Mr. Chevalier's case, which occurred in St. George's Hospital in the practice of Mr. Gunning, John Hunter assisting him in distinguishing the condition of the parts, the hernia, with its proper sac, was pendulous in the unusual serous bag; while the arrangement in Dupuytren's cases seems to have resembled that of the second case which I have narrated, except, perhaps, that the presence of a hernia was in them more apparent than in mine when the first sac was opened. Now, where the hernia is actually under view in the first-opened sac, the only mistake likely to be made is that of taking the proper sac for the bowel; but where the hernia is to be sought for after the first sac has been opened, the nature of the case may be altogether overlooked; and the oversight is the more likely to occur should the outer sac happen to be large, as in the case (No. 3) which I lately met with.

Although it is only in a surgical point of view that the presence of the unusual serous bags or cysts which have been referred to is really important, still one can scarcely avoid a conjecture as to the manner of their production. Here the question likely to arise may probably be this: Is the cyst independent of hernia or not? My reply is, that I have not seen any such formation in the same position independently of hernia, and I am not acquainted with an example recorded by any other surgeon. The cyst, moreover, seemed, in Case 4, to resemble very closely a peritoneal sac. It was inflamed, too, like the hernia and its proper peritoneal investment. In this case likewise—and the same is to be presumed of the cases recorded by Chevalier and Breschet—the cyst was so small and so completely in the position of the hernia as to seem a dependence of it. One could scarcely separate the cyst in idea from the hernial protrusion. It is, indeed, different as regards Case 3. There the cyst was large, while the rupture was small; and the former was wholly free from the inflammation which affected the hernia. Still, even as regards that case, it is to be remembered, that in a careful dissection, carried from the cavity of the larger sac to the protruded bowel, there were certainly not two membranes met with, as would probably be the case if the femoral bag and the sac of the hernia were separate structures, originating the one from below the other from above. Considering, then, that so far as I know, the cyst does not exist without a hernia, and, also, that (as is shown by examination of all the cases) it has been found only where hernia had been formed a considerable time before the operation which brought it to light, I incline to regard the structure in question as an old hernial sac, closed at its neck in the femoral canal.

JERSEY HOSPITAL REPORTS.

By G. M. JONES, Esq.
Surgeon to the Jersey Hospital.

(Continued from page 418.)

FRACTURE OF THE EXTERNAL AND INTERNAL MALLEOLI OF THE LOWER THIRD OF THE RIGHT FIBULA.—EXTENSIVE LACERATION OF THE SOFT PARTS AROUND THE ANKLE-JOINT.—DISLOCATION OF THE FOOT OUTWARDS.—EXCISION OF THE ANKLE-JOINT 22 DAYS AFTER RECEIPT OF INJURY.—SUCCESSFUL RESULT.

Philip de la Perelle, aged 28, a thick-set, muscular man, by trade a sawyer, was admitted into Hospital, March 25, 1854, for delirium tremens. Three days after, in an attempt to effect his escape, he jumped off a wall upwards of twenty feet high, and alighted on a stone pavement. The fall occasioned fracture of the tibia and fibula, together with displacement of the ankle on the right side, and subluxation of the ankle on the left. The fracture at the lower third of the fibula was easily detected, and the displacement at the ankle-joint very apparent. The foot was carried out, its external border being considerably raised, while the internal presented a corresponding depression. Crepitus was discovered at the joint, arising from the separation of a portion of the inner malleolus from the tibia; the fractured end of the latter presented a considerable sharp eminence, over which the skin was tensely extended. There was no external wound.

The nature of the accident at once indicated the means to be pursued. The dislocation was immediately reduced, and the foot secured so as to prevent, as far as possible, its yielding to the power exerted in such cases by the lateral peronei muscles. As considerable tumefaction and tension already existed, together with the diagnostic symptoms of effusion in the joint, a large number of leeches were applied, followed by evaporating lotions, etc. etc. The first six days the case appeared to progress favourably, the constitutional disturbance not being greater than might be expected, and the foot continuing in a satisfactory condition. On the seventh day, the local and constitutional symptoms had materially changed for the worse; a restless night was attended with much delirium, caused evidently by taking prohibited food, brought and administered to the patient by some relations; the watcher, too, not being properly attentive, failed to observe that he had removed all appliances from the leg and foot; and when visited this morning (April 4), the latter was in a worse condition than at the time of the accident; there was great heat throughout, and a considerable congestive extravasation over the inner ankle, which for some extent had every here and there a puffy feel. The lower end of the tibia (over which the skin was at first so tensely distended) protruded. The entire joint was exquisitely sensitive; so much so that it was impossible to secure it as before. It was, however, placed in a very tolerable position by means of pads, etc.; and the constant application of hot-water fomentations appeared to soothe him. Pulse quick and wiry; tongue furred, and its dorsum dry; skin parched.

April 5.—Had several rigors during the night; the whole joint had a more livid appearance; on the inner ankle, surrounding the fracture, was a vesicated spot, the size of half-a-crown, from which bloody serosity flowed, and the whole leg was considerably swollen. From this date to the 11th, the case by no means improved under the local and constitutional treatment pursued; the discharge fram the wound was not only very abundant, but of an unhealthy character, and accompanied by a large quantity of synovia; matter was found gravitating below the sloughing part, which, on pressure, came out in a gurgling manner. These symptoms, together with others, quite as unfavourable, induced me to propose the operation subsequently carried out; my friends, on the contrary, recommended a deep lateral incision along the upper border of the tendo-Achilles, to act as a counter-opening, and thus afford a free exit to the pent up matter. This was done, and was followed by rather profuse hæmorrhage. On the 13th, there was phlegmonous erysipelas over the foot, extending three or four inches above the ankle; also an erysipelatous blush up to the knee; the whole instep had a boggy, fluctuating feel; matter collected under the integuments was very perceptible, and most distinct above the external malleolus; it was evacuated by means of puncture, and upwards of half-a-pint of ill-conditioned pus bubbled out; a probe introduced passed easily through the joint, and grated along bone evidently denuded of periosteum, and detected sinuses burrowing in various directions. There was loss of appetite; great restlessness; tongue assuming a low typhoid character; in a word, the constitution was evidently sinking from the worst effects of local irritation. By the 17th the phlegmonous erysipelas had almost subsided, while the other unfavourable symptoms had increased, and the joint was daily becoming more exposed. Under these unfavourable circumstances, and contrary to the views of my friends, who regarded amputation as the only remedy left, I performed the following operation on the 18th April, twenty-two days after the occurrence of the injury:—

An incision, commenced an inch and a-half above the internal malleolus, was carried across the joint, and ended over the prominence of the external malleolus. The flap thus defined, was reflected upwards, care being taken to include in it as much integumental structure as possible, without dividing the tendons, which were next separated from their under attachments, and afterwards raised up and kept so by means of metallic spatulas; a little more careful dissection exposed the different parts connected with the joint, and brought fully to view the amount of mischief it had sustained. The soft parts which still adhered to the tibia were next separated from it until healthy bone was

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met with; the diseased portion was now sawn off, and the lower fragment removed. The first incision was next carried upwards some inches along the fibula, until it cleared the fracture; the fractured portions, which, though considerably separated, had still strong attachments, were then dissected away. It was now found that the astragalus was involved in the injury, it being rough, and in some parts denuded of cartilage; its upper surface was consequently sawn off, and the sloughed edges of integuments, more particularly those of the inner side, were removed with the scalpel. The quantity of blood lost during the operation was rather great; this, however, may have appeared more than it was in reality, in consequence of the pus mixed with it; no vessel required either ligature or torsion. During the operation, necessarily a protracted one, the pulse became so exceedingly weak that the patient was taken to bed before the edges of the wounds were brought together; the leg was placed in a splint, with bran-cushions of various sizes to support it; the foot, secured to the foot-board, pledgets of lint, moistened with cold water, applied to the wounds, and camphorated spirits applied to the leg.

Ammonia was given, and brandy-and-water ordered to be taken if the patient was thirsty or faint.

Vespere.—Pulse 120, very weak; there has been no hæmorrhage; moderate heat over the ankle; toes much colder than natural; great thirst; tongue dry. The draught has not produced narcotic effect.

Sol. acet. Morph. ℳxxx. in camphor julep, to be taken immediately; the toes to be wrapped up in cotton-wool; arrowroot with brandy to be taken in small quantities, also port wine.

19th.—Has slept several hours. Took three glasses of wine and about a pint of the arrowroot during the night. Pulse rather stronger—115; temperature of the toes improved; that of the upper part of the leg natural.

Mist. quinine ℥i., and a glass of port wine every four hours. Arrowroot with brandy occasionally; anodyne at bedtime.

20th.—Has slept less than on the preceding night, but has been very tranquil and comfortable; pulse 115, fuller, and more firm; tongue moist, still much coated. Dressings removed: the external ankle presents a satisfactory appearance; the inner not so much so. There is an extensive cavity, and a considerable amount of integumental disorganisation; discharge copious and of rather a sanious character.

Hot-water dressing to be applied; wine and bark to be continued; to have chicken for dinner; anodyne draught at bedtime.

21st.—Has had a good night; countenance more cheerful; pulse 102; tongue cleaner; a good deal of sloughing about the inner ankle; discharge offensive.

Lint moistened in sol. chlorid. soda to be applied to the parts. To have cocoa and eggs for breakfast, beefsteak for dinner, and a bottle of porter during the twenty-four hours. Wine and quinine as usual. Discontinue arrowroot and brandy. An anodyne at bedtime.

22nd.—Slept tolerably; slough looks rather better; a few healthy granulations to be seen; bowels acted on for the first time, evacuation natural; pulse 96.

A hollow splint, with footboard attached to it, was applied to the outside of the leg, and the limb laid on its outer side, the whole secured on a pillow.

The sol. chlorid. of lime to be continued.

28th.—Has continued to improve since last report; sloughs disappearing, and the cavities on each side are filling up with healthy granulations; the wound over the instep has a very promising appearance. The many-tailed bandage to be applied, also an inside splint. Pulse 86, and much firmer; tongue cleaning fast.

To continue quinine as usual, and diet of the most nourishing kind to be given. Wine and porter as before.

May 10.—The wounds continue to improve; the external one, which was at first the least deep, is at present the most so; that on the instep is nearly cicatrised.

Same treatment to be continued.

20th.—Healthy granulations now cover the end of the tibia; the discharge of pus by no means great, is of a laudable character; the œdema of the leg and foot has altogether subsided; appetite good; pulse 80, and firm; sleeps well without narcotics; bowels regular.

Continue the same.

30th.—The appearance of the ankle is most satisfactory. The incision over the instep has cicatrised. The inside cavity has filled up wonderfully within the last week; the outside one is also closing.

June 10.—The side splints were left off this morning, and the foot secured to a foot-board attached to an under splint. The many-tailed bandage continued as before. The wounds were found so far healed, that lint, moistened in a little olive-oil, was the only dressing applied.

20th.—No report has been entered since the 12th. At present the wounds are all cicatrised; there is considerable mobility of the instep; the foot can bear manipulation; and thumping on the heel does not occasion the slightest pain. The patient's health is now as good as it ever was. Splints to be discontinued, and merely a roller to be applied during the day. To move about the wards on crutches.

July 1.—Walks exceedingly well with a crutch and stick, and can bear his whole weight on the affected side.

The instep to be pumped on night and morning.

23rd.—Effected his escape this morning, and walked several miles (upwards of five) with one crutch and a stick. For more than ten days he has been able to walk some distance without any support. Returned to the Hospital at 10 p.m. in a state of intoxication.

24th.—Discharged. Had not for some time been under treatment.

Appearance and Condition of the Limb, Fourteen Weeks after the Operation.—It is difficult to imagine so little deformity and shortening after such an amount of disorganisation, loss of substance, and removal of bone. No one without close examination and much manipulation would discover that such an operation as the one described had taken place; the granulations arising from the surface of the bones and ligaments having, doubtless through inosculation, entirely filled up the cavities; while the difference of length in the limb is so slight as to be scarcely perceptible. The different cicatrices are becoming daily more indistinct, and are now less apparent than when the drawings were taken a fortnight ago. The false joint can be moved with considerable freedom, and in no part of the leg or foot is the least pain felt, either during exercise or when at rest. The patient walks with rather a strong boot, having two lateral steel splints attached to it; not that he requires any adventitious support, but some safeguard seems at present absolutely necessary to prevent any mischief which might arise from his dissolute habits.

Dec. 6.—The patient walks about without the least lameness. The false joint is as strong as on the opposite side, in proof of which he can hop on the right foot.

Observations.—"The vast amount of evidence," writes Mr. Fergusson, in his last edition of "Practical Surgery," "collected by Sir Astley Cooper, seems to settle the line of practice to be followed in by far the greater number of injuries of the ankle-joint, whether the case be one of simple or of compound dislocation, or the latter complicated with extensive wounds, or even fracture of the bones in the vicinity." Still, on referring to the many cases brought forward by this illustrious Surgeon, and to other authors who have written on the same subject, I have as yet been unable to discover an instance in which an operation such as the above has, under similar circumstances and a like train of symptoms, been resorted to.

The apparent amount of mischief in the first instance, though certainly great, and sustained by a man whose life had for years been one of intemperance and vice, did not warrant a resort to other means than those employed at the time of the accident; nor when, from a simple, it merged into a compound dislocation, thus increasing the primary danger tenfold, did I consider myself at that time justified in pursuing any other plan than the one which there was reason to hope was succeeding well before the second accident occurred. Each time the dislocation was easily reduced, the fractured bones placed in apposition, and the foot secured in the ordinary manner.

The failure in effecting a cure by the means generally successful in cases of this nature may reasonably be attributed to the injury sustained a second time by the soft parts. There can be scarcely a doubt that, had the limb remained undisturbed, a favourable result would have ensued, even had the dislocation been compound. It makes, however, an immense difference whether, at the time of an injury, the various structures composing the affected part are in a state of integrity, or the reverse; and, to the renewed laceration of the different textures connected with the joint, together with the wound by which it became exposed at a period when great vascular action still existed, must be attributed the train of alarming symptoms which at length endangered, not only the limb, but the life, of the patient.

We cannot, therefore, be too much on our guard to supply, by care and watchfulness, the utter impossibility which some-

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times exists of securing a limb in such a manner as to preclude the risk of a second displacement.

The rapidity of the cure is, perhaps, one of the most interesting features in this case; had no symptoms arisen to necessitate an operation, it must have proved much more tedious, it being next to certain that the comminuted fracture of the fibula would have been followed by exfoliation,—a process which, we well know, is often of protracted duration.

Never having performed Mr. Syme's operation, (amputation of the foot at the ankle-joint,) I am unable, from personal experience, to judge whether it would have been likely to succeed in this case; but, had greater difficulties and danger than were anticipated arisen during the operation decided on, and had the state of the parts been such as to lead to the belief, that the rallying powers of nature were likely to prove insufficient to carry on the restorative process in parts which had become so disorganised, I should certainly have given it a decided preference over amputation of the leg. It, however, seems very problematical whether, taken solely in the light of an operation, the cure would have been then so speedily accomplished. As to the ulterior result, not a doubt can exist as to its inferiority; for, while in this instance the patient has the entire use of his foot, with a perfect false joint, which will in time be equal to any work; the length of bone removed from the tibia, added to the loss of the astragalus, in Mr. Syme's operation, must necessarily have resulted in a very considerable shortening of the limb.

The view advocated by Moreau, the elder, and, since his time, inculcated by other eminent Surgeons, is strikingly exemplified in this case, that the state of disintegrity in soft parts surrounding a joint is not necessarily an objection or impediment to its re-section; for here the work of destruction, which was going on so rapidly before the operation, ceased almost immediately after its performance, showing evidently that the fractured bones were acting as foreign bodies, and keeping up an amount of irritation which the constitution was wholly unable to support, or the surrounding soft parts to bear.

I have stated my belief, that this is in many points an isolated case. Should it not prove so, the publishing it may induce others to benefit the Profession by their experience; and, if I am right, I would hope that the successful termination of the operation may cause those who are entering on their surgical career to pause ere they sacrifice a limb, which, once removed, can never be replaced.

ANALYSIS OF CASES

TREATED IN THE

OUT-PATIENT DEPARTMENT OF ST. BARTHOLOMEW'S HOSPITAL DURING THE PAST FOUR MONTHS.

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(Conclusion.)

Diseases of the eye, numbering in the two sexes 32, were, for the most part, of mild character. Slight conjunctival inflammation, from exposure to cold, prevalent during the continuance of a cold wind, subsided, in the course of a few days, under the simplest treatment; aperients, warm fomentations, or slightly astringent lotions: ii. to iv. gr. of alum or sulphate of zinc to the ounce of water. Cases of acute syphilitic iritis were referred to the admission-room, being quite unsuited to out-door treatment. I shall reserve for a future report any remarks upon this division of diseases, and proceed to the consideration of diseases of the skin.

They justly claim attention from their frequency: 109 cases out of 493, or somewhat less than one-fourth; and yet it is found, that, at the outset of investigation, a serious impediment is presented to their general comprehension by a nomenclature copious, confused, and disordered, indicating an absence of anything like a true pathological foundation. Thus, Devergie *(Maladies de la Peau)* divides erythema (*ερυθημα*, redness) into *erythema symptomaticum*, with four subdivisions and fourteen varieties; and *erythema idiopathicum*, with four varieties. He then proceeds to remark, that erythema is an affection which, in its prodromata and its commencement, its form, progress, and termination, exhibits such varied phenomena, that it can present the characters of nearly every form of cutaneous disease, from those which affect the skin most superficially, to those which attack it most deeply; from simple redness, the simple efflorescence on the surface of the skin, to deep and violent inflammation proceeding to gangrene. In it we find all the morbid dispositions of Willan's classification,—redness, vesicular secretion, the papular state, the tubercular, etc.; sometimes it is transitory, sometimes persistent. (P. 172.)

I would venture to submit, that such a description is too wide to be called a definition, and that we cannot justly consider as "an affection" a rosy discoloration of a part, the redness immediately and completely disappearing upon pressure. It is at once obvious, that the greater number of instances of erythema would but indicate the existence of some other lesions, and that the attachment of too great an importance to a name might lead to the oversight of a cause in the examination of the symptoms. It is interesting to know, that a disease characterised by simple redness may appear as erythema amorphum, papulatum, tuberculosum, nodosum, mammillatum, marginatum, carcinatum, excentricum, fugax; but it would be far more instructive to have ascertained the causes of such varieties,—how far they are independent affections, how far purely symptomatic. Let us select only one, erythema nodosum. Is it, or is it not, symptomatic of phlebitis? But it seems to me to lead to an endless variety when there is mentioned erythema, from altered secretion of the sweat glands (intertrigo); erythema, from the contact of urine; from vaginal discharge, etc.

Next, the term "porrigo" may be selected as one useless for all purposes, except as meaning an eruption upon the head. It is equivalent to the French term *teigne*, and might with advantage be discarded; for although Devergie points out the mistake which Alibert made in giving to the word this extended signification, yet it would require too long a time to remove from the mind of the Profession at large this impression now so generally received. The classification of Willan and Bateman is even less exact than that of Alibert; porrigo larvalis is a form of impetigo; porrigo furfurans, a variety of herpes; porrigo lupinosa depends upon the existence of a vegetable parasite, consisting of a powder contained in a capsule or micoderm; when the micoderms become from their number confluent the disease is "porrigo scutulata." Porrigo decalvans is a disease of the skin, dependent, according to Gruby and Bazin, upon a vegetable parasite, but differing from favus.

If an inflamed patch of skin happen to produce a crop of vesicles, the disease is termed eczema; if a crop of pustules, it is called impetigo; if the inflammatory product be a mixture of the two, or obscure in character, we call it eczema impetiginodes. But the disease is in all cases sufficiently alike to be indicated by one word, until we have some better ground for subdivision than at present. The terms "vesicular and pustular eczema" would express quite accurately the characteristic points in the eruption, and would point to an inference, now taught with more or less difficulty, that the same mode of treatment is generally applicable to both.

In the list there appear 25 cases of eczema as above defined,—namely, 15 males and 10 females, the majority being children. Most of the diseases affecting the scalp were of this nature, and they appeared in subjects either insufficiently or carelessly fed, or exposed to the depressing influences of bad air and want of cleanliness. The immediately exciting causes being removed, it was found that the simplest measures were sufficient to effect a cure. Most of the patients required alteratives, followed by tonics, quinine, sarsaparilla, or cod-liver oil; the usual applications were the ointments of zinc or nitrate of mercury. In cases, however, where the disease had existed a long time,—where filth and pediculi had accumulated, and the surface presented a red, scabbed aspect, covered by the cropped hair, great advantage resulted from the careful application daily of a lotion composed of acid. sulph. dil., further diluted with four or six parts of water.

The cases of favus were those of parasitic origin, and were characterised by the usual appearances,—a single hair protruding from a raised yellow base; after the subsidence of the disease, the colour of the hair remains paler in the part attacked than elsewhere. The small number of cases (4) speaks favourably for the sanitary condition of the lower orders, among whom such diseases spread in proportion as their means of subsistence become lessened or deteriorated. The local remedy employed was the compound sulphur ointment, or diluted sulphuric acid.

The prevalence of boils and carbuncles has been remarked by many during this period of the year. The former seem to come in parts of the body by no means usual, and where their presence is singularly unpleasant and painful. In one patient it occurred on the forehead over the left eyebrow, and was attended with so much œdema that for several days the eyelids were closed; in another it attacked the extremity and side of the nose; in a third, it came on the upper lip,

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close to the ala nasi, and the suffering was for several days considerable. The patient believed at first that the fang of the canine tooth was diseased, so deep-seated and constant was the pain. A fluctuating swelling was soon felt upon the under surface of the lower lip, but the boil gave way in the nose, whence flowed a considerable quantity of thick pus, followed by the usual slough. In several cases the lower lip has been affected, when the boil has been deeply-seated, and has felt like a marble. In other cases, the buttocks have been specially selected for attack. In every case, without exception, the patients have been either of feeble constitution, or have been suffering from some recent impairment of the health caused by privation, or even by excess; many were of advanced age. It did not seem that any plan of treatment was indicated except the immediate administration of tonics; quinine or sarsaparilla, combined with mineral acids, with occasional aperients. Some boils, at the very commencement and when very small, seemed to be stopped in their further course by the application of strong nitric acid. As regards the question of incision, it appeared to be a measure by no means universally required. A single cut through the hard mass in the lip, directed through the mucous membrane, relieved pain, and brought the disease to a speedy termination; but generally the boil came to an end in a natural way, when the process of cicatrisation seemed to go on more rapidly, and to leave a smaller scar than if there had been interference on the part of the Surgeon. In two cases, carbuncular inflammation came to a spontaneous termination, and a large slough was thrown off through an opening in the integument. There is a case at the present moment in the hospital, under Mr. Lawrence, illustrating the same fact, in a patient in whom the disease has proceeded to a much greater extent.

I feel that some apologies are due from me for presenting so imperfect a report; but the attempt has been followed by this good result, namely, that it has shown in what respects my record of cases was deficient. Those deficiencies have now been corrected; so that I trust, at the expiration of a few months, a more accurate account of the prevailing diseases, as treated in my division of the out-patient department of the hospital, may be prepared for inspection.

Queen's Square.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

ST. BARTHOLOMEW'S HOSPITAL, THE HOSPITAL FOR DISEASES OF THE SKIN, ETC.

MODES OF EXHIBITING IODINE.

It may be questioned whether the desire to avoid complexity in prescribing, which has recently become so prevalent, does not on some occasions materially interfere with the efficiency of our therapeutics. In the London Hospitals, the iodide of potassium is, for instance, almost constantly used alone, whenever the specific effects of iodine are desired. Now, although we have, perhaps, no single remedy whose powers are more incontestably proven than those of this salt, yet there are considerable reasons for doubting whether its effects may not often be very much increased by combination with iodine itself. Most of our pharmacopeiæ contain formulæ for compound solutions, and such, it is well-known, were those employed by Lugol and others, who were the first to examine into the properties of the remedy. It was, however, early observed, that the iodide of potassium appeared to possess all the specific powers of iodine, and, from its being a salt of easy use, and very manageable, it soon came to be the favourite preparation. Mr. Lloyd, of St. Bartholomew's Hospital is one of the few Surgeons who still entertain a strong opinion as to the superior efficacy of the compound formulæ, and the result of some cases which we have recently observed under his treatment have strongly supported his view. One of these was that of a woman, who for several months had been attending in the out-patients' room, and taking the iodide in large doses on account of a severe form of constitutional syphilis, marked by an ulcerating tubercular eruption and ulcerated throat. No benefit having accrued, she was ordered for admission, and came under the care of Mr. Lloyd. The remedy ordered was the following:—℞ Tinct. iod. co. ℿx., potas. iod. gr. v., aquæ ʒx. Ft. haust. in ter dies sumend.; and under it the most rapid benefit ensued, and a good recovery resulted. Mr. Lloyd stated, in directing the attention of his clinical class to this case, that he was accustomed to observe very frequently that patients who had long taken the iodide without benefit would improve at once on the addition of iodine itself to the mixture. He added, that he made it an invariable rule never to give iodine when there was the least febrile disturbance present; always, when necessary, preceding a course of that medicine by a few days of preparatory treatment by purgatives and salines. The dilution with a large quantity of fluid was important, in order to prevent the medicine from irritating the stomach. If otherwise suitable, porter might be used as a diluent in place of water. All who are accustomed to use the iodide know that it is needful in most chronic diseases requiring it, to go on increasing the dose at very frequent intervals. A case of lupus, for instance, or of tubercular syphilitic eruption will improve rapidly for a short time, and then become stationary, to advance again on the addition of a grain or two more of the salt. In this way it is often necessary to go up to an enormous dose in order to have progressive improvement. It appears to be more especially in such cases that the use of a compound solution is indicated; for, on the adding of a little iodine, the proportion of the iodide may be at once reduced.

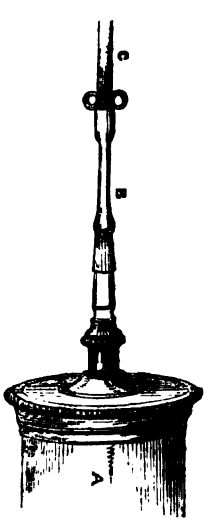
LINCTUS FOR COUGH.

The following is the formula for a very useful cough linctus which is largely employed at St. Bartholomew's Hospital. We copy it from the private Pharmacopœia of that Institution:—℞ Confectionis rosæ cannæ ʒij., tragacanthæ contritæ ʒj., syrupi papaveris ʒvj., aceti scillæ ʒvj., acidi acetici ℿxx, aquæ ferventis ʒvj. Misce. Dosis ʒj.—ʒiv.

RADICAL TREATMENT OF FAVUS.

The genuine favus is such an obstinate, if not incurable, disease, when once well established, that resort to severe measures, in order to its cure in its early stage, is fully warranted. Unfortunately, however, it is very rarely indeed brought under observation in any excepting its advanced form. Concerning the best means of palliating it, when beyond hope of immediate cure, we have previously had occasion to speak. (See *Medical Times and Gazette* for June 10, 1854, page 594.) The following interesting case, in which a radical cure was effected, has recently occurred, under the care of Mr. Hutchinson, at the Metropolitan Free Hospital:—Samuel Benjamin, aged 12, a Jew, of rather delicate appearance, applied with a single patch of favus crust on his left side. The scab was about the size of a fourpenny piece, cupped, and nearly a quarter of an inch in thickness. It was surrounded by a narrow margin of reddened skin, thinly covered by branny desquamation. There was no other disease of the skin whatever. The patch had been noticed for three weeks, and was enlarging. The treatment consisted in detaching the whole of the scab, and then freely applying the strong nitric acid to the exposed surface. A superficial ulcer formed, which occupied about a fortnight before it was quite healed. A perfect cure resulted. The scab was examined by the microscope, and abundance of the spores and branches of the characteristic fungus (Achorion Schönleini) were observed.

IMPROVED APPARATUS FOR INJECTING THE BLADDER.



In various morbid conditions of the bladder the employment of injections, either acid, alkaline, or simply diluent, has for long been a favourite practice with many Surgeons. An ingenious expedient for the effecting of that procedure was recently brought under our notice by Mr. Wormald, who was then having recourse to it in a case under his care in St. Bartholomew's Hospital. It consists in the employment of a short piece of India-rubber tubing as a means of connexion between the syringe and the catheter. The appended wood-cut will best illustrate the mode. C represents the end of a catheter, B a portion of elastic tube, and A the nozzle of a common ear-syringe. The tube being a little smaller in bore than the size of either of the two instruments to which it is adapted, fits tightly, and requires nothing to secure it in place beyond its own elastic grasp. The adjustment of the three is perfectly easy: the tube having been fitted to the

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end of the catheter prior to the introduction of the latter, the conical nozzle of the syringe is afterwards readily admitted into its other end, and passed so far as to be firmly held. The advantages of the expedient are the following:—1st. The medium of connexion being flexible, all shaking of the catheter during the fitting of the syringe is prevented. This is of great importance, for it must be remembered, that in almost all conditions requiring the use of injections the mucous membrane of the bladder is more or less inflamed, and can ill tolerate an additional irritation. When the whole instrument is metallic, it is almost impossible, during the fitting and removal of the syringe, to avoid more or less of joggling of the catheter. 2ndly. It obviates the necessity for a stopcock, since, as the tube is compressible, the finger and thumb may very conveniently serve all the objects of that appliance. 3rdly. It will connect any sized catheter with any sort of syringe. It is always expedient for the Surgeon to be as far as possible independent of the instrument-maker, and suggestions which enable him to dispense with complexity of mechanical aids are very valuable. In injecting the bladder there are ordinarily employed a syringe of peculiar construction, and a stopcock with various nozzles of different sizes made to screw on, and graduated to fit catheters of different dimensions. By means, however, of a couple of inches of India-rubber tube all this complexity is obviated, and a common ear-syringe, or any other that may be at hand may, *extempore*, be adapted to a catheter of any size or sort. The plan under consideration has been subjected to many practical trials, both by Mr. Wormald himself and by the writer of this notice, and has been found to fully answer its intended objects. As an exhausting apparatus it is of course useless; but, by inserting the tube within one of a size larger, so as to make its sides sufficiently rigid, it may even be made to fulfil this purpose also. Exhausting syringes for the bladder are, however, but very rarely required.

EXTERNAL USES OF THE ACID NITRATE OF MERCURY.

A solution of the nitrate of mercury in strong nitric acid is in very common use at the Hospital for Cutaneous Diseases, and constitutes a very convenient form of caustic. Its formula is—℞ Hydrargyri ℥j., acidi nitrici (specific gravity 1·50) ℥ij.; solve. The solution produced is a clear, colourless fluid. The following may be mentioned as some of its chief uses.

In Carbuncle.—Mr. Startin usually applies the caustic if the carbuncle be of not more than moderate size, to but one central spot, where it is freely painted for an extent of about a shilling in size. Its effect is to produce an eschar, from beneath which the core afterwards escapes. (We have so fully considered the merits of this treatment at page 570 of the *Medical Times and Gazette* for December 2, that we need not further allude to it.)

In Acne.—A very minute drop of the acid is placed, by means of a finely-pointed glass brush, on the apex of any indolent tubercles, whether suppurated or otherwise. It has the effect of opening the pustule, if matter have formed, and if not, induces the disappearance of the induration. The application is followed only by a little smarting pain, and if it have been carefully made leaves no scar. For an account of the constitutional and other measures which are adopted simultaneously in the treatment of this disease, the reader is referred to the *Medical Times and Gazette* for October 14, p. 394.

In Boils.—There can, we think, be little doubt as to the superiority of the caustic treatment over that by the knife, even in the case of very large boils. The pain of the incision, the large sore caused, and the unsightly scar which follows, constitute very formidable drawbacks to a practice for which there is no real necessity. At this Hospital, where cases of boils are very common, the knife is never resorted to. The general treatment consists in giving aperients and steel conjointly, and the local in applying to the apex of the furuncle a full-sized drop of the acid nitrate solution. The morbid action generally terminates coincidently with the application, and the core is thrown off through a comparatively small opening, the resulting cicatrix being insignificant.

In Lupus.—The acid nitrate is one of the most efficient and convenient forms of caustic in this disease. Mr. Startin does not, however, employ it solely, but uses also the biniodide of mercury, and a paste of which arsenic is the principal ingredient. See page 11, for July 1. The acid nitrate is chiefly used in indolent tubercles, and to indurated patches not actually ulcerated. After ulceration has occurred the arsenical paste is preferred.

For Sloughing Ulcers.—The practice of treating unhealthy ulcerations wherever situated, by means of caustics, is much pursued at this Hospital, and with excellent results. The pain attending the application of nitric acid has been much overrated by the Profession generally, and its use has consequently been avoided in many instances in which it would have been efficient to completely change the course of the morbid action and induce healthy processes. Its powers in cases of phagedæna are now widely recognised, and its use will probably soon extend to various other kinds of ulceration of somewhat similar nature, but much less severity. The pain spontaneously caused by an unhealthy sore during a single night is probably much more than that produced by an application of caustic. In most cases of sloughing or unhealthy ulcers Mr. Startin employs either the solution of the acid nitrate or the arsenical paste just referred to. The rapidity with which the surface granulates afterwards is often surprising.

In Moles, Nævi, etc.—Small moles on the face, if superficial and not too thick, may be readily destroyed by the acid nitrate. A cicatrix of course results, but it is small, and far less unsightly than the original disease. Small cutaneous nævi are often treated both at this and the various other London Hospitals, by means of the nitric acid. Unless the disease be of very small extent, the employment of a ligature appears to be a much more certain means of effecting the end desired. If there be a subcutaneous base to the morbid structure it often persists in growing, despite frequent applications of escharotics. There is a mild form of dilated cutaneous capillaries which produces the marks known as "port-wine stains," "spiders," etc., in the treatment of which much benefit may be obtained by the dexterous application of fluid caustics. With a finely-pointed glass brush, charged either with nitric acid or the acid nitrate of mercury, the tortuous vascular trunks should be severally painted, a minute streak of the caustic being thus left along the whole course. In this way, by repeated applications, the whole of the larger vessels may be destroyed, and the disfigurement, to a large extent, diminished. The "port-wine stain" is of course very much more difficult to remove than the less diffused forms of this condition, such, for instance, as are of frequent occurrence on the cheeks or nose; even in it, however, much benefit may by patient treatment be gained.

APPLICATION OF FLUID CAUSTICS.

It is desirable, in the use of any of the mineral acids as escharrotics, that their strength should not be diminished by the employment of any material susceptible of being charred. A serious objection, therefore, lies against the use of wood, cotton-wool, lint, etc., all of which have been recommended for that purpose. Glass is by far the best material, being at once durable, cleanly, easy of use, and quite insusceptible of the action of the fluid. A glass rod, rounded at one end, and drawn to a fine point at the other, may be made to serve most purposes, one or the other extremity being employed according as it is wished to apply the acid over a large or a small extent of surface. A few brushes, of different sizes, made of spun glass, are, however, yet more convenient. Those sold in the shops are much too large for most of the purposes mentioned in the above notice of the uses of the acid nitrate, and we have seen none which would exactly meet the required conditions, excepting those in use at the Hospital for Skin Diseases. Two of these, a large flat one (A) and a small pointed one (B), we here figure. They are made by the Dispenser to the Hospital, and are of extremely simple construction. With a little glass tubing, of the thickness of a quill, a skein of spun glass, and a little sealing-wax, they may be inexpensively made by any one of ordinary ingenuity. The brush part is first made by uniting together with sealing-wax a tuft of the spun material, and is then introduced into the end of a tube, which has been either flattened out (A) or brought nearly to a point (B) while heated. A little additional heat easily fixes the tuft in position, and by scissors it may then be cut down to the requisite size.

A

B

PENCILS OF DILUTED LUNAR CAUSTIC.

At the Samaritan Hospital Mr. Spencer Wells has introduced the use of nitrate of silver in the solid form, diluted by a mixture of one, two, or three parts of nitrate of potass. The salts are melted together, poured into moulds, and allowed to cool. Those used by Mr. Wells are prepared by Mr. Bastick, Chemist, of Brook Street. They have certain advantages in practical application over solutions of the same strength. When applied to the conjunctiva of the eyelid, for instance, it is not easy to prevent a solution from extending much further than necessary, or even from affecting the conjunctiva of the bulb or cornea. On the other hand, an undiluted

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stick of nitrate of silver acts too powerfully on the mucous membrane. By using the stick diluted with varying proportions of nitrate of potass, the required activity can be obtained, and the effect limited to the exact seat of morbid action. When the conjunctiva of the lid is alone affected, and it is desirable to avoid the action of caustic on the conjunctiva of the bulb, Mr. Wells is accustomed to wash the lid, after applying the caustic and before the eye is closed, first with a solution of common salt, which converts the unchanged nitrate into a chloride of silver, and then with pure water. In this manner, all the good effects of caustic may be obtained without any of its inconveniences or evil consequences, and may be limited to any desired spot. In gonorrhœal affections of the urethra and vagina, and in various indolent or irritable sores, the same mode of applying the caustic becomes useful. The saving of expense is also worthy of some attention in Charitable Institutions and Union practice.

SERIES OF CASES OF ABDOMINAL TUMOURS.

(Continued from Vol. XXX., page 470.)

In the thirty-six cases of the present series already reported, two large classes of abdominal tumours have been illustrated, those, namely, resulting from accumulation of inflammatory products, and those from growths of a malignant nature. By referring to the *Medical Times and Gazette* for August 12, Sept. 2, Sept. 30, October 7, October 14, and Nov. 4, 1854, the reader may find cases exemplifying the following forms of disease;—1. Typhlitis, or inflammatory tumefaction about the cœcum. 2. Pelvic abscess. 3. Abdominal abscess, depending upon caries of the spine. 4. Abscess in the kidney. 5. Abscess in the liver. 6. Iliac abscesses, followed by ventral herniæ. 7. Phantom tumours. 8. Cancer of the lumbar glands. 9. Cancer of the omentum. 10. Cancer of the kidney. 11. Cancer of the liver. 12. Cancer of the uterus. 13. Cancer of the infra-renal capsule. 14. Cancer of the ovary. 15. Movable tumours of doubtful nature. Remarks upon the peculiarities exemplified, and more especially upon the diagnosis and treatment of the several diseases, have been appended to the individual cases, and we need not here resume them. The allusion to the class of "phantom tumours," however, elicited from a correspondent (Dr. A. W. Pinkerton) a letter which appeared in our columns, and which contained a suggestion so valuable, that we must again refer to it. It appears that Dr. Simpson, of Edinburgh, has been in the habit of employing chloroform inhalation for purposes of diagnosis in these very deceptive cases. We have never seen the remedy resorted to; but, as the simulation of a tumour is undoubtedly, in a general way, due to irregular muscular spasm either of the parietes or the intestines, or both, it would appear to be one of great promise. Even in cases of real tumour, where there is any difficulty in the examination, as those who are experienced well know is not unfrequent in nervous patients, the exhibition of the anæsthetic might be very advantageous and fully warranted. By its means all the tension and rigidity of the abdominal wall, which is so often caused by the attempt to manipulate, would be removed, and the formation of a correct opinion much facilitated.

The series has not yet comprised the following,—tumours arising from distension of viscera by their natural contents, ovarian cysts, fibrous tumours of the uterus, hydatid tumours, and abdominal aneurisms; and upon the consideration of these we now propose to enter.

TUMOURS CAUSED BY DISTENTION OF VISCERA WITH THEIR NATURAL CONTENTS.

In this class, enlargements of the liver and spleen might, perhaps, at first sight, scarcely seem to rank. They are, however, in a great majority of instances, mere examples of distension and engorgement, and very rarely of true hypertrophy. The diagnosis of both is generally sufficiently easy. In the case of the liver, the continuance of dulness on percussion, without intermission, from the hypochondrium downwards, the projecting, free margin of the viscus, the existence of hepatic symptoms, and, very frequently, the presence of obstructive disease in the heart or lungs, are usually quite efficient to remove difficulty. Enlargements of the spleen have of late years been far from infrequent in the patients of our Metropolitan Hospitals. They have often appeared to be connected with ague or the absorption of malarious poison, and in other cases with disease of the liver. Children have often been their subjects. Treatment by quinine or iron in the ague cases, and by the iodide of potassium, or gentle mercurials in the hepatic ones, are the plans mostly pursued. While on this subject, it may be interesting to make a remark respecting the question of the influence exerted by obstructive disease of the liver upon the spleen. Dr. Budd(a) has expressed an opinion, and supported it by references to Andral, to the effect that the condition of the spleen as to congestion and enlargement is not generally modified by the existence of cirrhosis of the liver. The difficulty of explaining the absence of a state which ought almost necessarily to be present, according to anatomical reasoning, is acknowledged, and Dr. Budd does not attempt its elucidation. A discussion took place at the Pathological Society last winter, in which the opinion was expressed by several members that the cases in which the spleen does not enlarge are quite exceptional, and that it is much more usual for the condition suggested by knowledge of the vascular relations of the two viscera to present than not. A report of the discussion may be found at page 389 of the *Medical Times and Gazette* for April 15, 1854. The following case bears upon this question, and has also very instructive relations to the general subject of abdominal tumours.

Case 37.—*Death from Hæmatemesis after the known existence of a Large Tumour in the Abdomen for Six Years.—Autopsy.—Cirrhosis of the Liver and Greatly Enlarged Spleen.*—In June, 1853, the relative of one of the patients attending at the City Hospital for Chest Diseases, applied to Mr. Hutchinson, the Clinical Assistant at that Hospital, with the statement that his son, a youth, aged 13, had just died of an obscure disease, and that he was desirous to have a *post-mortem* examination made. On the following day, Mr. Hutchinson went to Peckham Rye, performed the autopsy, and obtained also the following particulars of the previous illness of the deceased. It should be stated, that the father of the boy, by whom the account of the symptoms, etc., was given, was a lawyer's clerk, and remarkably intelligent. At the age of 8, the boy, until that time healthy, had begun to gradually waste, had lost his appetite, and suffered from symptoms of indigestion. Soon afterwards his abdomen became swollen, and within a year of the beginning of the illness, a Surgeon, who was consulted, detected a tumour in the left side, which he said he believed to be an enlarged spleen. From that time the boy was a confirmed invalid, and many noted Physicians were consulted respecting his case. All who examined him detected the tumour, but the opinions expressed as to its nature differed rather widely. The boy's complexion was pale and sallow. Jaundice never occurred, but the stomach was very irritable, and on several occasions blood was vomited; blood had also passed by stool. The belly was always much swollen; the insteps were occasionally a little œdematous; the body generally being much emaciated. A few days before death the boy had a fall in the street, after which violent hæmatemesis came on, and continuing in spite of remedies, appeared to be the immediate cause of death. At the autopsy there was no general œdema; the belly was large, but it was mainly due to distension of the intestines with gas, as there was but a small quantity of fluid in the peritoneal cavity. The liver was in a most advanced stage of cirrhosis, not being, however, so much decreased in size as is usual. Large portions were hard, brawn-like, and quite destitute of gland structure, while among them were interspersed lobules of gland, of a yellow colour, and soft texture, which retained more or less of their original character. The surface of the organ was extremely irregular from nodulations; its colour generally was a pale buff. Under the microscope, the hepatic cells, taken from the least diseased parts, showed a much larger quantity of fat globules than is usual. The spleen was of enormous size, and very firm, it measured fourteen inches in length, and four in breadth, being thick in proportion, and, although curved on itself, extended nearly the whole length of the abdomen. Excepting the presence of half-digested blood in the stomach, no other diseased condition worthy of note was observed.

The symptoms had here been pretty exactly much as might have been expected in a case of very chronic cirrhosis of the liver, and there can be no doubt but that such was the primary disease. The comparative absence of dropsical symptoms was certainly unusual, but the mode of death was exactly what might have been expected. It should be observed, that the boy's habits as to the use of stimulants had always been most strictly moderate. He had at times been allowed small quantities of wine daily, but, previous to the commencement of his illness, had drank nothing. The occurrence of hepatic cirrhosis in the young and temperate is acknowledged to be rare, but in those respects the case has many similars.

(a) Diseases of the Liver. P. 116.

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Passing from the class of hepatic and splenic enlargements, we will now consider that of

FÆCAL ACCUMULATIONS.

Hardened masses of fæces in the cæcum or colon are not unfrequently mistaken for tumours of a more serious nature, and their diagnosis in the case of a fat abdomen is sometimes far from easy. The best means of testing their character is to compress them firmly between the fingers, under which circumstances they differ from all others in being quite painless, and in feeling doughy, and more or less yielding. The manner in which such masses will resist the action of purgatives, and remain persistently in a certain spot, is often very extraordinary. The history of previous constipation, or at any rate of irregularity, may generally be made out. Another class of cases are those in which the whole colonic tract becomes distended with fæces, and perceptible externally. An interesting example of this was under the care of Dr. Goolden, in St. Thomas's Hospital, about a year and a-half ago.

Case 38.—A boy, aged 16, was admitted, with the account that his bowels had not acted for six weeks, although he had been eating as usual the whole time. He was a tall, thin, pale-faced, unhealthy-looking lad; and stated, that, for several years, he had been liable to occasional constipation. His abdomen was tumid and very visibly enlarged, and, on pressure, felt in all parts full and doughy. The colon could be easily felt throughout its whole extent; it was full to distension, and handled not unlike what a large Poloni sausage might be supposed to do if placed within the abdomen. Dr. Goolden's treatment consisted in the frequent exhibition of copious lavements, and the employment of friction externally—which latter, in fact, amounted to a complete kneading of the large bowel, so as to force its contents downwards. The diet was meanwhile restricted to the most concentrated admissible. It required a treatment of more than six weeks before the abdomen was relieved of its contents; and, to restore tone to the bowels, a course of aloes and iron was subsequently ordered. The disease appeared to have been mere atony of the muscular coat of the bowel, for there was no mechanical obstruction whatever.

The distension of the intestines with gas can only cause confusion, when it takes place irregularly, a condition which has already been spoken of under Phantom tumours.

DISTENSION OF THE BLADDER.

Of all the hollow viscera, the bladder is, perhaps, beyond all others, capable of great and irregular dilatation. It may, when filled, occasion doubt in certain cases, but the difficulty is fortunately easily removed by catheterism. The form assumed by a distended bladder is liable to considerable varieties, being sometimes narrow and long, at others broad and expanded laterally. The narrow form of distension is much more liable to occasion a visible prominence than the broad one. Fluctuation is very commonly distinctly perceptible. We saw, some years ago, a case admitted, under the care of Mr. Stanley, into St. Bartholomew's Hospital, which well illustrated the necessity for caution in diagnosis. The patient, an elderly man, presented a prescription paper from an out-patients' institution, where he had been under the care of a Physician, and on which was written "ascites," and a formula for a diuretic mixture. He stated that he made large quantities of water, but that, in spite of so doing, his discomfort continued to increase. Fluctuation was easily perceptible in the lower part of the abdomen, rising nearly as high as the umbilicus, but not extending quite into the iliac fossæ. Mr. Stanley introduced a catheter, drew off an enormous quantity of urine, and removed the whole of the symptoms.

Leaving the notice of ovarian cysts and fibrous tumours of the uterus for a future part of the series, we will now pass to tumours having an hydatid origin, of which some very instructive examples have recently been under care in the different Hospitals.

WESTMINSTER HOSPITAL.

LARGE HYDATID ABSCESS IN THE ABDOMINAL WALLS. — PUNCTURE. — RECOVERY.

[Under the care of Mr. HOLTHOUSE.]

T. T., labourer, aged 56, married, tall, spare, but healthy-looking, was admitted into Mark Ward, under the care of Mr. Holthouse, on August 12, 1853, with a large fluctuating tumour, occupying the whole of the right hypochondriac region, the epigastric, and part of the left hypochondriac. Its surface was uneven, and its consistence unequal, being in some parts hard and solid, and conveying the impression as if some internal organ was the seat of hard tumours, which could be felt through the parietes of the abdomen. The skin over it was of its natural colour, and no tenderness was evinced on handling the part. The patient stated, that he first noticed the swelling about four months ago, when it was about the size of an egg, and he imagined it was a rupture. As it was quite free from pain, he sought no advice till he came to the Hospital on the above date, but contented himself with binding a roller tightly round the body. The swelling, however, continued to enlarge in spite of the pressure, and this induced him to apply for advice at the Hospital. He declared that he felt perfectly well, and had always enjoyed good health.

Treatment.—On the day following his admission, Mr. Holthouse punctured the tumour with a full-sized trocar, and gave exit to nearly five pints of a thick tapioca-looking fluid, mixed with which were numerous broken-down and some perfect hydatid cysts. A small portion of the fluid being placed beneath the microscope, showed it to consist, for the most part, of imperfectly formed pus corpuscles. Next in point of number were granular bodies double the size of the former, and, lastly, oil globules, all floating in a homogeneous fluid.

The man bore the operation well, and experienced no faintness, or any other unpleasant symptom. A pad of damp lint was placed over the aperture made by the trocar, and confined there by a bandage.

Scarcely any fluid escaped after the operation, and no re-collection of it took place.

He was discharged well, nine days after his admission, and so continued a fortnight afterwards—when last seen by Mr. Holthouse.

There being no indication for medicine during the treatment, none was given, and the man left the Hospital without having had an unfavourable symptom.

Remarks.—It can scarcely be supposed, either from the history or the progress of this case, that the tumour had originally involved any of the abdominal viscera. Most probably the hydatid had been deposited in some part of the parietes external to the peritonæum, where its irritation had caused the large amount of suppuration which occurred. The contrast in respect to the ease with which the man recovered, and the rapid healing of so large a cavity, is well marked between this case and one of a scrofulous nature. The source of irritation had been by the evacuation of the entozoa entirely removed, and there having been no constitutional cause for the disease, nothing remained to prolong its processes. The case is in many respects similar to one which occurred under the care of Mr. Stanley, in St. Bartholomew's Hospital, some few years ago, and was reported in this Journal for August 15, 1852, page 166.

[To be continued.]

AMPUTATION AT THE SHOULDER-JOINT. — Dr. M. Carnochan records (*American Medical Monthly*, September, 1854) a case of amputation at the shoulder-joint, "for the removal of a large osteo-procancerous tumour of the humerus." The subject of the case was an Irishman, 30 years of age, admitted into the State Emigrant's Hospital. The tumour involved the whole extent of the humerus, measured in its largest circumference twenty-nine inches, and weighed, after removal, eighteen and a-half pounds.

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Many Original Communications of great value have been prepared by distinguished Practitioners. The Reports of London and Provincial Hospital Practice will be more extended. The Proceedings at the principal Medical Societies regularly reported. Selections from Foreign Journals will appear weekly; with Editorial Articles—Reviews—Foreign, Provincial, and General Correspondence—and Medical News.

Medical Times & Gazette.

SATURDAY, JANUARY 6.

MEDICAL APPOINTMENTS IN THE EAST INDIA COMPANY'S SERVICE.

THE time is now approaching when the experiment of awarding Commissions in the East India Company's Medical Service to merit instead of interest is to be fairly tried. The Examiners have fixed on Monday next for the first trial of proficiency, and it is expected that about thirty appointments will be made.

To those who are unacquainted with the emoluments connected with a Medical Commission in this Service, we may state, that the pay and allowance of a Surgeon is about 50*l.* a-month, and those of an Assistant-Surgeon about 33*l.* a-month; being respectively rather less than 600*l.* and 400*l.* per annum, with a retiring pension, after seventeen years' service in India, varying from 200*l* to 700*l.* a-year, according to length of service.

This reward for merit may well stimulate the rising generation of Practitioners to useful and honourable exertion; and we cannot too highly extol the liberality and wisdom of the Honourable East India Company in facilitating the arrangements connected with this great boon to the Medical Profession.

How often have we observed, in our Medical Schools, the brightest talents expended in acquiring a theoretical and practical knowledge of our Profession; and when the usual goal is at last attained by the reception of the diploma or licence, the high-minded candidate for Medical reputation has to struggle with unworthy competitors to obtain a living, or wrings from the public a bare subsistence, or, what is not uncommon, sinks, under the unequal contest, into sickness and death!

But now, a bright and a spacious field is open to aspiring talent, and an income for life may be gained by merit alone. Hitherto, the poor and friendless student might burn the midnight oil in vain, and might regard the wretched wages and the worse treatment of a Poor-law Union as the summit of his ambition; but now he may hope for the rank, the treatment, and the emoluments of a gentleman, as the recompense for his industry.

The East India Company will hereafter find reason to congratulate themselves that they have thus advanced with the progressive spirit of the age; and the high attainments which will now be brought to bear upon their Medical Service will tend most materially to improve the health of the troops, and to diffuse the soundest views of Medicine and Surgery among our Asiatic population. The pre-eminence given to the pursuits of Natural History and Botany will also contribute most materially to extend our knowledge of the Flora and Fauna of India; and the exuberant productions of the soil will engage the attention and inspire the pen of many a worthy successor of Wallich and of Hooker.

We cannot conclude without congratulating those about to present themselves as candidates for these India appointments on their good fortune in having for examiners so admirably constituted a Board as that nominated by Sir Charles Wood. Science is advancing daily, and the best Practitioner of thirty years hence will probably be the man who is now leaving the Hospital possessed of the highest scientific knowledge of to-day, some familiarity with special diseases, and a thorough practical acquaintance with those means by which his future knowledge of disease may be perfected. The Examiner, therefore, must be capable of determining the candidate's practical knowledge of special diseases, of the stethoscope, of the microscope, and of the test-tube, where alone they can be determined, viz., at the bed-side, in the dead-house, and in the laboratory; and also of framing questions that shall sound the amount of the student's attainments with regard to those points on which he cannot be examined practically.

Sir Charles Wood will shortly have to name a Board to conduct the examination of candidates for the appointments to be distributed in the India Civil Service. May he select as good advisers as to its constitution as he did in determining the Medical Board; but what would the great public say if he named the Examiners from among the retired India Judges and ancient Members of Council?

As to the insinuations lately made, that the new Examiners will, from their connexion with two London Schools, be influenced in their recommendations by other considerations than the

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merits of the candidates, and to the charge of youthfulness brought against the members of the Board, we may remark, that to name the gentlemen referred to is amply sufficient to refute the insulting insinuation. But we might add, if it were necessary to prove the groundlessness of the charge, that the youngest of the Board published nine years since an octavo volume of acknowledged merit on the "Dysentery and Hepatitis of India," and eight years ago a work on cholera, the materials for both works being cases observed, and *post-mortem* examinations made, in India.

THE CONTROL OF PROSTITUTION.

We have been requested by Dr. Holland, of Cork, the author of two able articles in the *British and Foreign Medico-Chirurgical Review*, to direct the attention of our readers to the following series of questions, which he has addressed to the House-Surgeon of every Hospital in Great Britain and Ireland.

In Hospital.

Are there Separate Wards for Syphilitic Females?.....

Number of Beds available for Syphilitic Patients.....	For Males.	For Females.

	Admitted.		Out-Patients.	
	Males.	Females.	Males.	Females.
Number of Cases of Primary Syphilis in 1853				
" " Secondary "				
" " Tertiary "				
" " Gonorrhœa "				
" " Blenorrhœa and other specific discharges.....				

Is the general character of Syphilis becoming more, or less, virulent? .....

Is Syphilis and Gonorrhœa increasing, or decreasing?.....

What is the probable Number of Prostitutes in .....?	Public Prostitutes.	Sly Prostitutes.

Is the general condition of Prostitutes, judging from their dress and deportment, improving, or the contrary?.....

	In Hospital.	Out of Hospital.
Number of Cases of Syphilis treated from 1844 to '53 inclusive		
Number of Cases of Gonorrhœa treated from 1844 to '53 inclusive		

Date, ... Signed, ..., House-Surgeon.

The subject is so important, not only in its Medical but in its social relation, that we trust the gentlemen addressed by Dr. Holland will assist him cordially in his inquiries. We would suggest that the question as to the *probable* number of prostitutes in each place had better be left unanswered, unless special and reliable information can be obtained. Guesses are generally very wide of the truth. Dr. Holland has also directed a series of queries to the head constables of all the large towns in the kingdom. The results, if carefully collated, must prove extremely interesting.

PROFESSIONAL REMUNERATION.

There cannot be a doubt that the members of the Medical, are worse paid for their labours than are those of any other Profession; nor that, while they too often have to dare their own death in the exercise of their duty, they can have but little hope of those honorary distinctions which men may justly court. And we have often been puzzled, when reflecting on this subject, to determine why the Profession is crowded—why so many parents thrust their sons into its ranks—and why so few men leave it, after they have discovered the smallness of the rewards they are likely to reap.

In the Queen's Service the Medical department is paid on the meanest scale; and if its members ever expect praise from their commanders, they will be woefully disappointed. They are snubbed on all hands.

The Military Chiefs seem to regard their Medical staff much as a young man does his greatcoat when he leaves home for a long walk over the hills—he thinks it may rain, so he takes a *light* greatcoat. As he proceeds, however, the sky brightens, the day proves very hot; the greatcoat is an awful bore, still he must drag it about with him wherever he goes. Strong are the expressions he uses in regard of it. But the wind changes, the clouds gather, and the *light* greatcoat is of little use in protecting him against the now cutting blast and pelting sleet; anon he mutters hard words regarding the same coat: its texture is bad, it is trumpery, good for nothing.

The Army Medical Staff seem, we say, to be to the officer in command of the army what the greatcoat is to the pedestrian. When there is little sickness, and he desires to move rapidly, the Medical Staff and its necessary accessories are looked on as bores, dead weights, impediments; it is cut down to the lowest point, and its necessaries, as far as possible, left behind. He takes with him a Medical Staff, to be sure, because he sees in the distance the possibility of sickness, but the dead-weight must be as light as possible. The scene changes. A host suddenly requires Medical aid, and then the members of the Staff are soundly rated for their inefficiency. The storm of disease sweeps over the army, and then the light Medical Staff is unable to shield from its ravages. Are its members to blame?

Pity it is that a Commander-in-Chief cannot get a Medical Staff framed on the principle of the tent the fairy Pari Banou gave to Prince Ahmed. When not required, that valuable piece of furniture could be carried in the hand of a child; when necessary, it could be spread over a host.

Badly, however, as the Army Surgeons are paid and treated, they are well off compared with those in the sister service. But there is some satisfaction to find that the Profession, being so very badly treated in the Navy, the supply of Assistant-Surgeons is far below the demand, and, as a consequence, a higher price must ere long be given for the article in the shape of increased consideration and comfort. More Assistant-Surgeons *must* be had in the Navy, or a terrible accident will one of these days occur, such as might have lately happened on board the Albion. The peace complement of the vessel in question is one Surgeon and two Assistant-Surgeons. When she formed part of the squadron that attacked Sebastopol, on the 17th October, she had on board only one Surgeon and one Assistant-Surgeon. She ought to have had three Assistant-Surgeons. Early in the day her Surgeon was wounded by the bursting of a shell in the cockpit. Had the single Assistant-Surgeon been wounded at the same time,—a by no means improbable event,—there would have been no one left on board to dress a wound or stay a bleeding. Young men have but to be firm, to refuse to enter the Navy till they are treated in it as gentlemen, in order to bring even the Lords of the Admiralty to their senses.

In the Civil service of the State, the Profession is as badly paid and as ill used as in the Army or Navy.

When Ireland was covered with temporary Fever Hospitals,—with which name, tents, sheds, and old barns were dignified,—one doctor was provided for every hundred patients, and the unhappy men who were selected to fill these posts received five shillings a-day so long as they were employed,—that is to say, less than an artizan who works in stone, wood, or metal. Five

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shillings a-day to the member of a learned Profession for risking his health and life! If a victim to the fever, he might hope for a place, while sick, in his own sheds; if he died, his wife and children might beg for aid of the State, but they would beg in vain. Their relatives must support them, or the workhouse receive them.

In England, the office of Surgeon to the sick poor is put up to tender, and in some cases a new competitor for lucrative employment threatened to be brought into the village if the established Surgeon refuse to visit and supply medicines to the paupers at something less than the cost price of the drugs.

In Ireland, 60*l.* a-year is the average income of the country doctor.

But it is not only those whose poverty and not their will consents that are paid by the State something less than nothing for their services. When Mr. Cusack, certainly not one of the least distinguished of European Surgeons, was summoned by the House of Commons in the matter of the Dublin Hospitals, he received a sum scarcely sufficient to pay his travelling expenses; while his son, a young lawyer of a few years' standing, summoned about the same time on Poor-law matters, received three guineas a-day and his expenses!

And now as to the cause of all this. A word to the wise is sufficient. There are shoals of lawyers in the House of Commons, and one doctor; the lawyers are heard, the doctors are not. The horse is mute, and hence he is bitted and spurred; hence he carries the pack and he draws the truck. Those only are considered in the House who are heard there. The influence of the Press in preventing young Medical men from entering the Navy has been considerable; passive resistance is the only sound that can shake the dull tympanum of a Lord of the Admiralty. Government will soon be obliged to do something for that branch of the service,—it is only a question of months. If the Profession had refused to accept the paltry sums offered by the Poor-law Guardians, long ere this the wrongs inflicted on us by that Law would have been redressed. If we desire relief, we must speak not only with a voice so loud that cannot fail to be heard, but also in a language that cannot fail to be understood.

PAST AND FUTURE.

A glance at the bill of fare provided for our readers in the Volume of which this is the first Number, will prove that the reputation the MEDICAL TIMES AND GAZETTE has acquired in the Past, will be not only maintained but enhanced in the Future. It has long been the medium through which the most eminent men in the Profession have made known their latest observations and discoveries. More recently it has been selected by the Heads of the Medical Service of the Army and Navy for the publication of official documents from their respective Departments. The Reports of the Practice of the London and Provincial Hospitals are given in a far fuller and more regular manner than in any other Journal, and, for the first time in any country, the numerical results of all the operations performed in its principal Hospitals have been collected and made known. It is quite unnecessary to state, that such a collection of facts must be of great value, forming a test of the value of different methods never before attainable. Great care has been devoted to the other departments of the Journal, in order that the Progress of Medical Science should be faithfully and accurately recorded, and that our readers in any part of the world might be made acquainted with the most recent advances in Medical Science, and with every practical improvement of real utility. We can, therefore, refer with some confidence to the past, as an earnest that these characteristics will distinguish the future Volumes of the MEDICAL TIMES AND GAZETTE.

Any one who looks over the principal papers published in the last Volume will see among the names of our Correspondents, ARNOTT, BABINGTON, BRODHURST, BROWN, BULLEY, Sir WM. BURNETT, COOTE, DEVILLE, DUMBRECK, FERGUSSON, Sir JOHN FORBES, FRANK, GRAHAM, GREENHOW, HABERSHON, HAWKINS, HEWETT, HOFMANN, BENCE JONES, G. M. JONES, LAWRENCE, LEARED, LEE, LIEBIG, LINDSAY, LIZARS, PARKES, PEACOCK, RAMSBOTHAM, REES, RIGBY, ROWLAND, SIEVEKING, SKEY, SMITH, SNOW, STEWART, STOKES, TAYLOR, TODD, WALLER, WALTON, WARD, WILDE, and many others of established reputation. It is unnecessary for us, therefore, to follow the example of another Journal, and exult over the publication of a few lectures from a distinguished Northern Surgeon, who, though he may doubtless appear as a Triton among the minnows who usually sport in the pages of our versatile Contemporary, would only shine in the pages of the MEDICAL TIMES AND GAZETTE as one of the many "good men and true" to whom we are weekly indebted for the lectures and papers which form our chief claim to the attention of our readers.

It is due to the Proprietors, before concluding, to say a few words as to pounds, shillings, and pence. The *Lancet* and the *Association Journal* lay claim to the distinction of being the *cheapest* of the Medical Journals. The latter, however, certainly has not fulfilled its boast of giving a Journal commercially worth thirty shillings for a guinea. The MEDICAL TIMES AND GAZETTE can be had for thirty shillings a-year; yet, in the year just closed, it contained 162 pages more than the *Association Journal*, or upwards of five Numbers. The two Volumes of the *Lancet* for the year 1854 contained 1280 pages. Our own amounted to 1345, or upwards of two full Numbers more. As the subscription for the year is only thirty shillings, if paid in advance, while that of the *Lancet* is 1*l.* 14s. 8d., our readers may readily determine which can most justly claim the title of the "largest and cheapest" Journal. We can say, for the Proprietors, that, as they have taken the lead in the Past, they will endeavour to maintain it in the Future.

REVIEWS.

Unsoundness of Mind in Relation to Criminal Acts. An Essay to which the First Sugden Prize was this Year awarded by the King and Queen's College of Physicians in Ireland. By JOHN CHARLES BUCKNILL, M.D. Lond., Physician to the Devon County Lunatic Asylum. Pp. 148. London. 1854.

WHATEVER may have been the claims of the other essays which competed for the prize awarded by the Irish College of Physicians, we have no hesitation in stating our opinion, that Dr. Bucknill's Essay is fully deserving of such a distinction, and that it forms a valuable addition to our medico-psychological literature. It well merits the careful perusal of all who are engaged in the treatment of insanity, and would afford most valuable information to the Legal Profession, when investigating criminal cases in which the plea of insanity is advanced. That it will not wholly satisfy the minds of our legal authorities is very probable; for law seeks to draw clear lines of distinction where none really exist; and the inability, on the part of the Medical Profession, when called into the witness-box, to define accurately the limits between sanity and insanity, responsibility and irresponsibility, has too often exposed our body to unmerited reproach. For just as the naturalist finds it difficult or impossible to separate with perfect accuracy the animal from the vegetable creation, and just as the pathologist often finds a similar difficulty in defining perfectly the different forms of disease, so is it much more difficult to draw an exact line of demarcation between the healthy and unhealthy states of the mind; between the eccentricity which excites amusement, and the criminality which inspires horror; between the enthusiasm which leads to glory and renown, and the perverted emotions which require the restraint of an asylum. Dr. Bucknill, as we think very properly, does not attempt to draw this line; nor does he dog-

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matically adopt either the somatic or the psychical view of insanity, but considers that, as mind and body are incorporated together in the mysterious mechanism of the human intellect, so must the Physician study the manifestations of both in order to obtain an adequate knowledge of mental disease.

With regard to the peculiar object of the Essay, namely, the relation of unsoundness of mind to criminal acts, Dr. Bucknill proposes that, in consequence of the difficulty of drawing an accurate line between insanity and criminality, a discretionary power should be vested in the authorities appointed to try cases where irresponsibility, on the ground of insanity, is pleaded. In other words, he recommends that, in certain cases, a verdict might be returned analogous, in some degree, to that sometimes adopted in France, of "guilty with extenuating circumstances." But he does not advise that this discretionary power should be vested in persons so inadequately educated as juries commonly are, but that the responsibility of determining the value of medico-psychological evidence should be entrusted to the Judges. He also recommends that the Courts of Justice should have the assistance of Medical witnesses, called not for the prosecution or for the defence, but as *experts*, or *amici curæ*, to guide the Judges in their decisions.

Another modification of criminal-law procedure, as recommended by Dr. Bucknill, is, the appointment of public prosecutors, whose duties would include both a regard for the public welfare, and the protection of the accused party, and whose influence would therefore extend to both sides of the question.

"With these modifications of legal procedure," says Dr. Bucknill, in concluding his Essay, "with an enlarged discretionary power in the hands of the Judges in the awarding of punishment where responsibility is modified by partial insanity; and, above all, with the total abolition of all arbitrary tests of insanity, founded upon metaphysical subtilties, and a recognition of insanity as a disease manifesting itself by a somewhat variable group of symptoms, we anticipate that the difficulties which have embarrassed this question will disappear, and that the administration of justice, attempered with mercy, will no longer remain either impracticable or uncertain."—P. 124.

Dr. Bucknill's Essay is dedicated, by permission, to Lord St. Leonard's, and we hope that the enlightened views which it unfolds will have due weight with our high legal functionaries.

Medical Jurisprudence. By ALFRED S. TAYLOR, M.D., F.R.S. Fifth Edition. 8vo. Pp. 935. London. 1854.

A Medical work of which some ten thousand copies had been sold would have been a curiosity a few years since. The publication of Mr. Churchill's Manuals, however, led to a new era in Medical literature. It was a bold experiment to offer practical information, by the ablest writers of the day, in a form at once convenient, handsome, and cheap. It proved signally successful, especially in the case of the book before us; for Dr. Taylor tells us, that, "including the present edition, there have issued from the press, since the first publication of this work, in November, 1843, ten thousand seven hundred and fifty copies." Such a result is a better proof than anything a reviewer could say of the value of the work. It is but just to the author, however, to add, that additions, amounting to upwards of a hundred pages, have been made to the last edition, and that he has been assisted in the labour of revision by the "Lord Justice Clerk of Scotland. His Lordship has revised the whole of the sheets, and has not only furnished the author with many useful suggestions for the improvement of the work, but has enabled him to correct some errors which had crept into the reports of cases published in the earlier editions."

It is almost superfluous to say, that the whole of the work is fully up to the present state of Medico-legal knowledge.

The Piratical Specific; a New and Infallible Mode of Treatment for the Asiatic Cholera. By Dr. F. WILSON, of Mauritius. Pp. 27. London. 1854.

Dr. Wilson's "Piratical Specific" is cajeput oil; and he applies to it this name, because its use was communicated to him by some Malay pirates, when he was captured by them in the Moluccas. Dr. Wilson describes two species of cholera: one he terms the Asiatic sporadic cholera, which is a milder form of disease, and which may be treated successfully by a mixture of ipecacuanha and tartar emetic; and the Asiatic epidemic cholera, which is far more severe, and requires the energetic employment of the cajeput oil, and the use of heat and friction to the body and limbs.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

TRAUMATIC TETANUS.—CHLOROFORMISATION.—CURE.

By Dr. TH. DE DUSCHE, of Mannheim.

Jean W., aged 26, gardener, drove, while walking, a nail into the great toe of the left foot. This accident, which happened on the 17th of April, made him suffer much pain; but he was obliged to continue work, and was exposed, while heated, upon several occasions, to a cold wind.

April 20.—He felt, for the first time, difficulty in moving the jaw.

May 7.—He consulted the author, who directed the application of cupping-glasses along the back, ammoniacal frictions, and rest in bed. The patient, nevertheless, went to work for another day in the open air. The following day his general condition was worse. Besides the trismus, which was much more pronounced, he experienced stiffness in the sacral region, accompanied by severe pains; the face was red; the eyes injected; the pupils contracted; he was in pain and depressed.

Bleeding from the arm; a quarter of a grain of opium every hour.

May 6.—Tetanic spasms; opisthotonos.

Tobacco enemata; mercurial frictions; opium.

7th and 8th.—No change; obstinate constipation; the same convulsions. Calomel and acetate of morphia.

9th.—He was directed to inhale chloroform; all other treatment was suppressed. From the first inspirations the patient felt himself easier. The cramps ceased; the tetanic spasm diminished; and he fell asleep for half-an-hour. Upon awakening, he felt himself relieved, and the attacks recurred at longer intervals. The chloroform was continued, so as to produce a continued narcosis.

The same treatment was continued till May 20, that is to say, for twelve days, with gradually increased quantity of chloroform, until it amounted to thirteen ounces. The evacuations were regular; the mouth exhaled a mercurial fetor, although all mercurial remedies were arrested. A miliary eruption appeared on the neck, the chest, and belly. The symptoms returned with violence whenever the use of the chloroform was suspended.

21st.—The author discontinued the chloroform, and prescribed cold applications to the shaven head, and a quarter of a grain of acetate of morphia every two hours. The first dose was followed by sleep, and this recurred after each dose until the patient recovered.—*Gaz. Médicale de Paris, p.* ix., 24th Year.

PHYSIOLOGICAL EFFECTS OF ATROPINE.

By M. GRANDI.

M. Grandi has administered atropine with some success to patients suffering from epilepsy. The dose is gradually increased from 1-16th grain to 1 grain. Then it may be reduced to 1-8th grain. The following are the phenomena which M. Grandi observed in their order of appearance:—

Dryness of the Mouth and Fauces.—This phenomenon appears to be at first purely nervous; but subsequently the parts become really dry, and then there is diminution of the salivary secretion.

Dysphagia.—Difficulty of deglutition immediately follows dryness of the mouth. The patient cannot swallow, except after long efforts of the muscles of the neck and the pharynx.

Embarrassed Utterance from Quasi-Paralysis of the Tongue.—After many days' action of the atropine, there manifested itself a slowness and embarrassment of articulation of words, as MM. Bouchardat and Stuart have noted among the principal effects of the solanea.

Mydriasis, or Dilatation and Subsequent Immobility of the Pupil.—Dilatation of the pupil is one of the most constant and early effects of atropine. It is also the last to disappear, being usually more or less evident for eight days after the suspension of the remedy.

Obscurity of Vision.—Objects appear at first enveloped in a white vapour; the contours are no longer distinct. The patient is unable to read, to sew. If the dose is increased, almost complete blindness may ensue.

Torpor and Paralytic Tremblings.—In proportion as the doses of atropine augment, the limbs, and especially the lower, although still under the control of the will, become heavy and inactive. If the dose be increased, sensation becomes lost, and the movements of the muscles are automatic and convulsive.

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Intellectual Confusion.—At first a slowness of intelligence; ideas and replies are imperfect and indifferent. Then comes vertigo, and confusion as of drunkenness.

Hallucination of Hearing and Sight.—Perceptions of noise, tinkling sounds, as of bells, etc.; distorted countenances of persons standing around; extraordinary and gigantic phantoms; the buzzing of insects of black colour, etc.

Delirium or Stupor.—Upon every occasion, when a larger dose than proper of atropine is taken, there ensues delirium, followed by stupor. The delirium may be of lively or of loquacious character, with forgetfulness of all surrounding objects, with transport and imagination of distant objects, with incoherent actions, movements, and discourse.—*Bulletino delle Scienze Mediche, di Bologna*, 1854.

ATMOSPHERICAL OZONE AND THE CHOLERA.

According to Professor Schönbein, the discoverer of cotton-powder, a complete absence of ozone has been remarked in the atmosphere at Berlin during the invasion of the cholera. Dr. Bœckel, of Strasburg, informs us, that in that town also the presence of cholera coincided with the absence of ozone, and that ozone re-appeared as soon as the epidemic decreased.

Dr. Billiard, of Corbigny, is of opinion, that the diminution of ozone in the atmosphere is the first cause of cholera, and that this modification of the air brings forth a change in the animal organisation, in consequence of which, the liquids contained in certain vessels and the substances contained in the digestive tube, are withdrawn from vital action, and only remain subject to the forces by which inert matter is ruled.

Thus the production of a putrid fermentation, the disengagement of gases, and other physical phenomena, by means of which, according to Dr. Billiard, "all the morbid symptoms of cholera, from its period of incubation, to its fatal, or favourable termination, may be explained."

What is ozone? To this question we will endeavour to give a comprehensive answer, as the subject is well worthy of attention, and its assiduous study, added to daily meteorological observation, promises to be no less interesting to the physiologist and pathologist than it is at present to the chemical philosopher. Ozone is nothing else than oxygen itself, but so different from the body to which, since Priestley's discovery, we are accustomed to give the name, that it has been extremely difficult to find out its real nature.

Oxygen has no smell. Ozone, on the contrary, has a very penetrating odour; resembling, at the same time, that of chlorine mixed with air, and of phosphorous or sulphur in combustion.

It is the odour which manifests itself after repeated electrical discharges. The new permanent qualities acquired by oxygen when it changes into ozone is not confined to its smell alone. Its oxidizing power is much greater than that of common oxygen. The latter combines only very slowly with mercury at an ordinary temperature; the former, on the contrary, unites itself very rapidly with this metal.

Van Marum was the first who found this remarkable body, in 1785. Having at his disposal the great machine of Tayler's Museum, he excited sparks in a tube filled with oxygen. After 5000 sparks the oxygen had acquired a strong smell, "which seemed to us," says this natural philosopher, "to be clearly the smell of electrical matter." From 1785 to 1840, these remarkable experiments were completely lost sight of; but, in the latter year, Professor Schönbein, while decomposing water by a galvanic battery, remarked, that the production of the hydrogen gas was accompanied by a peculiar smell, and published a paper on this subject. What was this new body? A simple one, or a composition of oxygen with hydrogen or azote. The ingenious chemist left the question undecided, but gave the name of ozone to the odorous substance.

Eight years after, Mr. Williamson, a member of the Royal Society of London, pronounced, that according as ozone is produced by a galvanic battery, developed by the electric spaak, or brought forth by the action of air or phosphorus, it is a hyperoxide of hydrogen and azotic acid, or a mixture of the two. Professor Schönbein had meanwhile continued his researches. In 1850 he expresses an opinion that ozone is a highly oxygenated combination of hydrogen. In 1851, Messrs. Marignac and De la Rive came to the conclusion, after a series of experiments, that ozone is nothing else than oxygen in a peculiar state of chemical activity, impressed upon it by electricity. Berzelius and Professor Faraday also believed in a simple modification of oxygen, in an isomeric or allotropic state of the body. Professor Schönbein, taking up the question for the third time, ranged himself in 1851 to the opinion of M. Martignac and De la Rive. Most chemists, however, still hesitate to admit the modification of oxygen; but the experiments published in 1852 by Mr. E. Fremy and Edmund Becquerel seem to have removed all doubts on the subject.

Thus, ozone is only a peculiar form of oxygen produced by electricity; a change analogous to that which the solar rays bring forth in chlorine by rendering its affinities more powerful, or to the modifications which are excited by heat in sulphur, phosphorus, and carbon.

This fact having once been admitted, the question naturally arose, whether the changes we bring about in our laboratories are not produced spontaneously in the atmosphere; and this was very soon affirmatively answered. Since 1850, Professor Schönbein had ascertained that ozone decomposes iodide of potassium, and concluded that the best re-agent for finding out the presence of ozone is starched paper containing a small quantity of the iodide. Paper thus prepared and exposed to the action of the atmosphere soon revealed the presence of ozone. But it was evident that this singular body could not always be contained in the air in the same proportions; and to study these variations, a scale must necessarily be formed. An ozonometrical measure was easily established by dividing into ten shades the chromatic interval between the absence of ozone, which is white, and the deepest colour which this substance can possibly bring about by decomposing iodide of potassium. By means of this scale, the daily variations of atmospheric ozone may be ascertained in the same manner as those of the temperature and weight of the air are indicated by the thermometer and barometer.

Several men of science, impressed with the importance of this new branch of meteorological observations, have devoted peculiar attention to it. The following Table, published by the *Strasburg Medical Gatzete*, gives us the mean of the observations of Dr. Bœckel, of Strasburg, and Mr. Simonin, of Nancy:—

	Simonin.		Bœckel.	
1853.	Morning.	Evening.	Morning.	Evening.
April ...	5·93 ...	6·66	5·50 ...	6·33
May ...	5·71 ...	6·71	5·70 ...	6·60
June ...	5·55 ...	6·37	4·34 ...	6·25
July ...	4·44 ...	5·42	4·10 ...	6·50
August ...	4·39 ...	4·74	4·33 ...	6·18
September .	5·23 ...	5·80	3·00 ...	4·33
October ...	3·94 ...	4·32	3·00 ...	3·50
November .	3·50 ...	0·93	1·60 ...	0·50
December...	5·16 ...	1·58	4·00 ...	2·00
1854.				
January ...	— ...	—	5·35 ...	2·71
February ...	— ...	—	7·00 ...	4·50
March ...	— ...	—	3·50 ...	4·40

Dr. Bœckel makes the following remarks:—

"In summer, the ozonometrical mean is, according to my observations, constantly more considerable during the day-time than it is at night; the ozonoscopical paper being exposed from morning to evening to two maxima of electricity; while during the night the re-active paper only traverses one maximum period, which is between two and four in the morning.

"In winter, the inverse seems to take place; the electrical affinities being then most likely less energetic, in consequence of the absence of the sun, although experience seems to have proved that a greater quantity of electricity is produced in winter.

"During a fog, the ozonoscope frequently marks zero, as only the rapid formation of vapours, or their precipitation in rain or snow is accompanied by a disengagement of electricity. This took place during the last four months of last year, which were frequently foggy. The ozonometrical mean of these months has constantly been inferior to that of the remainder of the year.

"Thus we have here a body, the existence of which was not even suspected a few years ago, and which never ceases to act upon us, and upon all animated nature. As to the intensity of its action, it cannot be doubted; for who can question that considerable variations in the oxydizing power of respirable gas has a powerful influence upon respiration, and consequently upon all the vital functions."

According to Dr. Bœckel, malaria always shows itself with the zero of the ozonoscope, and the same takes place when intermittent fevers are prevalent.

According to Professor Schönbein, a considerable quantity of ozone was observed in the atmosphere at Berlin during an epidemic of influenza, and under a medical constitution predisposing to pulmonic affections; and the contrary took place under the reign of a gastric constitution.

Finally, as we mentioned at the head of the article, the cholera coincided at Strasburg and Berlin with an absence of atmospherical ozone.—(From *La Presse.*)

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GENERAL CORRESPONDENCE.

MEDICAL CERTIFICATES TO REGISTRARS.

[To the Editor of the Medical Times and Gazette.]

SIR,—About three years ago, your Journal contained several letters on the subject of Medical certificates of the cause of death. Since that time, I trust these returns have been altogether more correctly made; but the following facts will show that there is still room for improvement, especially as regards the filling up of them by qualified Medical Practitioners.

In what cases ought a Medical certificate of the cause of death to be refused without a *post-mortem* examination?

My experience leads me to think that great laxity still prevails among many members of our Profession, as to the mode in which these certificates are filled up. The errors in these returns may be owing to neglect, on the part of the Medical attendant, to urge the necessity of a *post-mortem* inspection, where the cause of death is unusually obscure, or the event sudden, or they may be attributable to the refusal, on the part of the relatives of the deceased, to allow an examination of the body, if it can be legally avoided; or, further, they may be caused by the Practitioner's ignorance of morbid anatomy, or his omitting to investigate such points in the history and course of his patient's disease during life as would leave no doubt about the diagnosis.

But surely, for the Registrar's report to be of any value as a statistical account of the causes of death, it would be better, in cases where such causes were imperfectly understood, that it should be so stated, than that the certificate should be filled up at a mere conjecture. These remarks do not, of course, apply where there is any doubt as to death being the result of natural causes, for there the duty of the professional attendant is obvious; but now and then it will happen that a person, having been previously as well as usual, and not under Medical care, dies so suddenly, that the fatal seizure is not witnessed even by the Surgeon nearest at hand; and yet, withal, there is not the slightest suspicion but everything has been done to the best of the ability of those around for the welfare and recovery of the deceased.

In such a case, a Coroner's inquest is not needed (?), and it would be almost cruel to add another pang to the feelings of a family already deeply wounded, by insisting on such a dreaded ordeal. So also, out of kindness and consideration, it may be, the necessity of making a *post-mortem* examination of the body is not urged; but, if it be, and is not conceded, the Practitioner may be reduced to the alternative of certifying the cause of death as that now fashionable though truly frequent one—disease of the heart.

About three years ago I was called to an elderly lady, whom I found lying dead on the dining-room floor. She had retired to rest in her usual health; but, having subsequently felt a little indisposed, had gone down shortly afterwards, when her family were aroused by hearing her fall. Soon after my arrival, her regular Medical attendant was on the spot, and I was consequently released from further responsibility. This lady having, at some previous period, consulted a physician for symptoms of disease of the heart, it was not thought necessary that an inquest should be held nor a *post-mortem* examination made. Accordingly a certificate of the cause of death as resulting from disease of the heart was given.

A few weeks since, at seven a.m., I received an urgent message to attend Mr. C., who, it was feared, was already dead. I found an old gentleman, eighty years of age, dressed, but lying on his bed; life must have been extinct some minutes. I was told he had not been seen professionally for several months past, but that he was paralysed on the left side, that he was subject to severe winter cough, and also that he had lately suffered much from irritation of the bladder.

The man-servant who had been, as was his wont, in attendance on him during the night, stated, that his master appeared to be seized with a fainting-fit, and almost immediately fell back in an insensible state.

I expressed my inability to certify the cause of death under such circumstances, and begged that I might be allowed to make a *post-mortem* inspection; but the relatives of the deceased could not bear the mention of such a thing. I then directed them to apply to the Registrar of the district as to what course should be pursued.

On the following day, I was not a little surprised at being told that Mr. B., an old Medical attendant of the family, though not, as I was given to understand, of the gentleman himself, "had been down and seen the body, and felt the chest, and moreover had felt the water on the chest, and had no doubt whatever of the heart being diseased." Now, will it be believed that this regularly-qualified Practitioner immediately wrote a certificate of the cause of death. It ought to be added, that the Surgeon who had attended this old gentleman on previous occasions was not in England at the time of his decease, and, therefore, his knowledge of the patient's ailments could not be made available.

The following case, though it did not occur in my own practice, shows that not only in London are strange certificates of the cause of death occasionally given:—

A friend, on whose veracity and judgment I can rely, was summoned to the death-bed of his aunt, a lady advanced in years, residing at Birmingham. She had been ill a few days, and had suffered from cough, with copious expectoration. The Practitioner who attended her stated, that, as far as he could ascertain, her disease was "inflammation at the top of the windpipe," and he had no doubt of her ultimate recovery. It appears, however, that she sank somewhat suddenly. There was no *post-mortem* examination, and the cause of death, as certified by this gentleman was, to the astonishment of my friend, fever—seven days' duration.

Now, what is the explanation of such a circumstance as this? The only one that appears to me probable is, that the Practitioner was really ignorant of his patient's disease; and, as he had given such a favourable prognosis, and persisted in it almost up to the hour of her death, it was necessary, in his opinion, to call in the aid of fever to account for her unexpected dissolution.

The other two cases are, I believe, not uncommon as regards the suddenness of death; and, although it is to be regretted there should be such a prejudice against *post-mortem* examinations in the minds of the public,—a prejudice which, I fear, is not likely to be altogether removed; while there are men in our ranks who indirectly sneer at the value of pathological researches; still, I hold that no motives of delicacy would justify the Medical Practitioner in giving a certificate of the cause of death, without a *post-mortem* inspection, if he found the patient, to whom he was summoned, already dead, and if he had no personal acquaintance with his previous history and constitution.

I think you would do good service by again directing the attention of the Profession to this important subject, and I should feel obliged by your finding space for my communication if your opinion coincides with that of Yours, &c.,

W. F. CLEVELAND.

23, Beaufoy Terrace, Maida Vale, Dec. 19, 1854.

A MESMERIC "CURE."

[To the Editor of the Medical Times and Gazette.]

SIR,—I read in this week's publication a notice of a mesmeric curative meeting held here; and, as your Correspondent has only partially supplied you with the particulars, a further account may be acceptable to some of your readers. The patient referred to as an example of a cure by mesmerism was a most respectable young woman, and was introduced on the platform by a Mr. Vernon, who, after putting her into a "mesmeric sleep," stated to the audience (of whom I was accidentally one), that the person before them had been attended by a Medical man for consumption, who considered it a hopeless case, and said that she could not live five weeks. She then came under mesmeric treatment, and the result is her present improved condition.

I was astonished when I saw the lady mount the platform, but I was more astonished at the statement I had heard, as I had been attending her for a period of several months, during which time she took cod-liver oil, sweet milk, etc., and, instead of having given her up as a hopeless case, told her, that, with care, she would get better, as the disease was in the first stage, and I held out every hope of a recovery. An eminent Physician of this city also saw her afterwards, and told her the same. This I stated on the platform, where I was urged to go by a Medical friend (sitting next me) having said that the lady's Medical attendant was in the room; and the only reply of Mr. Vernon was, that "he had been told so by the patient's parents."

A few days after this meeting, I called (accompanied by a supporter of Mr. Vernon) on the patient and her parents; and they then stated before us both, which statement was taken down in writing, "That, had they known that Mr. Vernon was going to make such a statement, they never would have allowed her to have gone on the platform, for the Doctor never gave her up, but continued to attend her, and told her that she would

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get better, as the summer was before her, and the disease in the commencement; and they did not think it worth their while to tell the Doctor that their daughter was under mesmeric treatment at the same time that he was attending, as they did not put much faith in it."

In conclusion, I would remark, that the patient was under treatment for hysteria; and when she went on the platform (at the earnest desire of Mr. Vernon) she only thought that she was to be exhibited as an example showing that a person could be put into a mesmeric sleep. I am, &c.

CHARLES DYCER, M.D.

18, Pitt-street, Edinburgh, Dec. 28, 1854.

"THE ASSOCIATION JOURNAL."

[To the Editor of the Medical Times and Gazette.]

SIR,—Being a subscriber to your Journal from its commencement, and always admiring the gentlemanly manner in which it has always been conducted, I was rather surprised to read a very unjust attack upon Dr. Cormack in the last Number. On the very day before that letter was published, the following Resolutions were cordially adopted by the Liverpool members of the Provincial Association:—

"That this meeting has full confidence in the Editor of the *Association Journal*, and strongly protests against any interference with his management.

"That this meeting regrets that the attention of the members should be distracted by dissensions in the Association, which cannot fail to exercise a prejudicial influence upon it, both individually and collectively."

I hope you will publish this communication in your next Number. I am sure it cannot be your wish to cause a division in the Association, which has already done so much good for our distracted and much-injured Profession; and, if permitted to go on in its vigour, will still accomplish that salutary reform which is so much needed. I am, &c.

ELLIS JONES, Hon. Sec. for Liverpool.

Liverpool, Jan. 2, 1855.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

DECEMBER 19.

Dr. BABINGTON, President, in the Chair.

DR. BENCE JONES reported on the chemical examination of Mr. Shaw's specimen of

CALCULUS ADHERENT TO THE BLADDER.

The calculus had been found, as previously stated, to consist of lithic acid. From this it was presumable that the mucous membrane of the bladder was healthy, and the urine not alkaline. The chief peculiarity of the stone had been its very light specific gravity, a condition which was accounted for by the discovery on section of a large cavity in its centre. It was believed that this hollow had been caused by the baking in a sand-bath soon after its removal, to which the stone had been subjected. Nothing was revealed which threw any light as to the mode by which the adhesion to the bladder had been effected.

Mr. Shaw much doubted the probability of so large a hollow having been caused merely by baking, more especially as the stone had not been observed to alter in size during that process. He suggested as more likely, that there had been a nucleus of organic matter which had been subsequently destroyed.

Dr. Bence Jones adhered to his own mode of explanation. He presumed that there had been no central mass of organic matter, inasmuch as the nucleus was still present, and consisted of a small mass of lithic acid.

Dr. Peacock exhibited a

HEART IN WHICH A LOUD MUSICAL MURMUR HAD BEEN HEARD DURING LIFE.

The specimen was sent to him by Mr. Henry Ewen, of Long Sutton. The patient was a man, 65 years of age, who had presented the symptoms of diseased heart for two years. A loud musical murmur, exactly resembling the sound produced by the common cuckoo clock, could be heard at the distance of several feet from the chest. The heart was very much enlarged, so that it probably weighed, when recent, fully 20 oz. avoirdupoise. The right and left ventricles and auricles, but especially the left ventricle, were greatly hypertrophied and dilated. The aortic valves were much thickened and contracted, and the edge of the right segment readily allowed of being retroverted, so that a regurgitant current must have flowed from the aorta into the ventricle during the diastole of the heart. The aorta was dilated, and its coats much thickened, and the lining membrane was studded with atheromatous and osseous patches. Dr. Peacock said, he supposed, from the description given of the sound heard during life, and the examination of the heart after death, that the murmur had been a double one, produced partly by the diseased condition of the valves and aorta during the systole of the ventricle, and partly by the loose free edge of the right aortic valve during the diastole. He had had the opportunity of examining after death two other cases in which loud musical murmurs had been heard. In one of them the sound was loudest in the course of the aorta, and was produced by long vegetations projecting from the aortic valves; in the other it was heard most distinctly at the apex, and was dependent on free regurgitation through the left auriculo-ventricular aperture, without disease of the mitral valve. Such murmurs were, however, much the most commonly dependent on disease of the aortic valves.

Mr. Pott showed a specimen of

CANCER OF THE STOMACH AND PANCREAS.

The symptoms had been rapid in their course. The patient, a man aged 47, of sanguine temperament, and without family history, had been quite well until May last, when he began to suffer from slight stomach ailments. In October following, he was still fleshy, and without material cachexia. Three weeks before death he began to lose flesh and colour rapidly, and for the fortnight immediately preceding that event, he suffered from very frequent vomiting. The fluid ejected was of a chocolate colour, and frequently amounted to a pailful daily. A hardened mass had been felt over the region of the pylorus, and, although it received a degree of pulsation from the aorta, yet, from the other symptoms, the diagnosis of malignant disease had been confidently pronounced. At the *autopsy* the corpse was found still fat. The liver adhered by its under surface to the stomach, and thus protected an opening in the latter which was large enough to admit a fore-finger. In the pyloric region, there was the deposit of cancerous material of a scirrhous character, which cut crisp, and had a semi-transparent appearance; further back, however, there was a large tuberous mass of encephaloid structure. The pyloric orifice had been almost completely obstructed. A microscopic examination of the portions of the cancer from the different parts had been made by Dr. Hare with conclusive results.

Dr. Hale next brought forward an example of

HYDATID TUMOUR FROM THE ABDOMEN.

The specimen, consisting of a mass the size of an orange, which contained a large dead hydatid cyst, collapsed and folded up upon itself, had been removed from the belly of a child who had died after a short illness. One year previously the patient had been under Dr. Hale's care, at the Western Dispensary, on account of the tumour itself, which had then a bulk at least five times as great as its present one. The diagnosis of an hydatid cyst had been formed. After about three months' attendance, the tumour diminished and became scarcely perceptible. The child subsequently continued for upwards of nine months in much improved health, and without any symptoms referable to the tumour. The fatal illness had been only of a few days' duration, and had been attended by feverishness and some spots resembling those of the first stage of small-pox. At the autopsy no sufficient cause of death was discovered. The tumour was connected with the left lobe of the liver. Dr. Hale suggested as inquiries of interest, 1st. Whether the treatment (which had consisted in the employment of mercurials and iodine) had had any influence in inducing the death of the cyst? and, 2ndly. Whether the tumour had been connected in any degree with the fatal event.

Mr. Hutchinson asked the exact character of the symptoms which had preceded death?

Dr. Hale replied, that the child had died in the evening of the first day it had come under observation. There was no conclusive evidence as to its being affected with small-pox; some of the spots had, indeed, much resembled those of purpura. The head had not been examined.

Dr. Hare remarked on the interest of the specimen as an example of the cure of an hydatid cyst.

Mr. Holt showed a specimen of

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CALCULUS DETAINED IN THE FUNDUS OF THE BLADDER.

The gentleman from whom it had been removed had been under his care for some time, on account of symptoms of stone. A small calculus had been found, and after two lithotrity operations it was believed to have been removed; but soon after the patient had returned to his usual mode of life the symptoms again appeared. Many examinations were subsequently made, and on one occasion by Sir Benjamin Brodie, but all without the discovery of any stone. During quietude, and with rest in the recumbent posture, the symptoms generally abated, but as soon as the ordinary avocations of life were resumed, a relapse of inflammation of the bladder was sure to follow. The sufferings had been very great, and at length, worn down by irritation, the patient's strength had succumbed to the disease. The autopsy showed an oval stone of considerable size, tightly held by an irregular contraction of the muscular fasciculi in the fundus of the bladder. The lower portion of the viscus did not contain any fragments of stone.

Mr. Holt also showed an example of

A STONE FILLING THE BLADDER.

A male child, wretchedly ill, had been admitted, a few days before death, with an account of having suffered the usual symptoms of stone in the bladder. There was complete incontinence of urine. Examination with the sound discovered a certain roughness in the bladder, but did not make it evident that a stone was present. After death, the bladder was found firmly contracted on an oval stone the size of a large egg, which quite filled its cavity.

Mr. Wood next exhibited a specimen of

RUPTURED LIVER.

It had been taken from the body of a well-made woman who had been brought into the dissecting-room of King's College Hospital, having been killed by being run over by a cart. There was a little bruising of the soft parts, but no fracture of the ribs. In the cavity of the peritonæum was found a quantity of fluid consisting of mixed bile and blood. The liver was adherent to the diaphragm above. The rupture extended into the organ a little to the right of the suspensory ligament. The gall bladder was uninjured.

Mr. Simon showed an example of

SEBACEOUS VARIETY OF CYSTIC SARCOMA.

A woman, aged 47, had been admitted, under his care, into St. Thomas's Hospital, with an ulcerated warty growth on the shoulder, which was stated to have been of thirty years' duration. It had an appearance strongly resembling an epithelial cancer. It had been very painful, and had occasionally bled. There was no gland disease. Excision of the mass having been performed, the parts were soon soundly healed. On making a section of the mass, it was found to consist of a cyst having a well-defined exterior, and being enclosed by a smooth and polished membrane, but the interior of which was occupied by coalesced masses of cauliflower-like growths. The whole had originally been subcutaneous. (Some drawings illustrative of the arrangement of the intra-cystic growths were shown.) Mr. Simon remarked on the rarity of the form of disease exhibited, stating that he had never before seen what appeared to have originally been a sebaceous tumour assume such characters. Under the microscope, the features peculiar to epithelial cancer had not been found.

Mr. Hutchinson inquired, in what respects the specimen differed from those which had been described by Mr. Cock in a recent number of the Guy's Hospital Reports, under the name of a "Peculiar Follicular Disease." He had recently seen four or five cases in which the growth resembled those mentioned by Mr. Cock, and very closely simulated the appearances of cancer. The class was a very important one, and he was inclined to doubt whether, by the naked eye, any diagnosis from malignant disease could be formed. A specimen removed very lately by Mr. Hilton, in Guy's Hospital, from the scalp of an old man, had presented a large sloughy ulcer, with indurated, ragged, and everted edges, abundance of sprouting, wart-like growths, and a large hard base. To make its similarity to cancer yet more close, it had adhered most firmly to the skull, and, during the operation, was found at spots to actually dip into the bone tissue. It had been examined, after removal, by Professor Quekett, who had reported it a good example of the follicular tumour. The points in diagnosis appeared to be the long duration of the disease, the history of its commencement as a sebaceous tumour, and the absence both of gland disease and of cachexia.

Mr. Simon replied, that he thought the defined outline of the tumour he had shown, and the absence of microscopic evidence of malignancy, were conclusive facts as to its diagnosis.

Mr. Henry Thompson mentioned a case of a similar nature which had some years ago been under the care of Mr. Erichsen, in University College Hospital.

Mr. Erichsen well remembered the interesting case alluded to. The tumour was on the scalp of an elderly man. It had attained the size of an ordinary cheese-plate, and presented a large sloughy ulcer. It had not been deemed safe to attempt its removal, on account of its size; but no doubt was entertained as to its having been of sebaceous origin.

Mr. Prescott Hewett asked, if, in Mr. Simon's case, the bleeding had been troublesome, and adverted to a case which had come under his care, where a tumour of similar character, situated on the ear of a young gentleman, had been attended by alarming attacks of hæmorrhage, which occurred on the slightest injury.

Mr. Simon replied, that the bleedings could not be said to have been profuse. During the operation, however, the loss of blood was more than usual, and numerous ligatures were required.

Dr. Hare next brought before the Society a specimen of

DILATED BRONCHI.

The preparation consisted of the upper part of the right lung, in the apex of which the bronchial tubes communicated with a series of smoothly-lined cavities, varying in size from a hazel-nut to a nutmeg. The lung immediately surrounding these cavities was carnified, and in parts black with carbonaceous deposit; there was, however, no trace of tubercle in any stage. The pleural layers were united by firm adhesions. During life, there had been a peculiarity in the stethoscopic signs; the gurgling rhonchi following each other in rapid succession, as if from the passage of fluid through a sinuous cavity. The patient was a man, aged 65, who had suffered from cough all his life, and had never been robust. He had had repeated attacks of bronchitis, and latterly had on several occasions brought up considerable quantities of blood.

Dr. Gibb showed an example of

CANCER OF THE UTERUS AND BLADDER.

The mother of a large family, herself aged 53, had died after an illness of more than two years' duration. There was no history of hereditary proclivity to cancer. Her earliest symptom had been profuse menorrhagia, after which followed those of pain about the affected organs, and the necessity for frequent micturition. Latterly the urine had become fetid, and with the microscope cancer-cells had been detected in it. The presence of a large quantity of albumen in the urine had led to the diagnosis of Bright's disease of the kidney. The patient became, prior to death, pale and emaciated to an extreme degree. At the autopsy the kidneys were found small, flabby, pale, and waxy; the ureters were dilated. The bladder was thickened and adherent to the uterus. There was extensive cancerous ulceration of the uterus, vagina, and bladder, and a large ragged opening existed betwen the two latter. The deep pelvic lymphatics and three or four of the lumbar glands also were enlarged and cancerous. The left ovary contained some small cysts.

Dr. Bristowe next mentioned the particulars of a case of

SUPPURATIVE INFLAMMATION OF THE SPINAL THECA.

The case had occurred several years ago, and was of interest on account of its resemblance to one which had been brought before the attention of the Society at one of its recent meetings, by Mr. Simon. A man, aged 30, admitted without a history, had died in Hospital, after a few weeks' illness, in which the chief symptom had been progressively increasing paralysis of the extremities. At the *post-mortem*, a series of abscesses was found in the intercostal spaces close to the spine, each containing from an ounce to two ounces of pus. The nerve trunks, where escaping through the inter-vertebral foramina, were bathed in pus, and numerous collections of the same were formed in the psoas and spinal muscles. On opening the spine, the theca was found enveloped in pus, which also occupied the arachnoid sac, and extended upwards through the foramen magnum into the cavity of the skull. The cord itself was not inflamed, and the subarachnoid tissue did not appear to be in any way affected. The suppuration had evidently been originally in the arachnoid sac, from whence it had escaped in the various directions specified.

After the usual vote of thanks to the exhibitors, the meeting adjourned.

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METROPOLIS.—TABLE showing the MORTALITY for the YEAR 1854, and in each WEEK of the YEAR, the Several DISEASES, BIRTHS and DEATHS of MALES and FEMALES, AGE at DEATH, the DISTRICTS in which the DEATHS occurred, the TEMPERATURE and METEOROLOGY, and the INCREASE of POPULATION.

COMPILED FOR THE "MEDICAL TIMES AND GAZETTE," BY MR. B. SMITH.

DATE.	Zymotic Diseases.	Dropsy, Cancer, & Diseases of Uncertain Seat.	Tubercular Diseases.	Diseases of Brain, Spinal Marrow, &c.	Diseases of Heart & Blood-vessels.	Diseases of Lungs & other Organs of Respiration.	Diseases of Stomach, Liver, & Organs of Digestion.	Diseases of Kidneys, etc.	Childbirth, Diseases of Uterus, etc.	Rheumatism, Diseases of Bones, Joints, etc.	Diseases of Skin, Cellular Tissue, etc.	Malformations.	Premature Birth & Debility.	Atrophy.	Age.	Sudden.	Violence, Privation, Cold, & Intemperance.	BIRTHS. Males.	BIRTHS. Females.	DEATHS. Males.	DEATHS. Females.	TOTAL BIRTHS.	TOTAL DEATHS.	BIRTHS OVER DEATHS.	AGES AT DEATH. 0 to 15.	AGES AT DEATH. 15 to 60.	AGES AT DEATH. 60 and upwards.	DISTRICTS. West.	DISTRICTS. North.	DISTRICTS. Central.	DISTRICTS. East.	DISTRICTS. South.	Mean Height of BAROMETER.	THERMOMETER. Dry.	THERMOMETER. Dew Point.	Difference between the Temperature of the Week and its average of 7 Years.	General Direction of the Wind.	Amount of Horizontal Movement of the Air.	Rain in Inches.
Weeks Ending 1854.																																	Inchs.	°	°			Miles	
January 7	234	68	191	171	57	352	71	10	10	12	3	5	52	38	66	3	38	679	694	704	740	1373	1444	— 71	656	431	353	220	260	271	307	387	29·041	30·2	28·6	— 5·6	Variable.	650	1·21
,, 14	280	48	237	171	71	365	68	15	9	14	5	6	38	40	80	7	30	893	875	758	734	1768	1492	276	643	648	398	207	300	266	352	367	29·426	37·5	34·4	+ 2·3	Variable.	565	0·16
,, 21	253	50	180	135	38	250	68	19	10	7	4	2	41	36	64	1	19	845	856	612	583	1700	1195	505	505	365	309	174	230	205	266	320	29·881	42·2	40·2	+ 5·8	S.	535	0·08
,, 28	230	52	180	110	49	242	73	15	6	7	2	2	30	37	61	6	48	817	845	572	606	1662	1178	484	526	368	264	205	242	188	247	296	29·993	42·2	38·6	+ 5·2	S.E. & S.W.	1085	0·13
February 4	263	50	192	127	53	214	71	22	12	13	3	3	40	31	46	13	28	857	798	619	585	1655	1204	451	556	374	253	187	234	201	280	302	29·958	42·0	39·3	+ 4·3	....	915	0·56
,, 11	262	44	203	126	60	223	60	13	8	7	7	4	39	39	35	11	25	925	872	593	585	1797	1178	619	579	352	238	200	246	188	253	291	29·981	42·0	36·4	+ 3·7	....	1270	0·25
,, 18	248	43	204	144	35	217	77	8	10	5	3	5	38	37	42	10	26	775	764	575	579	1539	1154	385	588	339	227	167	234	164	281	308	29·757	35·1	29·5	— 3·7	Variable.	1080	0·21
,, 25	257	59	217	142	59	262	77	12	15	7	7	9	40	39	54	11	62	891	904	657	677	1795	1334	461	640	416	275	205	278	228	293	335	30·096	40·9	38·8	+ 1·5	N.W. & S.W.	810	0·10
March 4	215	51	217	125	48	231	72	24	12	6	2	3	21	38	40	4	29	893	846	580	555	1739	1135	604	519	393	223	151	238	190	257	299	30·469	41·0	31·8	+ 1·1	....	375	0·00
,, 11	254	67	215	149	55	295	58	20	10	6	3	11	49	44	50	11	43	946	854	689	654	1800	1343	457	619	425	292	213	251	258	274	347	30·229	43·8	39·6	+ 3·7	....	810	0·03
,, 18	217	58	193	144	35	237	65	17	6	7	7	4	44	39	46	10	34	883	881	606	582	1764	1188	576	562	348	254	175	242	186	262	328	29·997	47·2	39·5	+ 5·7	S.S.W.	620	0·13
,, 25	246	44	206	141	45	242	71	7	10	8	2	4	37	34	47	25	29	912	893	622	578	1805	1200	605	614	351	235	184	237	191	281	307	30·160	40·1	35·0	— 2·1	....	630	0·17
April 1	215	71	237	175	61	236	63	14	13	8	2	5	43	42	44	49	175	1015	933	829	660	1948	1489	459	702	500	282	195	301	286	308	399	30·124	47·3	39·4	+ 4·0	W.S.W.	535	0·03
,, 8	264	47	194	136	43	219	54	10	7	7	2	2	29	41	46	5	27	865	877	592	557	1742	1149	593	556	358	228	193	240	192	211	318	30·253	49·9	42·4	+ 5·7	Variable.	805	0·00
,, 15	254	46	209	123	46	179	49	12	11	10	3	2	32	48	45	2	9	795	778	586	551	1573	1087	486	521	365	196	167	209	172	220	319	30·060	48·0	40·3	+ 2·7	N.E.	270	0·03
,, 22	298	49	212	131	34	202	82	14	5	2	2	10	35	27	49	20	18	891	898	609	584	1789	1193	596	609	342	241	211	219	196	267	300	29·733	52·6	44·5	+ 5·8	E.	505	0·30
,, 29	289	43	243	121	48	186	57	22	8	11	7	6	39	37	43	11	28	742	824	603	608	1566	1211	355	591	391	224	180	259	214	250	308	29·944	43·0	37·2	— 5·8	N.	980	0·19
May 6	308	52	206	133	50	226	61	12	5	9	1	5	35	32	45	15	43	995	890	637	626	1885	1263	622	641	372	224	228	251	209	247	328	29·329	48·9	44·8	— 2·5	....	575	0·40
,, 13	252	55	183	117	42	166	69	16	7	12	8	5	37	39	47	5	30	896	976	565	528	1872	1093	779	529	344	217	190	212	173	213	305	29·748	49·7	45·2	— 2·2	S.W.	135	1·31
,, 20	301	48	209	127	41	164	76	17	5	8	1	5	34	42	43	14	51	886	903	618	570	1789	1188	601	594	383	207	190	221	186	300	291	29·989	51·9	44·6	— 0·9	....	470	0·01
,, 27	282	54	211	141	27	177	63	16	8	11	2	3	37	31	35	4	27	860	787	583	560	1647	1143	504	559	362	210	189	220	203	240	286	29·555	51·5	46·9	— 3·8	S.W.	1100	0·87
June 3	309	51	189	109	35	151	64	18	5	9	1	4	41	33	25	3	15	789	785	561	529	1524	1090	434	527	352	180	176	220	154	231	309	29·658	52·8	48·4	— 4·1	S.W. & N.E.	875	0·91
,, 10	306	53	180	141	41	149	56	20	10	8	6	1	26	18	37	3	34	822	803	567	543	1625	1110	515	559	328	209	192	225	180	227	286	29·922	52·8	45·8	— 5·5	N.E.	825	0·00
,, 17	278	50	200	126	37	162	58	17	8	5	..	3	12	33	41	11	21	824	828	576	509	1652	1085	567	500	347	216	188	191	169	206	331	29·558	55·1	50·5	— 3·9	S.W.	830	0·38
,, 24	301	53	211	145	37	154	65	11	5	7	5	3	28	40	42	11	33	829	803	563	590	1632	1153	479	566	380	207	159	217	182	281	314	29·885	58·7	52·7	— 1·5	....	415	0·05
July 1	249	52	200	150	57	186	58	16	15	5	3	3	19	31	35	79	173	920	844	703	587	1764	1290	474	606	457	221	214	253	195	320	328	29·618	57·9	52·4	— 3·5	....	445	0·52
,, 8	258	44	177	131	35	126	62	18	8	9	2	2	26	40	19	7	25	752	718	516	468	1470	984	486	521	293	170	152	161	182	207	282	29·618	56·9	51·6	— 5·1	S.W.	410	0·53
,, 15	270	37	207	91	31	116	56	28	13	5	1	1	32	47	37	4	22	752	743	496	519	1495	1015	480	502	333	168	155	194	148	217	301	29·702	56·4	51·8	— 5·5	Calm & S.W.	480	0·87
,, 22	293	41	199	111	47	102	51	16	7	10	3	2	26	33	25	4	23	821	776	509	499	1597	1008	589	497	329	171	150	192	155	218	298	29·954	68·2	53·4	+ 1·3	Calm & S.W.	590	0·00
,, 29	422	47	178	141	34	106	79	17	12	4	3	5	34	50	45	6	43	768	750	626	593	1518	1219	299	604	387	227	178	178	184	276	404	29·990	64·9	54·5	+ 2·9	E.N.E.	452	0·04
August 5	781	41	198	124	24	79	61	9	2	9	3	2	24	49	35	5	30	776	727	768	688	1503	1456	47	727	491	226	156	225	189	293	593	29·701	58·5	55·1	+ 3·7	S.W. & N.W.	750	2·72
,, 12	1069	50	205	105	32	96	62	9	10	11	1	4	36	47	36	13	35	820	842	924	908	1662	1832	— 170	883	661	286	244	278	206	318	786	29·846	60·1	54·0	— 1·7	....	494	0·01
,, 19	1112	39	205	119	28	83	72	14	8	14	2	2	28	40	39	..	27	818	756	913	920	1569	1833	— 264	815	735	281	378	249	194	323	689	29·813	59·9	51·2	— 1·2	S.W.	450	0·15
,, 26	1296	45	183	101	31	118	75	14	8	7	5	2	40	52	34	6	27	856	782	1022	1017	1638	2039	— 401	965	775	298	370	249	227	411	782	29·915	61·2	51·8	+ 1·1	S.W.	835	0·13
September 2	1742	40	177	181	33	89	77	13	11	10	2	4	31	54	43	5	35	816	809	1254	1261	1625	2515	— 890	1066	1078	357	476	322	244	445	1028	30·212	65·1	55·4	+ 5·9	Calm.	245	0·00
,, 9	2558	45	220	181	45	100	56	8	10	8	4	5	38	55	66	19	44	810	796	1655	1758	1606	3413	—1807	1357	1528	523	734	457	331	502	1389	30·166	59·2	50·1	+ 1·1	N.E.	195	0·00
,, 16	2026	43	188	143	40	108	68	9	8	7	6	6	36	41	60	7	32	766	739	1374	1462	1505	2836	—1331	1127	1239	464	464	317	295	511	1249	29·857	60·7	53·8	+ 3·8	S.W.	755	0·45
,, 23	1717	50	170	183	40	108	64	9	5	6	2	2	43	41	55	15	38	833	795	1194	1310	1628	2504	— 876	1009	1056	436	380	308	240	475	1106	29·972	57·1	50·9	+ 1·5	S.W.	1045	0·25
,, 30	1144	45	184	148	49	148	73	15	9	7	4	2	44	56	35	43	172	907	862	1141	1075	1769	2216	— 447	946	869	361	288	282	304	487	861	30·076	55·2	47·2	+ 1·0	Calm.	240	0·00
October 7	777	42	199	95	42	114	64	17	19	8	4	3	36	42	39	6	15	711	691	734	798	1402	1532	— 130	697	583	242	201	235	191	348	557	29·710	53·6	48·1	+ 1·0	Calm & S.W.	775	0·45
,, 14	610	43	188	98	48	131	69	12	10	10	2	5	23	46	33	3	40	779	763	714	680	1542	1394	148	685	456	228	211	229	200	304	450	30·036	50·9	47·6	— 0·1	Variable.	500	0·06
,, 21	495	45	176	108	39	195	69	11	7	9	3	5	30	41	44	2	18	705	703	627	694	1408	1321	87	663	427	212	171	242	177	276	455	29·504	46·5	42·3	— 3·0	....	785	0·48
,, 28	371	47	199	105	42	206	61	14	8	8	3	1	25	33	39	10	41	783	714	615	613	1447	1228	219	615	402	197	153	228	186	272	389	29·517	44·9	39·1	— 3·1	S.W.	470	0·02
November 4	859	42	195	130	45	217	81	12	11	5	2	2	25	40	39	6	30	814	761	627	625	1575	1252	323	632	380	232	189	247	192	285	389	30·101	49·7	44·7	+ 3·4	S.W.	545	0·00
,, 11	309	32	165	99	45	257	54	9	7	14	3	4	31	43	35	7	20	839	727	592	568	1566	1160	406	612	322	199	182	221	175	272	310	30·114	42·2	38·6	— 2·5	N.W. & S.W.	680	0·08
,, 18	332	59	200	125	54	240	72	12	8	5	3	7	31	48	36	11	49	666	627	671	638	1293	1309	— 16	666	360	267	214	253	219	256	367	29·467	40·9	37·5	— 2·1	S.E. & N.E.	640	0·62
,, 25	332	49	164	117	45	292	54	11	16	12	3	3	27	42	40	18	22	819	774	618	644	1593	1262	331	649	361	243	184	261	211	291	315	29·897	36·5	33·7	— 5·3	N.E. & S.W.	660	0·22
December 2	298	55	183	144	41	307	87	19	9	8	7	5	29	36	59	17	25	806	804	688	662	1610	1350	260	644	412	286	178	245	201	327	399	29·519	38·4	34·0	— 3·4	S.W.	985	0·48
9	328	57	182	186	50	303	61	14	12	12	4	1	43	34	43	10	35	777	769	677	654	1546	1331	215	656	408	269	174	294	198	324	341	29·631	42·2	37·7	+ 1·0	S.W.	1490	0·21
,, 16	330	51	199	133	40	261	71	15	9	8	3	5	22	35	38	12	48	782	817	666	634	1509	1300	209	640	406	236	159	264	218	310	349	29·868	42·8	38·5	+ 2·6	S.S.W.	1450	0·07
,, 23	316	55	176	183	67	259	54	18	11	6	5	2	22	40	48	10	64	741	733	689	652	1474	1291	183	606	405	278	173	283	229	264	342	29·594	40·5	37·8	+ 1·6	S.W. & N.W.	1185	0·71
,, 30	282	69	171	152	53	268	75	14	8	9	2	3	31	42	60	61	175	820	819	789	719	1639	1508	131	682	501	293	221	281	211	367	428	29·963	39·8	35·9	+ 2·3	W.	900	0·14
Total, 1854 (52 weeks)	26712	2581	10212	6739	2279	10071	3420	744	476	442	178	200	1729	2169	2290	651	2250	42927	41757	37178	36519	84684	78697	11078	34527	25073	13529	11495	12894	10754	15446	23106							
Total, 1853 (53 weeks)	13552	2587	10509	6672	2349	10631	3349	743	448	426	125	180	1611	1805	2429	497	2401	42987	40891	31514	29688	83878	61202	22676	28315	19676	12532	8937	11819	10081	13697	16678							

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DR. SEMPLE AND THE TRUSTEES OF ST. MARY, ISLINGTON.

A meeting of the Medical Profession was held at Islington, on Friday, December 22, to consider the circumstances under which Dr. Semple had been dismissed from his office by the parochial Trustees, and to take such steps as might be deemed expedient. Between fifty and sixty practitioners, including most of those residing in Islington, were present.

Nathaniel Clifton, Esq., took the chair, and said, they were met to evince an unanimous disposition to promote the interests, the welfare, and the independence of the Medical Profession. The independence of the Profession had been materially impaired by the conduct pursued towards Dr. Semple. Those present were therefore called on as one man to notice the contumely with which Dr. Semple has been treated. If any one member of the Profession, in the honourable and respectable discharge of his duty, was subject to this kind of treatment, every one of his brethren was offended. He (the Chairman) had requested Dr. Semple to be present, to reply to any inquiries that might be made of him. Dr. Semple had made a noble stand in defence of the independence of the Profession, which, therefore, should feel obliged to him for his exertions. The meeting was called to show respect to Dr. Semple, and to show also that an injury inflicted on any one member of the Medical Profession will be regarded as an injury to the whole.

Mr. M'Crea moved the first Resolution :—

"That this meeting desires to express its deep sympathy with Dr. Semple under the circumstances in which he has been placed by the unjust and arbitrary manner in which he has been treated by the Trustees of this parish, and its warm admiration of the manly and consistent course he has adopted in his efforts to obtain improved accommodation for the sick and destitute poor." Dr. Semple's great crime had simply been that he would not be brow-beaten; he would not submit to treat the poor with extreme neglect. If he had, in every probability he would still have remained in his position. With respect to the second point in the Resolution. The consistent course which Dr. Semple had adopted in his efforts to obtain improved accommodation for the sick poor had been the rock on which he had specially been wrecked; but he would rise more triumphant than he ever was before. (Cheers.) Had Dr. Semple's position been occupied by a young and unknown man, who had expended his fortune in the acquisition of professional knowledge, the Trustees of this excellent parish would remorselessly have blighted his prospects. The Medical Profession had been too supine upon the subject of parochial and Parliamentary influence. Independence under such circumstances could not exist unless Medical men collectively put their shoulders to the wheel, and acted towards each other in accordance with the precept, "to do unto others as you would others should do unto you." Individual as well as general exertion was wanted; and this movement would show that Medical men could come forward as a body to support the honour and maintain the independence of the Medical Profession. (Cheers.)

Mr. Bateman seconded the Resolution. This was one of the cases in which the Profession should stand forward as one man, animated with the same feelings, and expressing the same admiration of that noble conduct which had been productive of an amount of evil to Dr. Semple, but which, in the order of Providence, would be the means of raising him, not only in the estimation of the Profession, but in the estimation of the public. Dr. Semple had demonstrated in his pamphlet, that, in a parish where there were thousands of people glowing with sympathy for every good and holy work—in a parish which was eminent for benevolence, philanthropy, piety, and other excellencies—the poor people were treated vastly worse than condemned criminals. At Pentonville Prison, upwards of eight hundred cubic feet of air were allowed to each person; but, in the tramp sheds of the workhouse, persons had been allowed less than eighty cubic feet. (Cries of "Shame!") Was it not abominable that such a state of things should exist in the parish? Was it not the duty of all men with a single spark of kindly feeling, to combine and leave not a stone unturned until matters were so changed that the poor were accommodated as they ought to be accommodated? The duties of a parochial Surgeon were exceedingly important. Medical men in private practice were paid by their patients or their relatives; but a parochial Surgeon received a fixed salary, and, whatever might be the amount of disease under his care, no increase was made to that salary, while his life was exposed to all the dangers and perils incident to a crowded place. (Hear, hear.) While the inmates of the Colney Hatch and Hanwell Asylums, and the criminals at Pentonville Prison had been protected almost entirely from typhus by the admirable sanitary arrangements which the Legislature in its wisdom and mercy had thrown around them, the poor in Islington Workhouse had been placed in such circumstances, that typhus multiplied from three fatal cases to nine fatal cases in a short space of time.

The Resolution was then put to the meeting, and carried unanimously.

Dr. Brown, in rising to move the second Resolution, said, that the matter was taken up quite irrespective of any personal friendship towards Dr. Semple; as a public question, standing on its own merits. The Committee also distinctly disclaimed any personality towards any member of the Board of Trustees. It was a public question between Medical men as a Profession, and the Trustees as a Board. The second Resolution was :—

"That, in the opinion of this meeting, the conduct of the Trustees towards Dr. Semple has been subversive of the independence of our Profession, destructive to the interests of the poor, and, throughout, discourteous, disingenuous, and despotic." At the last festival of the Medical Benevolent College, Lord Shaftesbury, who filled the chair, bestowed a warm panegyric on the services, and went into considerable detail as respected the sufferings, of Poor-law Surgeons. It was some consolation to think that one, at least, in high places had the will to investigate, and the ability to denounce with the force it deserved, the scandalous treatment received by Medical men at the hands of Poor-law officials. (Loud applause.)

Mr. Kesteven seconded the Resolution. He did not believe there was one Trustee who would be guilty of such conduct; but, when the Trustees met as a Board, each had his sixtieth part of the blame in a transaction which, individually, they would not own. Medical men were fully justified in coming forward to show that members of the Profession could think and feel for one another. With regard to the interests of the poor, the Trustees were bound to provide for them the very best Medical talent they possibly could; and it must be granted that they did so by appointing Dr. Semple. (Hear, hear.) But why did not the Trustees help Dr. Semple in his efforts to meliorate the condition of the sick poor, instead of thwarting him, as if it had been their deliberate intention to sacrifice the poor, and get them off the land? Dr. Semple deserved the thanks, not only of this meeting, but of every Medical man throughout the country, for having made a stand against parochial authorities.

Dr. Ballard said, he had been a pupil of Dr. Semple's father, and was acquainted with the disgraceful condition of the workhouse seventeen years ago; and he had recently noticed the same evils in the Infirmary in a worse degree.

The Resolution was carried unanimously.

Mr. Girtin asked, whether any counter-statement had been made by the Trustees to Dr. Semple's pamphlet, or whether there was any official or semi-official communication of the Trustees, collectively or individually, with reference to the proceedings by which Dr. Semple had been dismissed.

The Chairman replied, that he was not aware of any such communication.

Mr. Lowe moved :—

"That this meeting emphatically protests against the conduct of the Trustees in refusing and suppressing all Medical evidence which alone could elucidate the subject of the inquiry, and in dismissing Dr. Semple without giving him an opportunity of being heard in his defence."

Dr. Stokes seconded the Resolution, which was carried unanimously.

Dr. Allan moved :—

"That a Committee be appointed to bring under the notice of the Poor-law Board the whole of the circumstances connected with the removal of Dr. Semple from his office, and to adopt such other measures as they may deem expedient. The Committee to consist of the following gentlemen :—Mr. Clifton, Mr. Fullerton, Dr. Brown, Mr. Catlin, Dr. Allan, Mr. M'Crea, Mr. Bateman, Mr. Lowe, Mr. Bradley, Mr. Kesteven, Dr. Stokes, Mr. N. H. Clifton, and Mr. Morison; with power to add to their number."

He (Dr. Allan) could bear witness to a great many of the facts mentioned in the pamphlet, having officiated for Dr. Semple during his absence. In one instance, a suspicious case of hernia had been sent into the receiving ward to be operated upon. That ward was full of sick women, and there was also an insane woman raging and screaming violently; yet the patient was kept in that small ward during and after the operation.

Mr. Fullerton seconded the Resolution, which was carried *nem. con.*

Mr. Garland severely commented upon the conduct of the

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Trustees, and illustrated his remarks by reading some contradictory passages from the Report of the Sub-Committee. The principal evidence upon which the Trustees relied, was that of the master of the workhouse; and, as his bread depended upon the votes of the Trustees, it was obvious that his testimony was to be regarded with some suspicion. He would move:—

"That a subscription be forthwith entered into to defray the necessary expenses."

Mr. Camplin seconded the Resolution. He thought the Trustees more to be pitied than Dr. Semple. The meeting had to congratulate Dr. Semple upon having done his duty manfully, and upon escaping the perils by which he was surrounded. In another parish, two comparatively young men had died in the exercise of their duties as parish Surgeons; one from typhus fever, and the other from the harassing nature of his situation. The lot of those two gentlemen might have been Dr. Semple's, if the crowded wards of the workhouse had been filled with typhus. Dr. Semple would rise above the petty annoyances to which he had been subjected; and it was gratifying to see Medical men rally round their oppressed brethren.

Dr. Richardson attended, with many other Medical men from neighbouring parishes, to express his entire sympathy in the objects of the meeting. There was a growing tendency in the Medical Profession to support any member against whom a grievance was brought; and it would reflect great credit upon the Medical Practitioners of Islington, that they had come forward so cordially upon this occasion. He felt, and was sure that it would be acknowledged by the whole Profession, that the Medical men of Islington, in thus stepping unanimously forward to support a professional brother and neighbour in the discharge of his sacred duties, have acted in a manner which deserves the warm sympathies of the whole Profession, and that the same spirited conduct would, if generally followed, secure the full independence of the Medical body, and thus increase its practical usefulness to the public.

The Resolution was carried unanimously.

Mr. Warner moved, and Mr. Bateman seconded, a vote of thanks to the Chairman.

The Chairman briefly responded.

After a vote of thanks to the Secretary (Mr. N. H. Clifton), the meeting proceeded to give practical effect to the fifth Resolution, by entering into a very liberal subscription.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Dec. 28, 1854:—

BEALE, BERNARD CHARLES.
O'LEARY, RICHARD, Bradford, Yorkshire.
PIPER, CHARLES CHRISTOPHER, Cambridge.

APPOINTMENT.

WESTERN GENERAL DISPENSARY, NEW ROAD.—Mr. Dalton A. Haffenden, of St. George's Hospital, has been elected Resident House-Surgeon to this Institution.

TESTIMONIAL.

A VERY HANDSOME TESTIMONIAL was presented on the 26th of December last, to Evan Rowland, Esq., Surgeon, of 18, Great Guildford Street, Borough, by the inhabitants of St. Saviour's, Southwark, consisting of a silver tray, stand, and decanters, with the following inscription engraved on it:—"Presented to Evan Rowland, Esq., Surgeon, 18, Great Guildford Street, by the inhabitants of St. Saviour's, Southwark, London, as a Testimonial for his kind attention and superior abilities in his Profession, displayed during the prevalence of the cholera in the year 1854."

DEATHS.

BROWNE.—November 28, at Scutari, of remittent fever, brought on by incessant attention to the sick and wounded, and by exposure on the heights near Sebastopol, William Browne, Esq., Surgeon of 95th Regiment, aged 31. He accompanied the staff all through the battle of the Alma, and was also present at other engagements.

CORRIE.—Jan. 1, at Finchley, in his 63rd year, James Corrie, Esq., M.D. Edin., 1848; L.R.C.S. Edin., L.S.A., 1843; Medical Officer Barnet Union.

CRAWFURD.—We regret to announce the death of Dr. Andrew Crawfurd, St. John's Hill, Lochwinnoch. The doctor was born in 1787, and had, consequently, at the time of his death, on the 27th ult., reached the sixty-eighth year of his age. He was a distinguished student of the Glasgow University, where he graduated as an M.D. in 1813; and, under the especial patronage of his then class-fellow, the late Marquess of Bute, he commenced his professional career at Rothesay, in the Isle of Bute. He practised there for a few years with marked success; but, on the establishment of the Dollar Institution, he was induced (at the suggestion of his friend and patron, the late Professor Dugald Stewart, of the University of Edinburgh) to become a candidate for the Chair of Natural Philosophy in that Institution. He was the successful candidate. Ere the intelligence of his appointment had reached him, however, the doctor unfortunately had a paralytic attack, from which he ultimately recovered, but with the partial loss of his speech and power of his right side. In these circumstances he resigned the chair at Dollar. He also at the same time relinquished his Medical practice at Rothesay, and retired to the place of his birth (St. John's Hill, Lochwinnoch) where he applied himself diligently to literary pursuits. Among other works, he wrote a voluminous "Eik," or Supplement to Dr. Jamieson's Scottish Dictionary, which has within the last two years been purchased by the Messrs. Blackie and Sons of this city, with a view to publication. He assisted Mr. Paterson in his "Families of Ayrshire." He also, at the solicitation of the publishers, wrote the glossary to the last edition of our humorous friend the "Laird o' Logan," besides contributing largely, in the shape of anecdote, to the work itself. He had just completed a most voluminous work, extending to no less than forty-four quarto MS. volumes, all relating to historical and antiquarian matters connected with his native county.

MACKECHNIE.—December 22, at St. Andrew's, Fifeshire, Dr. Mackechnie, late of the Royal Staff Corps.

MOORE.—December 25, at Cardiff, in his 74th year, John Moore, Esq., M.D.

READE.—Nov. 28, at Scutari, Staff-Surgeon Reade, in charge of the medical stores at that station, of cholera.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.—We beg to call the attention of our readers to the announcement, advertised in the *Medical Times and Gazette* of this day, that the Annual Dinner of the above excellent Society is appointed to take place on Saturday, the 3rd of February.

THE QUEEN'S HOSPITAL, BIRMINGHAM. — At the last weekly board of the Queen's Hospital, a Deputation from the working men's penny subscription movement attended the Board, and stated that the object of their visit was to pay over the sum of 184*l.*, in addition to the 500*l.* paid on a former occasion, raised by the working classes in aid of the Hospital.

UNION OF THE ABERDEEN UNIVERSITIES.—A special meeting of the Town Council of Aberdeen was held on Tuesday week, in consequence of a communication received by the Provost from Lord Elcho on the subject of a union of the Colleges and Universities. The communication, dated Treasury, Dec. 23, expressed the opinion of the Government that the proposed union should embrace the Colleges as well as the Universities. The constitution of the united University should be conceived in a liberal spirit, and give to all who have graduated at the University a share in its government. It should, moreover, give the University such self-regulating powers as would enable it to improve its internal arrangement from time to time. The Government would be willing to bring in a Bill in accordance with these views. It was agreed to let the matter lie over for a week or two.

SMALL-POX HOSPITAL.—At the end of last week there were 81 patients in this Hospital, and the whole of the beds occupied.

THE BOARD OF HEALTH has undertaken the investigation of the meteorological, chemical, and microscopical condition of the air and waters of London during the late epidemic; they have also under inquiry the defects of our sanitary organisation and the results of different systems of medical treatment.

WEST INDIES.—At the last dates British Guiana was healthy. At Grenada fever and ague were prevalent. Cholera had almost abated its ravages generally. About 1500 persons had been carried off by it in the small island of St. Kitts.

CHOLERA.—This disease has broken out with great

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severity in Corsica. Hitherto all the cases are said to have been fatal.

RETURNS FROM THE SEAT OF WAR.—The Himalaya, just arrived at Spithead, has brought home, among other officers, Staff-Surgeons Manifold and Carr.

THE FRENCH MINISTER OF PUBLIC INSTRUCTION has raised the salaries of the Professors of the Faculty of Medicine from 6000 to 7000 francs.

THE NEW METROPOLITAN COMMISSION OF SEWERS.—After the despatch of the ordinary business at last Tuesday's Court, Mr. F. O. Ward (one of the new members appointed by the Home Office) rose, pursuant to notice, "to call the attention of the Commission to the general policy of the Commission with respect to house drainage, district drainage, main intercepting drainage, and the utilisation of sewage for agriculture; also to submit to the consideration of the Court recent inventions calculated greatly to facilitate drainage operations." Mr. F. O. Ward, in a speech of upwards of an hour's duration, reviewed the existing policy of the Commission in all its above branches, and set forth the new policy, which, in his judgment, ought to be substituted for the old in each class of operations, in order to avoid the imperfect results of the half measures which have covered previous Commissions with unpopularity, and in order to bring about that complete purification of the London houses, and streets, and river, which can alone give satisfaction to the public, attended, as such reform would be, with an immediate reduction of existing charges, and diminution of sickness and mortality, and with a prospective revenue of annually increasing amount, derivable from the application of the sewage manure on a constantly widening tract of land. With respect to private house drainage, Mr. Ward said he took it first, because its actual condition presented the largest mass of urgent practical evil, and that which, happily, we could most rapidly and completely relieve, while other questions (such as main drainage and outfall) were under discussion. Of three tons of filth, one under a man's house, another in the open street, the third diffused through the vast body of the Thames, there could be no doubt that the first was the most horrible and deleterious nuisance, and that which pressed most urgently for abatement. Now, though there were above one thousand miles of main sewers in London, two-thirds at least (in many districts nine-tenths) of the houses, past which those sewers ran, had cesspools under them; the old policy having been to run sewers through districts, without at the same time abolishing the cesspools, and extending branch drains to the houses on either side. The new policy, Mr. Ward said, should be forthwith to remove the excrement now buried, to the amount of a million tons at least, under the houses within reach of existing sewers, to fill up those horrible pits of filth, and to replace the open privies by water-closets draining into the sewers. In illustration of the effects, Mr. Ward cited the case of Lambeth-square, a square of thirty-four small houses, situated near the Waterloo Railway-station, in a low, unhealthy neighbourhood, with imperfect main drainage by tide-locked sewers; a square inhabited by 560 persons of the artisan class, and which had been visited by cholera in 1849, and most fearfully ravaged by typhus in 1852, while cesspools and open privies were retained, but which having, in the autumn of 1852, been fitted with water-closets, draining to the sewer through 4-inch pipes, and the cesspools having been abolished, had not since produced a single case of typhus; while last summer's cholera, though it had ravaged the surrounding streets, had left Lambeth-square entirely untouched. Mr. Ward exhibited a map of the square, and of the streets adjacent, these latter blackened with dots, indicative of the number of deaths by this year's cholera, while Lambeth-square itself stood out, a white spot in the midst, not one man, woman, or child having died of cholera in any of these properly-drained houses. The cost of the improvement had only been about 6*l.* per house, or about 200*l.* in all; and the agent for the property had informed Mr. Ward, that each house brought 28*l.* a-year rent now, more readily than 26*l.* a-year before the improvement, besides which the tenants, instead of being frequently ill and unable to pay their rent, paid regularly; and, instead of the houses standing frequently vacant as before, sometimes seven or eight empty at once, there were always now more applicants than houses to let; so that, on the whole, the property produced from 100*l.* to 120*l.* per annum more than before the improvement. Such improvements, Mr. Ward said, might be extended, within twelve months, to extensive districts of the Metropolis, comprising probably from 100,000 to 150,000 houses. The expenditure of from half a million to a million sterling in this way, would do more direct and immediate good than any other measure he knew of. And they should do this at once, beginning with those houses, or groups of houses, which the late epidemic had marked out as cholera death-houses, most urgently requiring fortification against future invasions of disease. From 10,000 to 20,000 death-houses should, at all events, be thus dealt with before the next hot season; and such an operation would effect a large reduction in the next year's mortality returns. From private house drainage, Mr. Ward proceeded to street or main drainage; and thence to the grand scheme of intercepting drainage, which led to the question of sewage utilisation, by irrigating pipes, precipitating processes, etc. On each of these topics, in succession, he examined the old policy of previous Sewer Commissioners, and set forth with great clearness the new policy he would recommend for adoption, describing, as he went on, several new inventions adapted to meet special difficulties, (among others, a mode of making jointless pipe-drains in continuous lengths of indefinite extent,) and sketching out a series of practical measures, which we regret our inability to insert.

INFLUENCE OF ETHER AND CHLOROFORM ON THE MIND.—Dr. Beale, a Dentist in Philadelphia, was, a short time ago, accused and convicted of a gross outrage upon a young lady upon whom he was performing dental operations while under the influence of chloroform. The only evidence against him (says the *New York Daily Times*) was that of the lady herself; while on his side was the weight due to high character, long enjoyed and never before impeached, the most solemn and emphatic asseverations of innocence; and the established fact, that persons under the influence of chloroform are always out of their senses, and often subject to the strangest fancies and delusions. The conviction is very strong that Dr. Beale's guilt was not proved, and that he is entirely innocent of the heavy charge brought against him. In view of the circumstances attending this case, a meeting of eminent Dentists of New York was held on the 4th ult., to give their experience of hallucinations which had fallen under their observation from the use of chloroform. Many very remarkable instances were adduced.

GELATINE PAPER.—Mr. Dobell has called the attention of the Royal Society to Gelatine Paper as a medium for colouring light, likely to be useful in many employments, and in cases of weak sight. This kind of paper, which was first invented at Rouen, in 1829, is now produced in great perfection; it is highly transparent, and in sheets measuring sixteen inches by twenty-two, but can be made, if required, of the dimensions of the largest plate glass. These sheets, moistened with a solution of gelatine, may be stuck on the panes of a window, and thus change the light admitted to any required colour. A green light, falling on the white silk made up by dressmakers, deprives it of all its painful glare; and in the same way, yellow silk is made to appear green by a blue light, as has been proved by actual experiment, and it is attended with the happiest results. Jewellers who have tried the green paper, say, that when once accustomed to working in a coloured light, they find it greatly relieves their eyes. In reading, too, a sheet of the green paper laid on the page preserves weak eyes from being injured by the strong contrast of black and white, and enables many to read with comfort who have been hitherto obliged by too susceptible vision to abstain from books. Other applications of gelatine paper naturally suggest themselves; it may be used as screens and shades for many purposes; the glasses of spectacles may be coated with it; gardeners may use it in their conservatories; and the yellow will probably be taken into their service by photographers. By the addition of a small quantity of acetate of alumina during the process of manufacture, the gelatine paper becomes waterproof, just as linen or woollen cloth is rendered waterproof by the same chemical substance.—*Chambers's Journal.*

OCCUPATION *v.* LEISURE.—To those who have been brought up in idleness, a life of leisure is bad enough, and hence we find, that the more energetic among them are glad to exchange it for some kind of active pursuit,—politics, travelling, field-sports, horseracing, gambling, accordingly as their natural tastes and accidental circumstances give, one or another, direction to their minds. The vulgar phrase of "killing time" very aptly expresses the feelings of many on this subject. But if a life of leisure be painful to such persons, what must it be to one like you or me, who have advanced beyond the middle period of life, without having had any experience of it? This is no speculative imagery, it may be answered from actual observation. Not a few persons who abandon their employments, under the impression that they will be happy in doing so, actually die of *ennui*. It induces bodily disease more than physical or mental labour. Others, indeed, survive the ordeal; but where the body does

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not suffer the mind often does. I have known instances of persons whose habits have been suddenly changed from those of great activity to those of no employment at all, who have been for a time in a state of mental excitement or hypochondriasis, bordering on mental aberration. Moreover, it is with the mind as it is with the body, it is spoiled from want of use; and the clever and intelligent young man who sits down to lead what is called a life of leisure, invariably becomes a stupid old man."—*Psychological Inquiries.*

MORTALITY IN PUBLIC INSTITUTIONS for the week ending Dec. 30:—

	Males.	Females.	Total.
Workhouses...	45	65	110
Military and Naval Asylums ...	4	...	4
General Hospitals	60	33	93
Hospitals for Special Diseases ...	7	3	10
Lying-in Hospitals	...	1	1
Lunatic Asylums	3	1	4
Military and Naval Hospitals ...	16	...	16
Hospitals for Foreigners, etc. ...	...	...	...
Prisons	...	...	...
	135	103	238

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, December* 30, 1854.

CAUSES OF DEATH.	Dec. 30. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
ALL CAUSES	662	501	293	1508	11636
SPECIFIED CAUSES	679	500	292	1475	11481
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	226	45	11	282	2342
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	9	34	26	69	457
3. Tubercular Diseases	52	113	6	171	1679
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	71	36	45	152	1255
5. Diseases of the Heart and Blood-vessels	2	38	12	53	421
6. Diseases of the Lungs and of the other Organs of Respiration ..	126	73	69	268	2485
7. Diseases of the Stomach, Liver, and other Organs of Digestion	29	26	20	75	648
8. Diseases of the Kidneys, etc. ..	2	6	6	14	180
9. Childbirth, Diseases of the Uterus	..	7	1	8	136
10. Rheumatism, Diseases of the Bones, Joints, etc.	3	5	1	9	84
11. Diseases of the Skin, Cellular, Tissue, etc.	1	1	..	2	20
12. Malformations	3	..	..	3	31
13. Premature Birth and Debility ..	31	..	..	31	256
14. Atrophy	31	..	11	42	216
15. Age	..	..	60	60	562
16. Sudden	32	19	10	61	223
17. Violence, Privation, Cold, and Intemperance	61	97	14	175	586
CAUSES NOT SPECIFIED	3	1	1	33	155

TO CORRESPONDENTS.

Mr. Burtonshaw.—We do not prescribe for our correspondents. Consult the nearest respectable practitioner.

G. S. H.—Yes; if both be qualified practitioners.

Mr. Gamjee.—We did not allude to any discussion as to the merits of the starched apparatus, but to the particular controversy between Messrs. Lawrence and Winchester.

We cannot answer all the questions of our correspondent at Bishop Auckland, but may state, that many English Surgeons now in the Turkish Service would be glad to find themselves at home again.

Mr. Elliott's request shall be attended to.

Dr. Shearman's paper shall appear next week.

Answers to several other communications have been unavoidably post-postponed until next week.

Philo.—By the 7th and 8th Vic. c. cxii. s. 18, every merchant ship must keep constantly on board a supply of medicines, lime-juice, (by the 13th and 14th Vic. c. xciii. s. 65, this may be dispensed with in certain cases,) sugar, and vinegar; and seamen hurt in the service of the ship must be provided with advice, etc., gratis.

COMMUNICATIONS have been received from—

Mr. HENRY THOMPSON; Mr. BRICHSEN; Mr. EVIN; Mr. EBENULUS WILLIAMS, the Royal Berkshire Hospital; Mr. ATHOL JOHNSON; Mr. MORRIS; Mr. STRETTON, St. Bartholomew's Hospital; Mr. LAMBERT, the Hull Infirmary; Mr. PALEY; Mr. GREY; Mr. ROBINS; Mr. LOBB; Dr. SMITHSON; Mr. GAY; Sir WILLIAM BURNETT; Mr. ORMEROD; Mr. HOLMES COOTE; Mr. LLOYD; Mr. HOFMANN; AN OLD SUBSCRIBER; Dr. CLARKE; Mr. J. BELL; Mr. AIRD; Mr. WALSH; Mr. H. SMITH; Mr. TOYNBEE; Mr. BURTONSHAW; G. S. H.; Mr. GAMJEE; Mr. ELLIOTT Dr. SHEARMAN, etc.

MORTALITY NOTABILIA.—In the week that ended last Saturday the deaths of 1508 persons, 789 males and 719 females, were registered. In ten corresponding weeks of 1844-53 the average was 1164, which, if raised for increase of population, becomes 1280; excess above average, 228. In the first three weeks of December the number returned weekly was about 1300. The increase in last week's registration is the effect of coroners' cases which occurred in former weeks, and have accumulated till the end of the quarter. This irregularity is almost wholly confined to the deaths from "violence, privation, and intemperance." 282 deaths are attributed to diseases of the zymotic class, the corrected average being 257.

Meteorology.—The mean height of the barometer in the week was 29·963 in. The mean temperature of the week was 39·8°, which is 2·3° above the average of 38 years. Mean daily temperature above the average on the first three days, and also on the last day of the week; on Monday the excess was 9·6°. Mean dew-point temperature 35·9°; difference between this and mean temperature of the air was 3·9°. The highest temperature of the air occurred on Monday, and was 55·0°; the lowest occurred on Friday, and was 29·3°. Wind west; rain 0·14 in; horizontal movement of air, 990 miles; electricity positive, with moderate tension.

APPOINTMENTS FOR THE WEEK.

JANUARY.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
6. SATURDAY	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m.	*Medical Society of London*, 8 p.m. *Pathological Society of Dublin*, 4 p.m.
8. MONDAY	Operations at Charing-cross, 2 p.m. 1st Examination for Assistant-Surgeons East India Company's Service. (Under new Regulations—see our Student's Number, Sept. 16, 1854.)	*Medical Society of London:* Physiological Section, 8 p.m.
9. TUESDAY	Operations at Guy's, 1 p.m.	*Royal Medical and Chirurgical Society*, 8½ p.m. *Zoological Society*, 9 p.m.
10. WEDNESDAY ..	Operations at University College Hospital, 2 p.m.; St. Mary's, 1½ p.m.; Westminster Ophthalmic, 2 p.m. Exam. for B.A. degree (of those who are not candidates for Honours) begins at Cambridge.	*North London Medical Society*, 7½ p.m.: "Nomination of Officers." *Ethnological Society*, 8½ p.m. *Royal Society of Literature*, 8½ p.m.
11. THURSDAY....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	*Royal Society*, 8½ p.m.
12. FRIDAY	Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m.	

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FAMILY LIFE ASSURANCE COMPANY.

(Incorporated under Act of Parliament, 7 and 8 Vict., cap. cx.)

For granting Infantile, Adult, and Matrimonial Assurances, Annuities, Endowments, Loans and Guarantee; and for the Purchase of Reversionary Property, Life Interests, etc.,

With Special Application to

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William White, Esq., York-villa, Lancaster-road, Kensington-park.

PHYSICIANS.

Richard Payne Cotton, M.D., M.R.C.P., 46, Clarges-street, Piccadilly (Assistant-Physician to the Hospital for Consumption, etc., Brompton).
Charles Cowan, M.D., Reading, Berks (Senior Physician to the Royal Berkshire Hospital).
Henry Hardinge, M.D., 24, Sackville-street, Piccadilly.
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The operations of the Company will embrace every improvement calculated to be permanently beneficial to its Members; and, at the same time that its constitution will protect all Holders of Policies from every species of liability and loss, through the guarantee afforded by an ample Capital Fund, its practice cannot fail to secure popular favour, and will be productive of immense benefits, not only to the Shareholders, but also to the Assured.

Particular attention is earnestly requested to the system of granting Annuities and Assurances on Infant Lives, originated by this Company, and now in full operation; by which system, in addition to the general classes of Annuities and Assurances, Parents or Guardians can provide at a small cost for the education, endowment, marriage portions, and placing out in life of Children; at the same time that, should death occur before any given age, the whole of the premiums will be returned.

The chief objects of the Company are comprised under seven principal departments, viz.:—1. Infant Assurance. 2. General Assurance. 3. Emigration Assurance. 4. Australian Assurance. 5. Gold Mining Assurance. 6. Guarantee Assurance. 7. Universal or Whole World Assurance.

A brief summary of some of the advantages offered is presented below:—

1. Assurances and Annuities, specially adapted to educational and other purposes, granted on Infant Lives, from the age of three months to fourteen years.

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6. Profits determined and distributed among Policy-holders upon a new and most equitable plan.

7. All Policies of this Company rendered safe by a valuable principle of indisputability.

8. Loans granted, upon personal and other security, on an improved system.

9. No charge for Policy Stamps, nor for Medical Fees.

10. Policies granted from £25 to £15,000, and made payable to Registered Holders.

11. Invalid and Diseased Lives Assured upon an equitable principle.

12. An Invalid Fund, for granting Free Annuities to afflicted Policy-holders.

13. Premiums payable in one or more fixed sums, or by yearly, half yearly, or quarterly payments.

Proposals for Assurance, Prospectuses, and further information, can be had on application to

JOHN NEWTON, Secretary.

N.B. The attention of the Medical Profession is particularly invited to a consideration of the liberal dealing of this Company towards the Profession.

Medical, Legal, and General Mutual

LIFE ASSURANCE SOCIETY.

126, STRAND, LONDON,

FOR HEALTHY AND DISEASED LIVES.

Established A.D. 1846.

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The Policies of this Office are a sure and safe provision for settlements, renewal of leases, security of debts, etc.

The Medical attendant consulted as the Medical Adviser and Examiner of the Society, is awarded a fee of £2 2s., when the sum assured amounts to £250, and £1 1s. when under that sum. The Medical Practitioner also receives for business introduced by him the usual commission of ten per cent. on the first payment, and five per cent. on the payments of subsequent years.

The Society also claims the support of the Medical Profession on the following grounds:—

For several years the "Medical, Legal, and General" was the only MUTUAL Life Assurance Society connected with the Medical Profession.

The rates are lower than those of any other Medical Life Office.

Bonuses divided annually.

Persons desirous of assuring Diseased or Rejected Lives will find that, from the experience acquired by this Society, it is enabled to accept such lives at rates both equitable and safe.

From the outset the expenses of management have been kept within the narrowest limit consistent with the efficient working of the establishment.

Loans, Annuities, Endowments, and every form of assurance contingent upon Life, transacted at moderate rates.

ANNUAL PREMIUM FOR ASSURING £100 AT DEATH WITH PROFITS.

Age.	Premium.	Age.	Premium.	Age.	Premium.	Age.	Premium.
15	£1 10 0	30	£2 6 2	45	£3 12 3	60	£6 19 0
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25	2 0 1	40	3 1 2	55	5 9 11	70	11 10 6

Prospectuses, forms, and any further information may be obtained of FREDERICK JAMES BIGG, Actuary and Secretary.

The Medical Directors are the Examiners of the Society, one of whom is always in attendance on Mondays at 3 o'clock, and on Fridays at 4 o'clock

Nervous and Mental Disorders.—

EASTGATE-HOUSE, LINCOLN,—a Private Establishment for the Residence of a Limited Number of Ladies of the Upper and Middle Classes. Conducted by Mr. R. GARDINER HILL, M.R.C.S. Eng. (originator of the system of "Non-restraint in Lunacy,") and Mrs. HILL.—Carriage exercise provided.

Adnam's Improved Patent Groats

and BARLEY.—THE ONLY EXISTING PATENT and STRONGLY RECOMMENDED BY THE MEDICAL PROFESSION.

TO INVALIDS, MOTHERS, and FAMILIES.—The important object so desirable to be obtained, has at length been secured to the Public by J. and J. C. ADNAM, Patentees, who, after much time and attention, have succeeded by their IMPROVED PROCESS, in producing preparations of the purest and finest quality every manufactured from the Oat and Barley.

To enumerate the many advantages derived by the public from the use of the Improved Patent Groats is not the intention of the Patentees; suffice it to say, that by the process of manufacture, the acidity and unpleasant flavour so generally complained of in other preparations is totally obviated, and very superior Gruel speedily made therefrom. It is particularly recommended to those of consumptive consitutions, Ladies and Children; and the healthy and strong will find it an excellent Luncheon or Supper.

The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged; and to contain all the necessary properties for making a delicious pudding. It has also the distinguishing character for making very superior Barley-water, and will be found a most excellent ingredient for thickening Soups, etc.

CAUTION.—To prevent errors the Public are requested to observe, that each Package bears the Signature of the Patentees, J. and J. C. ADNAM.

To be obtained Wholesale at the Manufactory, Maiden-lane, Queen-street, London; and Retail in Packets and Canisters at 6d. and 1s. each, and in Canisters for Families at 2s., 5s., and 10s. each, of all respectable Grocers, Druggists, etc., in Town and Country.

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Mr. Bourjeaurd's Elastic Appliances,

ACTING SPIRALLY and FREE from SEAMS, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris. At home from 1 till 5.

Fig 1.

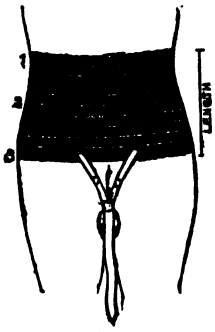

Fig. 2.

Fig. 1. BELT and AIR-PAD for PROLAPSUS UTERI or ANI.—Mr. Bourjeaurd begs to state, that the apparatus here figured has been found extremely useful in cases of prolapsus uteri or ani, and with patients, especially females, who require support for the perinæum. The compressing agent is a cnoutchouc bag, filled with air; it is in the diagram hanging loose in front of the patient, and is fixed in its place by the strips of elastic tissue, the free extremity of which is seen. The latter is fixed to the lower and posterior margin of the belt, and by the elasticity of the bag and straps, sufficient compression is made, and not the slightest uneasiness is experienced. This is a most valuable adjunct to surgical and obstetrical practice, and is highly appreciated by the most eminent members of the Profession.

Fig. 2. This is a most useful belt, called the ABDOMINAL SUPPORTER. It is made of varying strength, to suit the peculiarities of patients, and is most useful either during gestation or after parturition, to forestal the uncomfortable state called pendulous abdomen. During gestation it relieves the veins from the pressure of the distended womb, and thus prevents swelling of the legs; and after the birth of the child, it is most valuable to those ladies who are anxious for the look of their waists. This belt is most useful in cases of dropsy, especially when ovarian, as the pressure may be increased so as to conduce, in favourable cases, to the absorption of the fluid. Mr. Bourjeaurd cannot too strongly recommend this belt to corpulent people; they will find it a real comfort.

To Physicians, Surgeons, and

DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING TISSUE.—PREPARED FROM PURE CANTHARIDINE.

An elegant preparation, vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments, as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the New York Journal of Medicine.

"March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this Article is a very simple and neat dressing."

"10, Finsbury-place South, March 16, 1852.

"Dear Sir,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks. I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to insure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,
"JOHN GAY, F.R.C.S.,
"Honorary Surgeon to the Royal Free Hospital, etc., etc.
To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

"ANDREW SMITH, M.D.,
"Deputy Inspector-General of Hospitals,
"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared and sold by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON, and by the Sole Consignee, Mr. WILLIAM BAILEY Wolverhampton; and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

"Newfoundland Cod-liver Oil is made from the true Cod Liver, '*Morrhua Vulgaris.*'"—*Vide* Yarrell's British Fishes, Vol. II., page 143.*

To the Medical Profession.—

Gentlemen,—We have great pleasure in informing you that we have just returned from St. John's, Newfoundland, having completed our Sixth voyage in personally superintending the manufacture of Cod-liver Oil. We confidently recommend it as being fully equal in quality to our former years' supply, and we are fully assured that it will sustain the reputation which our oil has so long enjoyed. This season's Oil has been carefully prepared from the finest selected livers, without any other process than the slight application of steam heat at a low temperature, under our own immediate superintendence.

Newfoundland affords no other livers for the preparation of the Oil, than the True Cod,—"*Morrhua vulgaris*,"—a fact which can be confirmed by reference to merchants of the highest respectability, residing in London, Liverpool, Bristol, Greenock, Bridport, etc. Neither the "*Dorse*" or "*Gadus Callarius*," (the variable Cod of Northern Europe),—*vide* "Yarrell, on British Fishes," Vol. II., page 151;—nor any other fish from which the livers can be obtained is to be seen there. After bestowing great personal care in its manufacture, and exercising every possible precaution, both in the process of making and in the machinery employed, we have been able to produce an Oil perfectly sweet to the taste, and free from any tendency to cause an unpleasant heat in the throat. If it be minutely compared with any other oil offered to your notice, it will be found that, when submitted to the test of sulphuric acid (two drops to twenty-five of the Oil†) a far richer colour is evolved (deep purple—not red), that it contains much more bile, etc., and that it greatly excels in all those medicinal properties which render Cod Liver Oil so valuable for curative purposes. That you may be able to judge of the estimation in which it is held, we need only say that within the last six years we have made and sold upwards of 125,000 gallons.

Newfoundland Cod-liver Oil, as prepared by us, is pure and genuine, and may be had at a moderate price, of every respectable Chemist.

We have the honour to remain, Gentlemen,
Your obedient servants,
CHARLES FOX and COMPANY.

Cliff House, Scarborough, Jan. 1, 1855.

* We also with pleasure refer you to an able and well-written description of the "Cod Proper, and Newfoundland Fisheries," also, an eulogium on the Oil, written by the Rev. C. Badham, M.D., in his recently-published work, entitled "Ancient and Modern Fish Tattle."—J. W. Parker and Son, London.

† See an able article on the adulteration of Oils, by F. C. Calvert, Esq., in the "Pharmaceutical Journal," and the "Chemist," for February, 1854.

Important to the Medical Profession.

DAVENPORT'S

SYRUP OF THE IODIDE OF QUININE AND IRON.

From the late Dr. GOLDING BIRD.

"48, Russell-square.

"I have now for some time employed pretty largely the triple Compound of Iodine, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the use of the Iodide of Iron is recognised. This triple compound possesses many advantages over the simple Iodide, and not the least of them is the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.

"GOLDING BIRD, A.M., M.D., F.R.S.,
"Fellow of the Royal College of Physicians,"
"Physician and Professor of Materia Medica at Guy's."

From Dr. GEORGE P. MAY.

"Having for some time passed used the ternary Compound of Quinine, Iodine, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its Compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous quality, which renders it an admirable medicine in the treatment of some of the disorders of childhood. "GEORGE P. MAY, M.D.

"Maldon."

CITRATE of QUININE and IRON, containing 25 per cent. Quinine. 4s. 6d. per oz.

SYRUP of the IODIDE of POTASSIUM and IRON. A fluid drachm contains two grains of each salt.

SYRUP IODIDE of ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

BI-MECONATE SOLUTION of OPIUM. Professional Testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS.

EPILEPSY successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS, (*vide* the "Lancet," February 4 and March 25, 1854.) Davenport's Preparations specially referred to are as under:—

Preserved Juice. Dose, one to three drachms; 5s. 4d. per lb.

Inspissated Juice. Dose, half a drachm to a drachm; 16s. per lb.

Solid Extract. Dose, five to fifteen grains; 20s. per lb.

TARAXACUM (Davenport's) Liquor or Fluid Extract, prepared by Spontaneous Inspissation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a fluid drachm; 6s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, No. 33, Great Russell-street, Bloomsbury.

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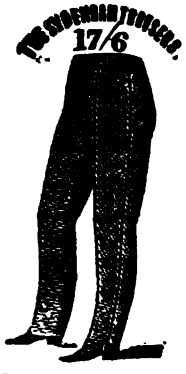
The Respirator.—The assumption of

the name "Respirator" for various discreditable and defective imitations of Mr. JEFFREYS' Instruments, the value of which, in Medical Practice, has given a wide reputation to the name, can only mislead unwary persons not acting under Professional advice. City Office for the Respirator, 25, Bucklersbury; West-end Depôt, 25, Holles-street, Oxford-street, London. In London and all Towns, the principal Chemists and Surgical Instrument Makers are Agents for Mr. Jeffreys' Respirators.

Abstract, regarding Economy in

CLOTHES, from the "Times," October 30:—"EVERY YARD of CLOTH SOLD at the LONDON CLOTH ESTABLISHMENT is Sold at the WHOLESALE PRICE.—Gentlemen Purchasing Cloth at the London Cloth Establishment (if they wish) have it made up on the Premises, at the expense of only the Workman's Wages, in addition to the price of the Trimmings." *The Economy of this system is proved* by the saving of from Thirty to Fifty per cent. in the price of every garment; in addition to the very obvious advantage of selection from such a stock, and the guarantee of a Superior Fit, Good Taste, and the Best Work.

LONDON CLOTH ESTABLISHMENT—16, COVENTRY-STREET.



SAMUEL, BROTHERS,

29, LUDGATE-HILL,

Inventors and Sole Manufacturers of the

SYDENHAM TROUSERS,

At 17s. 6d.

Unequalled for superior Style, Fit, Quality, perfect Ease, and Gracefulness, so requisite for Gentlemanly appearance, and so rarely obtained.

Patterns Sent Free, on application.

SAMUEL, BROTHERS'

STOCK OF OVERCOATS

FOR THE PRESENT SEASON,

Is worthy of your inspection.

The Best Food for Children, Invalids,

and others.—ROBINSON'S PATENT BARLEY, for Making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinse of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of genera use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE, and CO., Purveyors to the Queen, 64, RED LION-STREET, HOLBORN, LONDON.

The Proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s., 5s., and 10s. each.

ELECTRICITY

FOR NERVOUS, FUNCTIONAL, AND RHEUMATIC DISEASES.

Meinig's New and Greatly

Improved GALVANIC ELECTRO-GENERATOR, for supplying vito-functional energy to any organ in want of the same, and to the system generally, may now be had at the Establishment, 103, Leadenhall-street, and at 218A, Piccadilly. All wet and metallic contact with the body is entirely obviated; its acts with water alone, without acid, the action lasts more than twenty-four hours after each damping, and can be renewed and regulated without undressing, the Generator, enclosed in an envelope, being carried in the pocket or suspended from the neck.

The extraordinary Curative Virtues of these Mild Currents of Electricity are now fully established by experience. The Prospectus (to be had gratis, or by post for two stamps) contains the names of more than 900 persons cured within the last eighteen months, and this remedy is now adopted in nearly all the hospitals, and by the most eminent Practitioners. Sold at 5s. and upwards, according to power, at C. MEINIG'S, 103, Leadenhall-street, and 218A, Piccadilly.

N.B. In the first stages of Cholera the continuous current from the colon to the abdomen has been found eminently successful in checking the further progress of the disease.

POCKET BATTERIES for Medical Practice on the same principle. (Intensity of 120 cells within the space of a small pocket-book.)

103, LEADENHALL-STREET, and 218A, PICCADILLY (near Regent-street).

Prospectus gratis, or by post for two stamps.

The Pure Warm-air Charcoal

RESPIRATOR, Invented by Dr. STENHOUSE, of St. Bartholomew's Hospital, for Asthma, Delicate or Diseased Lungs, and Fetid Breath. Also as a safeguard against Fevers, Cholera, etc. Is in appearance like the ordinary respirator. There are three kinds—one Oral, for general use; and two Orinasal for Infected Atmospheres and Chemical Establishments. Price, 6s., 8s., 10s.; postage, 6d. extra. Dr. Stenhouse having appointed W. B. Roof, 8, Willow-walk, Kentish-town, Sole Manufacturer. None are genuine unless stamped with his name. To be had as above. Also of Mr. Maw, 11, Aldersgate-street: and Messrs. Gale and Company, Bouverie-street, Fleet-street. Ordinary Respirators from 2s. 6d. each.

Fr. G. Ernst's Manufactory of

SURGICAL, ANATOMICAL, and ORTHOPÆDIC INSTRUMENTS, 43, LAMB'S CONDUIT-STREET, FOUNDLING HOSPITAL. Every kind of Apparatus for the Cure and Relief of Bodily Deformities, from the simplest splint up to the finest application of the rack and pinion power (the agent in modern Orthopædy), including the principles of the spring, lever, etc., etc., may be obtained at the above Establishment, as well as every kind of Elastic Bandages, Belts, Trusses, Artificial Legs, Arms, and Hands, Crutches, etc., etc.

Fr. G. ERNST particularly solicits the attention of the Faculty to his newly-invented SPINAL SUPPORT, which has met with the entire approbation of the most eminent Practitioners.

Surgical Instruments Made to Order, and Kept in Repair.

Bland and Long, Philosophical and

CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d., 8s. 6d., 15s., and 30s. each.

Application of Vulcanized India-

RUBBER to the CURE of CLUB FEET and SPINAL CURVATURE.—Mr. H. BIGG desires to bring under the notice of the Medical Profession an Instrument lately invented by him for the Cure of Club-Foot. A cord of Vulcanized India-rubber, resembling more closely the action of living muscular structure than any other mechanical power, Mr. H. Bigg has made use of that substance in his Patent Apparatus, to overcome the contraction existing in Club Foot. He has also applied it to Supports for Spinal Curvature, by which means the patient is no longer under restraint by the action of the apparatus, but can move the spine in any direction.

Mr. H. BIGG, Anatomical Machinist to the Admiralty, Chelsea, Greenwich, St. George's, Middlesex, University, King's College, St. Thomas's, and Guy's Hospitals.

29, LEICESTER-SQUARE, and 9, ST. THOMAS'S-STREET, BOROUGH.

Every Excellence which the

Surgeon can require—viz., Lightness, Durability, Strength, and Economy—is realised by HUXLEY'S SURGICAL STOCKINGS, KNEE-CAPS, ANKLETS, etc.

H. and Co. have much pleasure in informing the Profession that they have perfected an ABDOMINAL BELT of new construction, which, acting diagonally, is not liable to displacement; its weight is only four ounces. Price 18s. Diagrams and particulars forwarded by post. Every kind of Surgical Stocking made. Spiral Stockings at a great reduction. Measure required for Stocking: Circumference at A, B, C, D, and E; length from A to D. and D to E.

HUXLEY and CO., 8, Old Cavendish-street, late 5, Vere-street, Oxford-street.

Tarrant's Bandage and Strengthening

PLASTER.—This Plaster, from the nature of the composition and the material on which it is spread, is adapted for a permanent bandage, as it neither produces irritation of the Skin, nor, when applied, does heat cause it to lose its adaptation to the part. Having these qualities, it is peculiarly valuable in the treatment of ulcerated legs, varicose veins, etc., where equal and constant support is required. Several of the most eminent surgeons continue to use this Plaster in their practice, preferring it, in certain cases, to any other. It is well suited for exportation to, and use in, warm climates, the high temperature having less effect on it than on any other plaster.

The Profession are referred to Messrs. Westwoods and Hopkins, Wholesale Druggists, Newgate-street, where the Plaster may be had in packets, containing three yards, for 2s. 6d., or spread upon skins of Chamois leather, at 3s. 6d.

Westwoods and Hopkins also call attention to their Compound Adhesive Plaster, for fractures and wounds; as likewise to their Concentrated Preparations, Essences, etc.

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MESSRS. LANE AND LARA,

MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC ASYLUM REGISTRARS,

14 JOHN-STREET, ADELPHI.

(Established A.D. 1828).

Commission on Transfers charged only to Vendors; permanent Assistants provided without expense to Principals; and every other description of business transacted for the Profession at a fixed and moderate cost. A postage-stamp must be enclosed in every communication requiring an answer.

*** Office hours from 12 till 4.

First-class General Practice. — A Gentleman, with the double qualification, and with from £2000 to £3000 at command, may be INTRODUCED to the ABOVE, situated in an excellent neighbourhood near Town, with such length of preliminary Partnership as may be desired.

Apply to Messrs. LANE and LARA, 14, John-street, Adelphi.

Lunatic Asylum. — An immediate Purchaser required for an Establishment of excellent repute, without opposition, most advantageously situated in a Midland County. Time being an object to the Vendor, £1,000 will be accepted for Goodwill and valuable Lease, being considerably less than the estimated value, with furniture and fixtures at a valuation.

Apply to Messrs. LANE and LARA, 14, John-street, Adelphi.

Wanted to Purchase, by a Gentle- man aged 28, M.D., M.R.C.S., and L.A.C., a PRACTICE of from £1000 to £1500 a-year, in a Village or quiet Country-town, South of London. The market value will be given for one or two years' introduction by Partnership.

Apply to Messrs. LANE and LARA, 14, John-street, Adelphi.

Bristol General Hospital, December 21, 1854.

A Vacancy having Occurred in the OFFICE of HOUSE SURGEON and APOTHECARY to this Institution, by the resignation of Mr. W. M. Clarke, any person desirous of filling the Situation, is requested to make application by Letter, addressed to the Committee at the Hospital, enclosing Testimonials of Character and Ability, on or before Monday, the 12th of February next.

By Order of the Committee.

JOHN T. PIKE, Secretary.

Section 7. Rule 1, "Of the House Surgeon Apothecary."—That no person be eligible to this Office unless he exhibit to the Committee satisfactory proof that he is a Member of the College of Surgeons of London, Edinburgh, Glasgow or Dublin; and also a Licentiate of the Apothecaries' Company in London or Dublin: nor be appointed for any term less than three years, in case the Committee shall so long require his services.

Staffordshire General Infirmary.— HOUSE SURGEON AND SECRETARY WANTED.—The Office of HOUSE SURGEON and SECRETARY having become VACANT by the Resignation of Mr. R. Hall Bakewell, Candidates are requested to send in their Testimonials, addressed to the "Board of Management of the Staffordshire General Infirmary, Stafford," on or before Wednesday, the 10th of January, 1855. They will be required to be unmarried, and Members of one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin, and legally qualified Apothecaries. Friday, the 12th of January next, is hereby appointed for the examination of the Testimonials of Candidates, and for their personal appearance before the Board of Management of the Infirmary.

The Salary will be £100. Furnished apartments, together with coals, gas, washing, and board will be provided by the Institution.

Further particulars may be obtained upon application to Mr. Bakewell, at the Infirmary.

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"43.—That, on the day so appointed, the Board of Management, (five Members, at least, being present,) investigate the testimonials and qualifications of the several Candidates, and select the names of not less than two, and not more than three, who, in their judgment, shall appear best qualified for the vacant office, and for whom only the ballot shall be taken at the General Board of Governors, which shall not be held until after the expiration of ten days from the announcement of the decision of this Board to the various Candidates. After the selection of Candidates by the Board, a form of proxy shall be sent to each Governor, which form only shall be received by the General Board, at which the election takes place.

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ORIGINAL LECTURES.

CLINICAL LECTURE
ON A
CASE OF DROPSY OF THE UPPER EXTREMITIES,
ANEURISM, AND GANGRENE OF THE LUNG.(a)

DELIVERED AT

King's College Hospital.

BY ROBERT B. TODD, M.D., F.R.S.
Physician to the Hospital.

GENTLEMEN,—As we shall presently have an opportunity of examining the body of a man, named John Palmer, who for some time was under treatment in Rose Ward, and who died the day before yesterday, and as his case throughout has been most interesting, and one to which I have repeatedly directed the attention of those of you who are in the habit of going round the wards, I have thought the present occasion a most fitting one for making a few remarks on the phenomena, in many respects so exceedingly peculiar, which this patient presented during life.

From the observations which most of you have heard me make in going round the wards, you will be aware of the obscurity, in which some points of this case were shrouded. So obscure are these points, that even now I will not venture to make a positive diagnosis; but, as you know I am in the habit of having a diagnosis written out during the patient's life, I have not shrunk from doing so on this occasion, although I must distinctly state, that, upon all the points of the case, my mind had not been made up. You will, therefore, not regard the diagnosis as on all points a positive one, but merely as put forward for purposes of clinical instruction, with the object of enabling me the better to group together the various arguments for and against the view of the nature of the disease, and thus the more clearly to bring them under your notice.

Our patient was 43 years of age, and was admitted into the Hospital on June 13, 1854. He is described in the notes of the case as being a rather fat man, breathing somewhat more quickly than natural, and with difficulty, and complaining very much of a sense of breathlessness; but without any orthopnœa, or any of that extreme dyspnœa which is so frequently present in cases of cardiac disease. There was a remarkable puffiness about the face, and considerable tumefaction of the neck; and the external jugular veins, especially the right, were very full and distended, and, when pressed upon, did not become empty below the point of pressure; this last condition being indicative, as most of you know, of such a degree of regurgitation from the auricle as would supply these great veins with blood enough to prevent them from freely emptying themselves. His arms, but particularly the right, and also the right side of the neck, were considerably swollen, and the superficial veins coursing over the chest were very much distended; the left superficial epigastric vein on the belly was large and tortuous, as were also those branches of the external mammary vein of the same side, and the inosculation of these two veins was very conspicuous.

All these signs indicated an obstruction to the circulation through the chest, connected more particularly with the superior vena cava. When dropsy is purely cardiac, although it occasionally begins in the upper portions of the body, still it never happens that during the whole period of its existence it is confined to these parts, and that there is no œdema of the lower extremities, or no ascites. But with reference to its affecting more especially the right upper extremity in this instance, the fact must not be lost sight of, that the patient almost always lay upon this side; for this would partly, though not entirely, account for the excess of the dropsy on that side. Latterly, when the difficulty of breathing became so great, that the poor man was obliged to be constantly sitting up in bed, the œdematous state of the upper extremities became less unequal, though there was still decidedly more effusion on the right side than on the left. If, as I just now mentioned, the case had been one of purely cardiac dropsy, the œdema would soon have extended to the lower extremities, or it would probably have affected these parts first; if it had been of renal origin, it would have very quickly involved the body generally, (which, as you have seen, it did not,) and signs would have been afforded by the urine of disease of the kidneys. From these various considerations, we were led to infer that the swelling was a *local* dropsy, and that there was an obstruction of some kind to the free passage of the blood through the superior vena cava.

On further examining the chest, we found that there was a marked difference in the character of the breathing in the two lungs. In the left lung the respiration was universally puerile, showing a probable compensatory action for a deficiency of breathing in the other lung; while, in the right, the respiratory murmur was feeble, and mingled with large crepitation; very little air appeared to enter this lung. In the right scapular region there was bronchial breathing, as though a portion of the organ in this situation were condensed from some cause or other, perhaps from being compressed by a thoracic tumour, such, for instance, as an aneurism of the aorta or innominata, which frequently give rise to this condition.

The phenomena of percussion and voice also indicated that the feeble breathing on the right side was due to the entrance of air into the lung in diminished quantity, rather than to any liquid effusion into the pleura.

Upon now proceeding to examine the sputum, we found that it exhibited very peculiar characters. It had often, the patient stated, contained streaks of blood; and, a few weeks before his admission into the Hospital, he had spat up a considerable quantity of blood. The sputum, on his admission, was of a dirty black colour, and grumous-looking, as if discoloured by old effused blood; but it did not exhale a fetid odour. I was led to think, from the character of the expectoration, together with the auscultatory signs which I have just described, that there was one, or, perhaps, more than one, patch of pulmonary apoplexy in the right lung, produced by the same cause, whatever it was, which prevented the free entrance of air into the organ, and interfered with the circulation through the superior vena cava. It seemed certain that there was something pressing upon the right bronchus; and it was not improbable that, whatever would interfere with the free ingress of air into the lung to the extent which was obvious in this case, would, at the same time, by pressure on the right pulmonary veins, impede the *egress* of blood out of the lung, produce local congestion, and ultimately pulmonary apoplexy.

This view of the nature of the case was confirmed as time wore on; for the expectoration after a while became quite fetid, and at length presented all the characters of the sputa in gangrene of the lung, arising, no doubt, from patches of gangrene having formed in the right lung, in the sites of the sanguineous effusions.

A question also arose at this point in the history of the case, as to whether the imperfect breathing in the right lung and the pulmonary venous congestion were due to the same cause which prevented the free passage of blood through the superior vena cava, or whether these phenomena depended on different conditions. It is to the former of these two views that I am disposed to subscribe; a tumour, for example, might be so situated as to press upon the right bronchus and right pulmonary veins, so as to give rise to, feeble breathing by preventing the ingress of air, congestion of lung, pulmonary apoplexy, and gangrene, by pressure on the vein, and, at the same time, to obstruct materially the transit of the blood from the superior cava into the right auricle, causing dropsy of the upper extremities; but, to elucidate this point further, we must call to our aid all the phenomena which we can derive from a careful inquiry into the condition of the heart.

Percussion over the cardiac region indicated increased dulness both longitudinally and transversely. The heart's impulse could be felt in the region of the scrobiculus cordis. There was some increase of impulsive force beneath the nipple, and the stroke of the heart there was felt rather lower down than is quite natural. We had, therefore, sufficient evidence of enlargement of heart; and it seemed certain that that enlargement was due, in part, to a dilated right ventricle, as especially indicated by the beating of the heart in the scrobiculus cordis.

Over the region of the left ventricle the first and second sounds seemed normal. There was no indication of valvular disease, either mitral or semilunar, on that side of the heart. The first sound of the right ventricle was normal; but we were unable to pronounce with certainty respecting the second, which, at best, was very feeble and indistinct. You will remember that our attention was much occupied—too much so, perhaps—with a faint, soft bellows murmur heard over a limited space, which followed very much the direction of the pulmonary artery. It was audible a little below and a little above the position of the cartilage of the third rib on the left side, in a line extending obliquely upwards from about the middle point of the sternum

(a) July 11, 1854. Lect. XLV. Reported by Mr. Conway Evans.

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(measured transversely). This sound, in point of time, corresponded with the heart's diastole, and all listeners agreed in setting it down as diastolic. If so, was it a diastolic sound in the mouth of the pulmonary artery, occasioned by valvular insufficiency? This view was not without some foundation, inasmuch as the integrity of the arterial and ventricular sounds on the left side excluded them from any part in the generation of the bellows murmur, at least as far as regards their orifices. But I had never heard nor read of an authentic, well-observed case of diastolic bellows-sound in the orifice of the pulmonary artery. You know, too, that, while it is not uncommon to meet with thickened fibrous tissue in the pulmonary semilunar valves, nothing is so rare as to find those valves insufficient. It therefore remained an open question (which, nevertheless, impaired the completeness of our diagnosis) as to the precise seat of the generation of this sound. And we shall, therefore, presently look with great interest to the condition of the valves of the pulmonary artery.

The phenomena, which the case exhibits are sufficient to justify this amount of diagnosis:—The right ventricle of the heart is dilated and hypertrophied, and the left is similarly diseased. All the valves are, I believe, perfect, the only doubt which exists being about those situated in the orifice of the pulmonary artery; and here, certainly, evidence is wanting to show that these are quite capable of performing their office. The left lung is healthy, with the exception of an emphysematous condition; the right is gangrenous; and the history of the case during the last week of the patient's life fully confirmed this latter point, inasmuch as gurgling became very evident in this lung, both in the mammary region and behind, as though the organ were melting down from sloughs taking place, leading to the formation of large gangrenous cavities, from which the highly fetid expectoration came.

The dropsical condition of the upper extremities was clearly due to a pressure upon the superior vena innominata; and, from the proximity of the right bronchus and the pulmonary vessels, there can be but little doubt that what compressed the one compressed the others also; this view is much strengthened by the bronchial breathing heard in the sub-scapular region. The compressing cause may be something independent of the arterial system of the heart, or it may be an aneurismal tumour. Soon after the patient was admitted into the Hospital, I sketched this plan which you see here, to show by what lesion conditions may be obtained sufficient to produce the chief signs and symptoms manifested in the case; and I wrote down the following diagnosis:—"An aneurism of the innominata or of the aorta prior to the origin of the former vessel, of sufficient size to compress the right bronchus, pulmonary artery, and pulmonary vein; dilatation of the pulmonary artery behind the obstruction, valvular insufficiency, and diastolic bellows sound." Although the evidence of aneurism is but slight, I do not know that we have more indication of any other form of tumour.

I have omitted to mention a not unimportant symptom which this patient exhibited; I refer to the condition of his liver. This organ seemed to be partly displaced downwards and considerably enlarged, apparently from congestion. This latter condition was no doubt part and parcel of the changes due to heart affection, and was caused by the same cause which engendered the dilated ventricle, and which impeded the free discharge of blood from the right side of the heart. The return of the hepatic blood was thus opposed, and the liver became enlarged by congestion. But the displacement of the liver may possibly have been due to some enlargement in the lung itself.

You will remember that we likewise observed a considerable want of mobility in the right side of the chest. This probably depended upon the impediment which existed to the free passage of air into the lungs, and the consequent imperfect expansion and movement of the lung. The imperfect movement of the chest could not have been due to the existence of a pleural liquid effusion, inasmuch as the percussion was clear, and the vocal vibration was felt by the hand. The same compression which prevented the free passage of air into the right bronchus, also, as I have already stated, materially interfered with the transit of blood out of the lung by the pulmonary veins. The congested condition of the right lung cannot be supposed to have been connected with the state of the heart, because, if the impediment to the return of the blood from the lungs were situated in the heart, both lungs would have been affected alike, and not one more than the other. Hence, then, the compressing agent, whatever it may have been, must have pressed upon the right pulmonary veins only, leaving the left unencroached upon, and must therefore have occupied a position outside and external to the heart itself.

Supposing this view to be the correct one, we have here a striking example of gangrene of the lung originating in sanguineous effusion or pulmonary apoplexy. I directed your attention to this not uncommon mode of production of gangrene of the lung in a lecture which I gave some weeks ago. The fact appears to have escaped the notice of observers hitherto, although many of you will bear me out in the statement, that I have repeatedly referred to it for some years back in this Hospital.

The *post-mortem* examination in this case revealed an aneurism about the size of a small orange, which, springing from the posterior part of the ascending aorta, and commencing almost immediately above the sinuses of Valsalva, and situated completely behind the vessel, did not encroach at all upon the arch, and therefore left intact the origin of the great arteries which proceed from it. The aneurism had pushed the pulmonary artery completely over to the left side and backwards, quite out of its normal position. The valves of this vessel were sound, and there was nothing connected with it to indicate that it had been the seat of diastolic bellows-murmur. The whole of the aorta not involved in the aneurism was studded with thick patches of atheromatous deposit. It was in this vessel which, from its great dilatation, occupied the place of both itself and of the pulmonary artery, that the diastolic bellows-sound must have been generated by the friction of the regurgitant column of blood against its roughened walls. The valves, both of the right and left sides of the heart, were healthy. The right chambers were dilated and hypertrophied; the left ventricle was also considerably hypertrophied, with dilatation.

The relation of the superior vena cava to the aneurism fully explained the mode of origin of the dropsy of the upper parts of the body. From the junction of the two innominate veins, the superior cava descended, imbedded in the right wall of the aneurism all the way down to its entrance into the right auricle; so that it was quite evident that the pressure exerted by the aneurism upon this vessel must have materially impeded the return of blood from the upper parts of the body to the heart, though it did not quite so obviously explain the (to a certain extent) right-sided character of the dropsy, for the tumour did not appear to have pressed more upon the right than upon the left brachio-cephalic vein. The position of the aneurism was such that it must evidently have exerted a good deal of pressure upon the right bronchus, and the bronchial glands about the bifurcation of the trachea, were considerably enlarged, so as probably to have conduced to the same result; but the right pulmonary veins, both from their situation and from the flexible nature of their walls, appeared to have suffered a greater amount of pressure, and, consequently, a greater impediment to the transmission of their contents than the right bronchus.

The muscular fibre of the heart, both of the right and left ventricles, when submitted to a microscopic examination, appeared tolerably healthy.

The right pleura was everywhere remarkably thickened; in the upper two-thirds of the chest the pulmonary and costal pleuræ were firmly adherent; in the lower third these two layers were also vastly thickened, but were separated from each other by a considerable quantity of a thinnish, purulent-looking fluid.

The right lung was broken down into a great gangrenous cavity, highly fetid, and containing a considerable quantity of fluid, very like that which had been expectorated during the last few days of the patient's life. The precise limits of this great excavation it was impossible to tell, in consequence of a considerable portion of the upper lobe of the lung remaining behind in the cavity of the thorax on attempting to drag out the lower and middle lobes from their exceedingly firm attachments to the costal pleuræ in this region. Almost the whole of this lung, except at the very apex, and that which has already been described as broken down, was in a state of carnification, of a dark red colour, fleshy looking, non-crepitant under pressure, and, when cut up into small pieces, readily sinking in water,—a state, in all probability, due to the exclusion of air. The interior of the great cavity above referred to was of a dark colour, of softish consistence, ragged, and shreddy, and studded with great numbers of small whitish specks, not at all unlike tubercles at a distance, but which were really sections in various places of minute bronchial tubes eaten through and destroyed by the gangrenous process which had for some time been going on. There were no tubercles in either lung.

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The left lung was greatly congested; emphysematous towards the lower part, but in other respects apparently healthy.

The liver and kidneys, with the exception of a very great degree of congestion, exhibited nothing abnormal either to the naked eye or to the microscope.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS.

No. XXVIII.

EXTRACTS FROM A REPORT ON THE CHOLERA WHICH ATTACKED THE FLEET IN THE BLACK SEA IN AUGUST, 1854,

MORE PARTICULARLY AS RELATES TO HER MAJESTY'S SHIPS BRITANNIA, ALBION, AND TRAFALGAR.

By Sir WILLIAM BURNETT, M.D., K.C.B.
Director-General of the Medical Department of the Navy.

[We have been favoured by Sir William Burnett with a copy of a Report printed by order of the Lords Commissioners of the Admiralty. The following extracts from this important document will doubtless interest our readers.]

In an inquiry of this kind, the origin of the disease naturally claims to be first noticed, because, as it does not appear that the so-called Asiatic cholera is indigenous or endemic on the shores of the Black Sea, the question of its introduction from abroad or its spontaneous evolution on the spot, becomes one of primary importance, especially as regards the possibility of excluding it hereafter from fleets and camps, or of arresting its deadly course when it has entered them, by some kind of quarantine restriction. * * * * *

This much seems to be certain, that epidemic cholera did not, even in its milder forms, exist either in the Army or Navy, nor, so far as I have been able to ascertain, among the people inhabiting the shores of the Black Sea, before the month of July last; it may even be doubted whether it had appeared in the country for several years previously. Diarrhœa and dysentery are of frequent occurrence among the inhabitants of the low damp valleys of the Bulgarian and Wallachian provinces during the summer months, but they do not assume the choleraic form; the characters of these diseases are different from those of a choleraic nature, and unquestionably they depend on different causes; the endemic dysentery and diarrhœa on causes peculiar to the locality,—the choleraic disease on a specific cause which is not endemic, but which, of late years, has manifested itself in almost every region of the globe at uncertain times and seasons, passing generally quickly away when it has attacked all the individuals of a locality who come within its range, and are susceptible of its influence, its continuance in a place being generally longer or shorter in proportion to the number of inhabitants it contains.

But whatever the cause or causes may have been which gave rise to the disease first in the Allied camps, and secondly in the fleets at Baljick and Varna, there is this remarkable fact to be noticed, that it did not occur, at all events, in an epidemic form, until vessels had arrived from an infected port, with men on board actually ill of the disease at the time of their arrival.

In a report received from Mr. Deas, the Deputy-Inspector of the Fleet, he mentions, on the authority of Dr. Hall, Inspector-General of Hospitals attached to the Army, that a French officer, who had just arrived from Africa, died of cholera at Gallipoli on the 3rd of June; and that another case proved fatal to a soldier of the 19th Regiment on the 17th of June, at the British encampment at Alladeen, some twelve miles distant from Varna; but that no other case appeared in either army for some time.

Admitting that these deaths did occur from cholera, it will still remain doubtful whether they were, in reality, cases of Asiatic cholera, or merely cases of that kind which occurred sporadically in this country long before the more destructive malady reached its shores, and which still occasionally make their appearance here, as well as in other regions to which the latter has not yet extended.

About the beginning of July, the 5th French Regiment of the line arrived at Gallipoli in a steamer from Marseilles, where, I believe, cholera existed at the time of her departure. Mr. Deas mentions, that "it broke out on board the vessel during the passage, and four or five men died of it. Soon after the arrival of this regiment at Gallipoli, some divisions of the French army marched for Varna, and carried the disease with them; these divisions, it was stated, though not on good authority, lost twenty men on the march." "But it is quite certain that cholera made its appearance at or near Varna soon after their arrival; at first it was confined almost exclusively to the divisions which had come from Gallipoli, but it afterwards spread extensively throughout the camp."

On the 21st of July a decided case occurred in the British Hospital at Varna; the disease then spread rapidly to the men outside the walls in camp, though the majority of the first eighteen attacked were at the time patients under treatment in the Hospital for other diseases. On the 22nd it broke out with great severity in the camp at Devina, which is about sixteen miles distant from Varna, but not more than four from Alladeen. Free communication had been kept up all the while between the different British and French camps. It is further added, that "the French camp was attacked before either of ours, by at least four days, as were some of their steamers at Baljick; but those recently arrived from Gallipoli and Marseilles had suffered as many as six days before the disease attacked any of our vessels." On these grounds alone it might be inferred that the disease was of foreign origin. * * * *

During the months of May and June the British Fleet appears to have been employed sometimes in cruising off the coast of Bulgaria, or off the south and south-west shores of the Crimea, and at other times at anchor off Varna and Baljick. The crews of the respective vessels, with the exception of a slight scorbutic diathesis, caused by the long-continued use of salt provisions and the want of vegetables, were in the enjoyment of robust health and in most excellent spirits; but, towards the latter end of June and early in July, diarrhœal complaints became more numerous than usual when the vessels approached the land, but more particularly when they anchored off either of the above ports; though I have reason to believe that these were rather of an endemic than of a choleraic character; still, when it became known that cholera had broken out in the Allied camps, and that transports were arriving (about the 2nd and 3rd of August) from Varna with the disease on board, it was greatly feared that it would extend to the Fleet also, as there was no reason to believe that it lay beyond the reach of the epidemic influence.

Precautionary measures were therefore adopted in the majority of the vessels. The men were cautioned to live temperately, and to abstain from eating too freely of vegetables and fruit. The question of going to sea was at the same time mooted, but the urgent necessities of the service appear to have rendered this impracticable. Meanwhile, free communication appears to have been kept up between the shore and the Fleet, though the disease at the time was rapidly extending throughout the cantonments both at Varna and Baljick.

Diamond.—According to the Medical returns, the Diamond was the first vessel in which the epidemic made its appearance. She had anchored on the 7th of July at Baljick, in shore of the line-of-battle ships. Her crew were then in perfect health; but, on the 9th, 12th, and 13th, cases of diarrhœa, accompanied with prostration of the vital powers, occurred among them; and, on the 14th of July, a French steamer, the Primoguet, arrived from Toulon; and, as several of her crew were affected with cholera, she was sent in shore of the English squadron to be cleared out, and to undergo a sort of quarantine. The weather at the time was tempestuous, and the wind blew towards the Diamond from the position of this steamer and her tents.

On the night of the 16th, one of the Diamond's crew was attacked with collapse, rice-water purging, vomiting, cramps, and other unequivocal symptoms of cholera; but it was not followed by any other case of a similar nature until the 20th, when diarrhœal attacks began to be prevalent, though they again speedily disappeared when the ship anchored further off the shore.

Immediately after the occurrence of the first case, great attention was paid by the executive officers to improve the sanitary condition of the ship; the ventilation was made more perfect by means of large windsails, and the breathing space on the lower deck was increased by removing the men's bags, and by causing each watch alternately to sleep on the main deck. The evils of overcrowding were thus in some measure obviated.

The introduction of cucumbers and green fruit was prohibited, and orders were issued that the water should not be used until it had remained a night in the tanks; the corporals and sentries were instructed to report every man who visited the head frequently.

The ship remained in her new anchorage until the 11th of August, and then went to sea with several vessels in which the disease had broken out in a most virulent form; yet, though she remained close by the latter, there did not occur another case

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deserving the name of cholera among her crew until the end of September, when there were two slight cases which appear to have been contracted somewhere off the Crimea.

Here, as will be seen, was a vessel which lay in the midst of the Fleet, in the very focus of the supposed epidemic atmosphere, and much more disadvantageously situated as regards land emanations than others in which the disease had broken out; yet the hot blasts of wind, which were supposed to be so injurious to their crews, passed almost harmlessly over the Diamond, a circumstance which, if these winds had in reality been charged with any element destructive to health, it would be difficult to explain by any of the acknowledged laws which govern atmospheric movements.

Eruption of the Epidemic at Varna.—The disease appears to have broken out at Baljick and Varna much about the same time; at the latter place it had spread rapidly from the French camp on the north through the intermediate British and French encampments, and the town of Varna, to the British Cavalry camp on the south-west side of the bay.

By the 27th of July, cases had terminated fatally in more than one of the transports lying off the town; and the Valmy, French war steamer, which lay close to the Sanspareil, was reported to have lost twelve men by the epidemic during the 29th and 30th. On the following day the first fatal case that occurred in the British Fleet took place in the Sanspareil. The man declared he had been in perfect health up to the moment of his seizure. About four o'clock in the morning he was roused out of his sleep by severe cramps, and other unmistakable symptoms of cholera; and, in spite of a variety of remedial measures, he died about six o'clock in the evening.

This case appears to have been followed by a succession of diarrhœal attacks occurring until the 13th of August, when two other deaths from cholera took place, and the diarrhœal attacks began to assume a much more serious aspect; the vessel, consequently, on that day went to sea. Another death occurred on the 14th; but, after that, the disease appears to have gradually abated.

The Agamemnon arrived at Varna on the 29th of July, after having cruised for some days previously before Sebastopol. Diarrhœa had been prevalent among the crew; but as to whether this was among men who had communication with the shore in the beginning of the month, at Baljick, is not stated, or whether it was more frequent among one class of men than another, as regards their exposure to any assumed exciting cause.

The first undoubted case of cholera occurred on the 4th of August, when the vessel was in the Bosphorus, three days after she left Varna, where, in all probability, it was contracted. There was a second case on the 8th, which also proved fatal.

On the 9th she again sailed from the Bosphorus, and arrived at Baljick on the 10th, between which and Varna she remained until the 7th of September, and then sailed with the Fleet for the Crimea.

The total number of diarrhœal attacks of a choleraic nature amounted to 128; the total number of cases of cholera to 17, of which 15 terminated in death between the 4th of August and the 30th of September. Six of these deaths occurred among a party of marines, who, with others, had been employed on board transports, embarking horses, military stores, and bullocks, at Varna; thus showing that the exciting poison existed within one or more of these vessels in a much more potent form than it did in the Agamemnon, or that the predisposing causes were more effective.

After the last death, which occurred on the 18th of September, off Old Fort, on the Crimea, the disease rapidly declined, losing altogether in the course of a few days its epidemic character.

Queen and Bellerophon.—These vessels appear to have remained at anchor, with the Sanspareil, off Varna, from the 1st to the 13th of August, when they also put to sea on account of the alarming increase in the number of diarrhœal cases.

In the former there was one fatal case of cholera on the day she left Varna, and another on the 16th. On the 19th she returned to Varna, where she remained until she sailed, on the 7th of September, for the Crimea. Between the 19th and 25th of the latter month three other fatal cases occurred. Whether the men had any communication with the shore is not mentioned.

The first fatal case in the Bellerophon also occurred on the 13th of August. Diarrhœa, as in the other ships, had been prevalent for some time previously. Altogether there occurred twelve cases of cholera, of which seven proved fatal. Five of these appear to have been contracted at Varna, and two after the ship arrived off the Crimean coast; but, as in the returns from the preceding vessel, there is no mention made as to whether the men had been employed on duties out of the ship.

The Caradoc and Megæra, two small steamers, were both at Varna during the prevalence of the pestilence; the one from the 17th to the 20th of August, and the other from the 16th of August to the 5th of September; yet, in the former, there only occurred one case of cholera, which recovered; and, in the latter, one, which proved fatal.

The Assistant-Surgeon of the Caradoc mentions that, as regards the crew of his own vessel, their exemption from cholera might be ascribed to their having been less exposed on shore to the exciting cause of the disease than the crews of some of the other vessels lying at the same anchorage. This was probably the case; for, if the cause had been generally diffused in the atmosphere, it is difficult to imagine how the men in these two vessels could have escaped, while others lying close to them suffered so severely.

The Simoon lost her captain and one man by cholera while at Varna, between the 7th and the 19th of August.

[To be continued.]

ON SOME USES OF CHARCOAL IN SURGERY.

By LAWRENCE ORMEROD, Esq.

Resident Medical Officer to St. Mary's Hospital.

So great an interest has lately been excited in reference to the extraordinary powers of this substance as a deodorising and disinfecting agent, that I feel but little hesistation in venturing to offer a few remarks upon the subject. From the small experience that, as yet, I have had, I am inclined to believe that, in charcoal, the Hospital Surgeon will find the means by which he may do an almost unlimited amount of good; that in it he will find the power, not only of preventing an attack of epidemic gangrene, but also that of hastening the cure of a patient if attacked by this dread malady.

In a letter published in the *Times* somewhile back, by Dr. Stenhouse, that eminent chemist called attention to the fact, that charcoal had been used extensively and beneficially at this Hospital; and it is with pleasure that I am able to come forward and corroborate his statements. Being much interested in the assertions made by him in his paper read before the Society of Arts, in the commencement of last year, I, as far as laid in my power, reiterated his experiment described in the said paper.

I took the body of an English terrier (weight about 10 lbs.), placed it on a stone floor in a small apartment, and lightly covered it with charcoal. Although the weather was very warm, and the body in a state of the most utter putrefaction, not the slightest odour could be detected. By some accident the charcoal was disturbed, and a large portion of the mass was left uncovered. In spite of this, the circumjacent charcoal was sufficient to prevent any offensive stench. Upon seeing this, I left the body completely uncovered, merely surrounding it with the deodorising agent. This, again, prevented any disagreeable smell. Having determined this fact, I again covered the carcase. Dr. Stenhouse, in his paper above mentioned, remarked, that charcoal was not, as generally believed, an antiseptic, but, on the contrary, acted most powerfully as a hastener of decomposition. This statement was likewise fully corroborated by my experiment, as in less than a fortnight not a particle of flesh remained upon the bones, which were picked perfectly clean, and were of a snowy whiteness. I would in parenthesis state, that the plan I have mentioned would admirably suit the purpose of those who are in the habit of preparing skeletons for the use of scientific museums. The weight of the charcoal used in this experiment was about 5 lbs.

The fact, that the mere propinquity of charcoal to decaying animal matter is sufficient to counteract the horrible tendency that exists in such matter, is one of great importance; and the application of it to practical purposes must be of much utility. Why should it not now be used in the Hospitals for our brave army in the East? In spite of all the care that may be taken to render a military institution of this kind cleanly and sweet, still the difficulty of doing so is great in the time of war. A battle, or even a skirmish, sends in suddenly a troop of wounded. All immediately is hurry and confusion; all hands are called upon to relieve the urgent necessities of the sick; the wards become filthy, because necessarily neglected; a stench arises, not only from the bodies of the crowded soldiers, but from decaying animal matter, the proceeds of wounds and ulcers; then that terror of the Surgeon, hospital gangrene, arises, laughing to scorn all the best efforts of science and humanity to check its

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course. What, then, more beneficial could be afforded than a substance that possesses the marvellous property, not only of destroying an odour most distressing to the patient, nurse, and doctor, but also of destroying the malignant influence of the organic matter from which such a noisome smell arises, reducing putrefying matter to innoxious compounds, so that, with a rapidity most remarkable, it can even take up dead flesh from bones without either visible or palpable action? I understand that extensive use is now being made at St. Bartholomew's Hospital of charcoal in the dissecting rooms. It is intended to to use bolsters and mattrasses filled with it in cases of infectious disorders. If, in that great Institution, proverbial for its cleanliness, for its salubrity, for its freedom from taint and absence from all contagious disorder resulting from filth and malarious atmosphere, such measures are thought necessary to be adopted for the benefit of its inmates, surely some like means might be taken in the military hospitals, unhappily, although perhaps unavoidably, the seat of contagion, dirt, and inconvenience. Dr. Stenhouse having, however, fully pointed out, in his letter to the *Times*, the advantages to be derived from this use of charcoal, I will leave that branch of the subject, and proceed at once to the question as to its value in a remedial point of view; merely observing, that, as reported in the papers, hospital gangrene has already broken out with virulence in Scutari, and instant measures should be adopted to use all plans which science and practical experiment have shown to be efficacious.

In the treatment of gangrene, the Surgeon has three objects in view: the first is constitutional support; the second is the quick removal of the slough; the third is the destruction of that malarious influence which causes the disease to spread from one wound ip a wafd to all wounds that may be in it. The first of these three is foreign to the present object of this paper. To the two last, I now beg to direct attention.

1. The slough is to be removed by means partly local and partly systemic; and it is of the utmost importance that it should be removed as soon as possible. Not only does its presence act as a drain upon the body, weakening the patient by directing all his vital energy to the casting off of that which has become a foreign substance, but, every moment that it remains, there is a chance of absorption of the putrid matter into the system,—the almost sure precursor of death. The formation of the line of demarcation depends, of course, upon vital action, and local applications are of very little, if of any use, to hasten its appearance. The constitution must be supported well by stimulants and nutrients, in order to be able to perform the extra duty imposed upon it. But every means should be taken to remove rapidly the portion already dead, and cumbering the subjacent living structure with its baneful presence. The mechanical means adopted for this end are awkward to the Surgeon, and unpleasant to the patient. Clipping away portions of the slough, as fast as it is formed, by means of a pair of forceps and a pair of scissors, is an operation of no small severity, if we can judge by the exclamations of the sufferer. The part affected is intensely irritable; and, however carefully and humanely such removal may be attempted, there must invariably occur sundry pulls and twitchings upon the highly sensitive living part beneath. It is, indeed, rare that such an attempt is not accompanied by a greater or less amount of bleeding,—a proof that the living part has been wounded. Moreover, such removal is meant to be merely partial, and for the sake of convenience; it is not done with a therapeutical intention. If, therefore, a substance could be furnished that would rapidly absorb the slough, as soon as it was formed, without pain, without inconvenience, easy in application, positive in result, it will at once be conceded that a great desideratum had been obtained.

The cataplasma carbonis of the "Pharmacopœia Londinensis" has been long and extensively used in gangrene and fetid ulcerations. Its formula is:—

℞ Aquæ fervent is fl. ℥x., panis ℥ij., seminis contriti lini ℥x., carbonis contriti ℥iij. M.(a)

Owing, however, to the expense of pure carbon, peat, or better still, bone charcoal, is most generally used; but, in consequence of the impurities contained in the two latter, the bulk of the poultice is made of that substance, linseed-meal being mixed up with it. Charcoal having been long known as an efficient deodoriser, this cataplasm has been a favourite remedy for stinking wounds; but I am not aware that any notice has yet been taken of it as an external therapeutical agent; it has been considered merely as a preventive of noisome smells, not as an able assistant in the cure of disease. Even so acute an observer as Dr. Pereira observes, in his great work:—"In this country it is used as a therapeutic agent, principally as a disinfectant and antiseptic, to absorb the fetid odour evolved by gangrenous and phagedænic ulcers. For this purpose it may be used in the form of powder or of poultice. Its disinfecting and deodorising powers, however, are much inferior to those of chlorine or of the chlorides of lime and soda." Now, it has been proved that charcoal is the very reverse of an antiseptic, and that its vast power of hastening decompoaition is the cause of its utility, not only as a deodoriser, but, as I hope shortly to prove, as a local therapeutical agent.

Exception must be taken to the formula of the prescription above written. Although charcoal does not entirely lose its power when saturated with water, still its efficacy is much diminished. And this assertion is not weakened by the fact, that it is often thrown into the water in casks in vessels about to take long voyages, to "keep it sweet," as it is said. Sufficient charcoal is afforded to allow all bad matter to be absorbed. A case can be mentioned in point: in this Hospital, charcoal was placed, ih order to catch the urine dribbling from a patient suffering from incontinence, and so prevent the stench. When the charcoal was soaked, the smell was as bad as ever. The drier the charcoal, the more easily do the odoriferant particles enter its pores and become innoxious. It is remarkod, in the notices of Hospital Therapeutics published in the Number of this Journal of Dec. 16th, that one of the necessary conditions that the fetor should be destroyed, is the perfect dryness of the article.

Remembering, therefore, the foregoing conclusions, which, for convenience sake, I now reiterate—viz., that it is highly important that the slough should be removed as soon as possible; that all mechanical means used to remove it are incomplete; that, as proved in my experiment upon the dog, charcoal is a wondrous hastener of decomposition; and that, for the perfect performance of this duty, it should be dry; it was determined to alter the usual formula of the poultice, in order that its effects might be seen upon the slough. The linseed-meal and bread were omitted, and as little water as possible was added—in fact, just enough to cause the poultice to cohere until it was placed upon the body of the patient, the natural heat of which soon caused the evaporation of the moisture, so that the application in a very short time was perfectly, or very nearly, dry. This plan was adopted in order to prevent the mess and consequent annoyance which would have been caused if the wound had been merely sprinkled over with powdered charcoal. There is some difficulty in concocting such a poultice as I have described; so I have thought of remedying this by having it made wet, and then putting it before the fire until nearly all the water is evaporated. This latter remark may appear trivial; but if I am fortunate enough to influence some Hospital Surgeon to use this poultice, I shall be satisfied if it prevent a groan and a mental curse from the nurse who has to make it. Both peat and some charcoal have been used; of the two, the latter is preferred, but I am not aware that it is much superior to the former in its action.

Poultices made in this fashion have had a most surprising effect in rapidly absorbing sloughs when fairly formed and (so to speak) isolated. They act upon the dead flesh of the wound as the powdered charcoal acted upon the dead flesh of the dog. In St. Mary's Hospital, last summer, there occurred an attack of epidemic gangrene. In one case it appeared, in a most severe and aggravated form, in the stump of a boy who had had his hand removed by Mr. Coulson, the sloughing extending up the arm for about two inches. In three days the slough was removed entirely. In a neighbouring patient, who had suffered the like operation followed by the same misfortune, and treated with linseed-meal poultices, and the unguentum elemi, the slough took a week and more to remove. I inquired just now of one of our most intelligent "sisters," "What is the difference between the time of removal of a slough if treated by the charcoal poultices, and if treated by the 'green dressing' and linseed-meal?" Her answer was, that, by the former plan, it was taken away in half the time. An infant, suffering from a severe burn, had two enormous sloughing masses, extending, in one leg, from the knee to the ankle; in the other, involving the whole of the calf. In two days and a-half both were removed. A man was admitted, Dec. 15, with a sloughing sore upon his leg. A poultice of this kind was put on. In six hours a most decided change had appeared in the sore; the dead portion was reduced in size fully one quarter.

Such, then, is the power of this substance; its claim to it is easily verified by simple experiment.

(a) It will here be remembered, that the "carbon" of the "Pharmacopœia Londinensis" is made from bullock's blood, and is supposed to be free from all impurities. Peat or bone charcoal in general use, though perfectly efficacious, still contains much foreign matter.

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Thus is the desideratum obtained: a substance, well known, inoccuous and inodorous, is found, *which rapidly absorbs the slough as soon as it is formed, without pain, without inconvenience; easy in application, positive in result.*

2. The deodorising and disinfecting power of charcoal having been well tested by experiment, little remains to be said concerning the other division of the subject to which I wish to draw attention, viz., the possibility of preventing the malarious influence causing the disease to spread from one to all wounds in a ward.

It is not my intention to enter upon the subject of how does this epidemic spread in Hospitals. Suffice it to say, that actual contact extends the mischief, and that often a patient lying near another suffering from it contracts the complaint. The distressing smell is alone a proof that particles of decomposing animal matter are flying about. Charcoal has most indubitably the power of absorbing these; the dryer it is, as I before remarked, the easier is its task. The charcoal poultice, then, made as I have described, will effectually prevent any odour or any putrefying portion proceeding from the slough and pervading the apartment.

I wish to lay no claim to ought of originality in this paper. If there is truth in my statements, the whole merit is due to Dr. Stenhouse, whose arguments arrested my attention, and to whose communication to the Society of Arts I am indebted for the idea. If, I thought, charcoal is powerful in removing decomposed flesh from the bones of a dead dog, there is no reason why it should not in the same way cause the absorption of dead flesh from a sloughing wound. I shall indeed be proud if the opinion of the Profession stamps with approval this humble effort to follow "*sed heu! longo intervallo,*" the steps of one who stands so high in the highest ranks of British science.

St. Mary's Hospital, Dec. 16, 1854.

CASES OF A VERY RARE DISEASE OF THE SKIN, ATTENDED BY SWELLING OF THE CHEST, ABDOMEN, AND EXTREMITIES, WITHOUT PITTING, AND WITHOUT ALBUMEN IN THE URINE.

By E. J. SHEARMAN, M.D.

During the last two months, I have met with a peculiar eruption among children under 12 years of age, attended by symptoms so unaccountable and extraordinary, that I will relate the progress of two of them, for the express purpose of inquiring whether any disease of the same description has been observed by others in the Profession. I have never met with two cases in the same house, although three of my little patients had several brothers and sisters. It therefore cannot be contagious. Nearly all of them had gone through measles many months since, and three had had scarlet fever the latter end of last year. In no case could I find either sore throat or red tongue.

On the 5th of December I saw M. D., a healthy boy, aged 10, and found his face and eyes swollen, cheeks very large, not puffy, quite elastic, and a very full eruption all over the face and neck, exactly like the *roseola annulata* described by Mr. Erasmus Wilson, in Fasciculus IX. of his admirable "Plates of Diseases of the Skin," except that the spots were not so circular. He had not a symptom of measles; his pulse, tongue, and appetite natural; bowels rather confined; urine free, acid, specific gravity 1020, and no albumen. On the 6th the redness and swelling had extended to the breast, without any marked symptoms of disordered functions. On the 8th it had extended to the abdomen and legs. He could not button his trousers, or put on his usual stockings, on account of the increase of size; yet there was no pitting, and no albumen in the urine. The only abnormal substance in the urine was a large quantity of epithelium and a few oxalates; the quantity was normal. On the 12th his abdomen was so much increased in size, that his trousers would not button by six inches. The only thing he complained of was the occasional itching and smarting, and the confinement to the house, which I had insisted upon. From this time the swelling and dark red eruption gradually diminished; but he is still (Dec. 26) not quite free. I examined the urine this day, but found not a particle of albumen.

J. M., a fine healthy boy, aged 8, was seized on the 9th of December with swelling in the eyelids and upper part of the face. He had recovered from measles about three months ago, and his mother thought he was going to have another attack. When I first saw him I had seen four cases of the same disease, and then felt pretty confident this would take the same course. I told his mother he would swell all over as the dark red patches of inflammation in the skin spread. This took place, going gradually down to the feet. On the 14th of December his abdomen was so large, that he could not button his trousers. The child did not appear unwell, but ran about and enjoyed himself nearly as much as when he was quite in health. He had no soreness of throat, nor was his tongue furred or red. He did not complain of thirst. The quantity of urine in this case was increased, specific gravity 1025, acid, no albumen, nor increased quantity of urea, but a good deal of epithelium and some oxalates. This boy has only just recovered his usual size.

Altogether, I have had seven cases of this unusual complaint; but the two narrated were the most marked. The eruption has continued out from five to twenty days; and, invariably, the swelling and eruption have subsided together. As the eruption is so variable in the time of its continuance, it can scarcely be considered an exanthematous disease.

I have not been able to ascertain that any account of a similar epidemic is on record. In Vol. II. of the *Lancet*, for 1848, there is a rare form of roseola described by Mr. Erasmus Wilson; but this was attended by violent febrile symptoms; whereas, my patients, with the exception of the roseolous eruption and general swelling of the cellular membrane, have ailed very little. The congested and dark red coloured patches of skin were slightly raised above the level of the unaffected parts; but the general appearance of the skin was more what might be termed mottled, than assuming any definite form.

My son, Dr. Charles Shearman, of Sheffield, has examined some of the urine of these patients; and he found nothing abnormal in it, except a large quantity of epithelium.

I endeavoured to ascertain whether these children had been fed on any particular food, or whether the cows from which their milk came were diseased; but I found scarcely two obtained milk from the same source, and that their bread, meat, and puddings were all good. The only thing in common which three of them had taken as food was oatmeal; but I found other children who had eaten the same oatmeal were free from the disease.

My treatment has been very simple;—rather low diet, mild saline aperients, and an occasional warm bath, which I found rather added to the discomfort of the little folks than relieved them.

Rotherham, Dec. 26, 1854.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S, KING'S COLLEGE, AND OTHER HOSPITALS.

AMPUTATIONS AT JOINTS.

Among London Surgeons, the practice in regard to amputations generally is evidently on the increase, of saving as much as possible of the affected limbs. When the lower extremity is the one involved, Chopart's amputation through the tarsus is done wherever practicable; and, if not so, the operation at the ankle-joint is the one next thought of, and next to it is the lower third of the leg. There can be no doubt but that a class of cases are made the subjects of the operations just alluded to which would some years ago have been indiscriminately destined to the old and favourite operation in the upper third of the leg. With respect to Chopart's amputation, its advantages are so obvious that nothing need be said in its defence. At all stages of its progress, the stump so left is far more convenient than that of an operation higher up. The amputation at the ankle-joint is, however, not so fortunate, and care is needed that impressions founded on imperfect observation be not allowed to prejudice it. There is no doubt but that the stump so left requires more time than most others before the patient is able to use it or to adopt any artificial appliance. The stump left by an operation in the upper third of the leg is usable almost as soon as healed; from the knee being bent, and the front of the tibia made to sustain the pressure, the newly cicatrised parts are preserved from all chance of injury. The operation in the lower third has nearly as great advantages in this respect; for, although the face of the stump looks downwards, yet it is not pressed upon, its somewhat conical

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extremity being received freely into the bucket of the wooden leg, which is made to press only on the thick structures of the calf. The stump of an amputation at the ankle-joint is, however, bulbous, being considerably larger at its end than elsewhere, and the whole of the pressure must be sustained by the face of the stump itself. It is true, that, if no sloughing have occurred, the cicatrix is in front of, and not beneath, the healed stump; but still it is easily to be understood how it might happen that the recently cut end of the bone and the parts which have been adapted to it may remain for a considerable time too sensitive to bear continued pressure. This objection is one which has been much used by instrument-makers, who have alleged against stumps formed by this operation, first, that they leave a thick, clumsy ankle; and, secondly, that they will not bear pressure. The first of these must be admitted. The ankle of the leg to which a wooden foot has been fitted must necessarily remain considerably thicker. The objection is, however, a trivial one, when set against the advantages gained to progression. The second objection is one which is usually obviated spontaneously by a little waiting. A good illustration of this came under our observation a few days ago. A young man, for whom Mr. Lloyd, in St. Bartholomew's Hospital, performed amputation at the ankle-joint two years since, afforded the writer an opportunity of examining his leg. He wore an artificial foot, which had been fitted by Mr. Fergusson, of Giltspur-street; and at first there had been some little difficulty in getting him to bear the pressure. He stated that he could now wear it with the greatest comfort, and that he could easily walk as much as twelve miles a-day. He had compared his own capabilities of progression with those of one of his friends, whose leg had been removed in the lower third, and considered them as much superior.

The modification of the ankle-joint amputation, devised by M. Pirogoff, and so extensively practised by him, the peculiarity of which consists in leaving the end of the os calcis, and turning it up into the joint, so as to fill up the space between the malleoli, has been adopted, as far as we are aware, but once in London. The case was under the care of Mr. Ure, in St. Mary's Hospital, and, unfortunately, the patient died of cerebral disease before the stump was healed; its progress had not, however, been encouraging, and more or less of necrosis would probably have resulted.

Amputations just above the knee in cases of disease of that articulation have been performed recently both by Mr. Fergusson and Mr. Erichsen. Amputation at the wrist-joint has been adopted repeatedly of late years, and during the last few months, in cases under the care of Mr. Stanley, in St. Bartholomew's; Mr. Clarke, in St. Thomas's; and Mr. Ward, in the London. In all these very good stumps resulted. The bones were well covered, and it seemed probable that the patient would be a gainer by the lengthened extremity which was preserved.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT
OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE QUARTER ENDING OCTOBER, 1854.

The subjoined report includes all the principal operations performed during the months of July, August, and September, at the following Institutions:—The Bedford General Infirmary, the Bristol General, the Cheltenham, the Derbyshire General, the Durham County, the Gloucester, the Huddersfield, the Hull, the Kent and Canterbury, the Leeds, the Liverpool Royal, the Liverpool Southern and Toxteth, the Nottingham General, the Sheffield General, the Winchester, and the York County Hospitals.

LITHOTOMY.

The case left under treatment by last report has ended in recovery.

Number of cases, 6; recovered, 6. *Case* 1.—A pale and delicate boy, aged 3, under the care of Mr. Teale, in the Leeds General Infirmary. The usual operation was performed, and a good recovery resulted. *Case* 2.—A boy, aged 3, in good health, under the care of Mr. Smith, in the Leeds General Infirmary. The usual operation was performed. Recovered. *Case* 3.—A boy, aged 7, in pretty good health, under the care of Mr. Wright, in the Nottingham General Hospital. He had for long suffered very severely from the irritation produced; there was prolapse of the rectum, and incontinence of urine. At the operation, a stone was found lodged in the prostatic urethra, and a second in the cavity of the bladder. Both were successfully removed. The urethral stone weighed about three drachms, and the other upwards of half-an-ounce. He made a good recovery, without any drawback, and, at the time of the report, the incontinence of urine had almost ceased. *Case* 4.—A boy, aged 3, in good health, under the care of Mr. T. Wright, in the Nottingham General Hospital. Two stones were removed by the usual operation. Recovery was complete in thirteen days. *Case* 5.—A boy, aged 9, in fair health, who had suffered from symptoms of stone for three years. A calculus, the size of a small walnut, and consisting of oxalate of lime, coated with phosphates, was removed. The child appeared to be doing well for two or three days following the operation; he then became feverish, the bowels were relaxed, and the urine seemed to cause considerable irritation in flowing through the wound, the parts being inflamed and very tender. A few days later, it was noticed that air escaped by the wound, and, on careful examination, a small opening into the rectum, just above the sphincter was found. For two months after the operation, the greater part of the urine continued to pass by the wound; occasionally, however, a few ounces escaping per urethram. The child, during that time, was mostly free from pain, and continued to improve in health. At the present time (five months after the operation) the perineal fistula remains open, and both urine from the bladder and flatus from the rectum occasionally escape from it. The urine is mostly voided by the urethra. *Case* 6.—A boy, in feeble health, under care in the Bedford General Infirmary, having suffered from symptoms of stone for three years. A calculus, the size of a filbert, was removed, and he made a rapid recovery.

LITHOTRITY.

The only case in which this operation has been resorted to is one under the care of Mr. Richard Hey, in the York County Hospital. The man is a florid and healthy countryman, aged 21. The symptoms had been present for four years, and the calculus was believed to be small. The operation has been repeated several times during the last three months, and large fragments of a lithic acid stone have been passed. On two occasions, it has been necessary to cut into the urethra just in front of the scrotum, in order to remove impacted portions. The wounds have healed well, and the man remains in good health. Under treatment.

HERNIOTOMY.

Number of cases, 5; recovered, 3; died, 2.

Case 1.—A woman, aged 69, under the care of Mr. Teale, in the Leeds General Infirmary, on account of a large strangulated femoral hernia. Symptoms of strangulation had existed for 36 hours before the operation; the sac was opened, and a large mass of omentum (three ounces and a-half) was cut away. No bowel was seen. Recovered. *Case* 2.—A man, aged 37, under the care of Mr. Smith, in the Leeds General Infirmary. Hernia inguinal, and strangulated seventy hours. The sac was opened, and the gut, being found gangrenous, was slit freely up. After the operation, stercoraceous vomiting continued, and rigors, followed by jaundice, occurred. Death took place on the fourth day. The testis on the side of the hernia was undescended, and lay in the internal ring. *Case* 3.—A woman, aged 57, under care in the Kent and Canterbury Hospital. Hernia femoral, strangulated thirty-six hours. She had long been the subject of hernia, and had twice before had it strangulated, and reduced by taxis. On the present occasion the taxis failed, and, there being stercoraceous vomiting, and some tenderness of the abdomen, the operation was immediately performed. The expanded omentum was found to form a second sac for the hernia, and on the true sac being opened, much clear fluid (quite half-a-pint) flowed from the peritoneal cavity. After the operation a full dose of opium was given, and smaller doses, combined with calomel, were subsequently repeated. Recovery without a bad symptom ensued. *Case* 4.—A man, aged 60, the subject of an irreducible hernia, was admitted into hospital a few hours after symptoms of strangulation had occurred. The operation was deferred until the fourth day, the condition not being deemed sufficiently urgent to warrant its performance earlier. The sac was opened, and a large mass of healthy omentum found, together with a small knuckle of much congested bowel. A portion of omentum was cut away, and the remainder left in the sac. Death took place two days after the operation. At the autopsy evidences of universal peritonitis were found. *Case* 5.—A labourer, aged 22, was admitted into the Bedford General Infirmary, suffering from urgent symptoms of strangulated

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inguinal hernia. He had for eight years been subject to the protrusion, and on several occasions taxis had been effected with difficulty. Four days ago it had come down, and had ever since been irreducible. Two days ago there had been much sickness, the bowels, however, being then freely open. At the time of admission the bowels had not acted for twenty-four hours, and during that time the sickness and hiccough had been urgent. The hernial tumour was large, and distended the scrotum. The taxis having failed, the operation was immediately performed. No fluid was found on opening the sac, and the inguinal canal was so large that it readily admitted a finger by the side of the protruded gut. Notwithstanding this condition great difficulty was experienced in returning the large coil of bowel, the convolutions of which were matted together by old adhesions. The gut was not much discoloured; it was ultimately returned *en masse*, and the wound closed. After the operation, calomel and opium were given in frequently repeated doses. With the exception of the formation and subsidence of an acute hydrocele, the patient's convalescence was uninterrupted.

TREPHINING OF THE SKULL.

Case 1.—A man, aged 65, was admitted with a compound fracture of the vertex of the skull, but apparently no depression of bone. He laboured under symptoms of compression, and the trephine was accordingly resorted to, in the hope of finding blood between the dura mater and bone. Such did not, however, prove to be the case, and a few hours subsequently death took place. At the autopsy the fracture was found to extend across the base of the skull, and there was large extravasation of blood on the surface of the brain. *Case* 2.—A man, aged 50, under the care of Mr. Richard Hey in the York County Hospital, on account of diseased parietal bone, the consequence of a fracture two years previously. Ever since the injury there had been continued discharge of pus, and the man had been subject to epileptic fits. A probe could be introduced into the fistula, and passed for a length of two inches between the dura mater and the inner table of the skull. Mr. Hey used the trephine, and removed a portion of bone over the fistulous track. The bone was found to be of uniform hardness. The wound healed, and the man for six weeks after the operation had no recurrence of the attacks; more lately, however, he has again suffered from some slight fits. His condition has been greatly benefited by the operation.

LIGATURE OF ARTERIES.

Case 1.—A man, aged 35, was admitted into the Winchester Hospital on account of an enlarged gland behind the angle of the jaw, which required excision. During the operation the temporal artery, just after the separation of the internal maxillary, was wounded. A ligature was applied above and below the seat of wound, and the trunk divided between them. A week afterwards a profuse hæmorrhage occurred, and was arrested by pressure, etc. Two days later it again came on, and was so copious that it was thought best to place a ligature on the trunk of the common carotid. The man recovered well after the operation, with the exception of suffering from extreme anæmia. No head symptoms occurred. *Case* 2.—A man was admitted into the Hull Infirmary, having, by a cut with an axe, sustained an injury to the radial artery in the space between the metacarpal bones of the thumb and index finger. The House-Surgeon secured it at the time by a ligature on the distal side of the injury; but the bleeding recurring, the vessel was subsequently cut across, and both ends tied. The ligatures came away on the eighth day.

AMPUTATIONS.

Of the five cases left under treatment by last quarter's report, four have recovered, and one has died. The fatal case is the one (Case 24) in which, in a man aged 73, amputation of the leg for senile gangrene had been performed. The stump had progressed fairly, but was not healed, when the patient sank under an attack of diarrhœa. Death took place 92 days after the operation.

No. of cases: 42; recovered, 29; under treatment, 3; died, 10: —Of the *thigh*, 15; recovered, 10; under treatment, 1; died, 4. Of the *leg*, 11; recovered, 7; under treatment, 1; died, 3. Of the *foot*, 2; recovered, 1; under treatment, 1. Of the *upper extremity*, 13; recovered, 11; died, 2.

Of the Thigh.—Case 1.—A man, aged 24, admitted into the Leeds Infirmary, under the care of Mr. Smith, having sustained a severe compound fracture of the leg. Amputation was performed on the sixth day, on account of commencing gangrene. The collapse of the injury had never been well recovered from. After the amputation, the man rallied fairly, but gangrene subsequently attacked the stump, and death took place on the sixth day. *Case* 2.—A boy, aged 14, under the care of Mr. Samuel Hey, in the Leeds General Infirmary, on account of necrosis of the entire tibia, and disease of the ankle-joint. Amputation through the thigh was performed, and a good recovery followed. *Case* 3.—A man, aged 25, in the Liverpool Royal Infirmary, under the care of Mr. Halton, on account of diseased knee-joint of long standing. He was emaciated, and much reduced in strength. Phlebitis ensued after the operation, and death in the third week followed. *Case* 4.—A man, aged 21, under the care of Mr. Stubbs, in the Liverpool Royal Infirmary, on account of diseased knee-joint. Recovered. *Case* 5.—A girl, aged 14, under the care of Mr. Stubbs, in the Liverpool Royal Infirmary, on account of acute disorganisation of the knee-joint. She was much reduced in strength. Recovered. *Case* 6.—A boy, aged 9, under the care of Mr. T. Wright, in the Nottingham General Hospital, for diseased knee-joint, and necrosis of part of the femur. The boy was hectic and enfeebled. Recovered. *Case* 7.—A man, aged 28, under the care of Mr. T. Wright, in the Nottingham General Hospital. Amputation through the thigh, on account of osteo-sarcoma of the tibia, was performed. Death from pyæmia followed. *Case* 8.—A boy, aged 4, in fair general health, under the care of Mr. Wright, in the Nottingham General Hospital, on account of diseased knee and caries of the femur. Recovered. *Case* 9.—A man, aged 20, was admitted into the Durham Infirmary, under the care of Mr. Green, on account of a crushed leg, the consequence of a railway accident. Gangrene supervening, amputation was performed forty-eight hours after the accident. The examination of the limb afterwards showed that the popliteal vessels had been torn; the knee-joint had not been injured. The man recovered well. *Case* 10.—A woman, aged 23, under care in the Kent and Canterbury Hospital, for diseased knee-joint of two years' duration. The joint was much enlarged, and the swelling resisted all measures of treatment, but no abscesses had opened externally, and the patient's general health was tolerable. After the operation, the articulation was found to be quite disorganized. The patient recovered well. *Case* 11.—A man, aged 32, under care in the Bedford General Infirmary, for diseased knee-joint of two years' duration. He was hectic and very feeble. Very little bleeding occurred during the operation, but, shortly afterwards, a few ounces were lost from a muscular branch which had not been tied. The man sank into a low typhoid condition, and death on the twenty-fifth day followed. At the *post-mortem* the only important lesion found was a softened condition of the spleen. That organ was much enlarged, and resembled a bag of thick bloody pus. *Case* 12.—A lad, aged 19, under the care of Mr. Hey, in the York County Hospital. Amputation on account of diseased knee-joint was performed, and a good recovery ensued. *Case* 13.—A man, aged 27, admitted into the Sheffield Infirmary, under the care of Mr. Jackson, for compound and comminuted fracture of the left leg, which had been crushed in a thrashing-machine. Primary amputation through the thigh was performed. Recovered. *Case* 14.—An engine-driver, aged 39, under the care of Mr. Barber, in the Sheffield Infirmary, for compound fracture of the thigh, etc. Primary amputation was performed. Under treatment. *Case* 15.—A man, aged 19, under the care of Mr. Gregory, in the Sheffield Infirmary. Amputation through the thigh was performed on account of a malignant growth in the muscles of the calf. Microscopic examination after the operation proved the disease to be medullary cancer. The patient, who was in bad health, recovered from the amputation, but it was expected that a portion of the femur would have to exfoliate.

Of the Leg.—Case 16.—A woman, aged 35, under the care of Mr. Smith, in the Leeds General Infirmary, on account of diseased ankle-joint. Recovered. *Case* 17.—A man, aged 21, under the care of Mr. Teale, in the Leeds General Hospital, on account of diseased tarsus. The great toe had previously been amputated, but the disease had since involved other bones. Recovered. *Case* 18.—A man, aged 36, under the care of Mr. Samuel Hey, in the Leeds General Hospital, on account of diseased ankle-joint. Recovered. *Case* 19.—A man, aged 32, under the care of Mr. Halton, in the Liverpool Royal Infirmary, on account of severe injury to the foot from a circular saw. Much blood had been lost, and there was in addition a large laceration of the nates extending through the gluteus maximus muscle. Death from exhaustion followed on the eighth day. *Case* 20.—A boy, aged 9, under the care of Dr. Lunn, in the Hull Infirmary, on account of diseased ankle-joint. He was scrofulous and delicate. Recovered. *Case* 21.—A man, aged 55, under the care of Mr. Booth Eddison, in the Nottingham General Hospital, on account of diseased ankle-joint. He was in an extremely feeble condition when the operation was performed. Death from exhaustion followed. *Case* 22.—A man, aged 19, under the care of Mr. T. Wright, in the

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Nottingham General Hospital, on account of diseased ankle-joint. He was in feeble health. Abscesses in the stump followed. Death. *Case* 23.—A man, aged 21, under the care of Mr. Jackson, in the Sheffield Infirmary, on account of a compound fracture extending into the ankle-joint. Primary amputation was performed. *Case* 24.—A lad, aged 18, under the care of Mr. W. Johnson, in the Derby Infirmary, on account of disease of the astragalus and os calcis. He was in fair health and recovered well. *Case* 25.—A lad, aged 15, under the care of Mr. Richard Hey, in the York County Hospital, on account of diseased ankle-joint and necrosis of the tibia. Recovered. *Case* 26.—A farm labourer, aged 41, under the care of Mr. Jackson, in the Sheffield Infirmary, on account of a compound fracture of the leg and foot, with much crushing, caused by the wheels of a thrashing-machine. Amputation in the lower third of the leg was performed. Recovered. In this case a thin shell of bone exfoliated from the spine of the tibia, somewhat retarding the healing of the stump.

Of the Foot.—Case 27.—A man, aged 26, under the care of Mr. Teale, in the Leeds General Hospital, on account of diseased tarsus. Amputation at the ankle-joint was performed. The man was phthisical, and in feeble health. *Case* 28.—A man, aged 28, under the care of Mr. Stubbs, in the Liverpool Royal Infirmary, on account of diseased tarsus. Chopart's amputation was performed. Erysipelas followed, but was subdued by treatment. Recovered.

Of the Upper Extremity.—Case 29.—A man, aged 22, under the care of Mr. Samuel Hey, in the Leeds Hospital, for diseased carpus. Amputation through the forearm. Recovered. *Case* 30.—A man, aged 52, under the care of Mr. Samuel Hey, in the Leeds Hospital, on account of diseased elbow-joint. Amputation through the upper arm. The man was hectic, and in very bad health, and sank after the operation. *Case* 31.—A woman, aged 26, in the Liverpool Royal Infirmary, under the care of Mr. Cooper, on account of diseased carpus. General health much reduced by the disease. Recovered. *Case* 32.—A man, aged 21, admitted into the Nottingham General Hospital, under the care of Mr. T. Wright, on account of a crushed hand. Amputation at the wrist-joint was performed. Recovered. *Case* 33.—A woman, aged 27, of delicate health and strumous constitution, under the care of Mr. Shaw, in the Durham Infirmary, on account of diseased carpus and wrist. Amputation through the forearm. Recovered. *Case* 34.—An engine-driver, aged 28, was admitted into the Kent and Canterbury Hospital, with a compound fracture of the arm. He was suffering much from collapse; and as soon as somewhat rallied by stimulants, amputation through the upper arm high up was performed. Recovered. *Case* 35.—A boy, aged 14, under the care of Mr. Gregory, in the Sheffield Infirmary, on account of diseased elbow. Amputation through the upper arm was performed. Recovered. *Case* 36.—A girl, aged 13, admitted under the care of Mr. Fox into the Derby Hospital, on account of a crushed hand. Amputation just above the wrist. Recovered. *Case* 37.—A boy, aged 11, admitted into the Derby Hospital, under the care of Mr. Fox, with a severely crushed arm. Amputation in the middle of the upper arm. Recovered. *Case* 38.—A washerwoman, in very feeble health, aged 60, admitted into the Bedford General Infirmary, with a disorganised wrist-joint, the consequence of an unhealthy inflammation of the forearm following a wound. Under treatment, her general health was somewhat improved, and amputation through the forearm was at length deemed warrantable. She recovered slowly. *Case* 39.—A boy, aged 14, admitted into the Bedford General Infirmary, with a severe compound fracture of the arm high up, the consequence of a railway accident. Amputation at the shoulder-joint was performed as soon as he was sufficiently rallied. Recovered. *Case* 40.—A boy, aged 16, admitted into the Bedford General Infirmary on account of a gunshot wound of the hand. Primary amputation through the forearm was performed. Two weeks subsequently secondary hæmorrhage from the inter-osseous artery took place. It was at first arrested by pressure, but subsequently the brachial artery had to be tied. Recovered. *Case* 41.—A boy, aged 12, admitted into the Sheffield Infirmary under the care of Mr. Gregory, with a compound and comminuted fracture of the right arm. The injury had been occasioned by his clothes being caught in the axle of a large and rapidly revolving wheel, and in addition to it he had sustained also fractures of both thighs and of the left leg. Primary amputation through the upper arm was performed. Death from exhaustion.

Double Amputation.—Case 42.—A boy, aged 13, was admitted under the care of Mr. Cooper, into the Liverpool Royal Infirmary, on account of severe compound and comminuted fractures of the left leg and thigh, and of the right forearm. He had lost a very large quantity of blood, and was much collapsed. Primary amputation at the hip-joint and through the forearm were performed. Reaction was never good, and death on the second day followed.

EXCISION OF BONES AND JOINTS.

Several cases of this class mentioned in previous reports continue under care. The two cases (Nos. 7 and 8 of last Report), under treatment in the Derby Infirmary, have been discharged. In each the carious disease was still progressing, and no benefit had resulted from the operation.

Case 1.—By Mr. Richard Hey, in the York County Hospital, excision of the metatarsal bone of the great toe, from the foot of a man aged 19. Recovered. *Case* 2.—A boy, aged 12, under the care of Mr. Lansdown, in the Bristol General Hospital, on account of diseased knee-joint of two years' duration. Excision of the joint was performed. The operation was by a single flap, the ligament of the patella being cut across, and the patellar apparatus turned up, so as to expose the interior of the articulation. The lower end of the femur and the head of the tibia were sawn away, and some spots of carious bone gouged out from the under surface of the patella itself, the latter bone being allowed to remain. There was ulceration of the cartilage of the inner condyle of the femur, and of the corresponding part of the tibia; and the synovial membrane generally was much thickened. The patient remains under treatment. *Case* 3.—A man, aged 33, admitted, under the care of Mr. Coe, into the Bristol General Hospital, on account of diseased os calcis. Excision of the affected bone was performed, which was found in a necrosed condition. No vessels requiring ligature were divided in the operation, the only important structure cut through being the tendon of the tibialis posticus. The man's progress was remarkably good after the operation. At the end of six weeks the parts were becoming well consolidated, and the discharge was very little, being only from two small sinuses. *Case* 4.—A girl, aged 5, under the care of Mr. Coe in the Bristol General Infirmary, on account of diseased os calcis. The disease had followed an injury. Excision of the bone was performed, and very favourable progress has since been made. The disease consisted in strumous deposit in the bone, and consequent carious ulceration. *Case* 5.—A woman, aged 44, under the care of Mr. Samuel Hey, in the Leeds Infirmary, on account of diseased elbow-joint. Excision of the articulation was performed, and she recovered quickly, and with an excellent arm. *Case* 6.—A lad, aged 17, under the care of Mr. Teale in the Leeds Infirmary, with carious disease of the head of the tibia. Mr. Teale used the trephine, and then removed the softened and diseased parts of the bone. The case is doing well.

EXCISION OF MALIGNANT GROWTHS.

Case 1.—A man aged 54, under the care of Mr. Tatham, in the Huddersfield Infirmary, on account of a large epithelial cancer, involving fully one-half of the lower lip. The man was in good health, and recovered quickly after an excision of the diseased part. *Case* 2.—A man aged 45, under the care of Mr. Green, in the Durham Infirmary, on account of a malignant growth on the back, beneath the right scapula. A growth had been removed by ligature from the same site two years before. The man had generally enjoyed good health. Mr. Green excised the diseased part freely, and the wound afterwards healed well. *Case* 3.—By Mr. Richard Hey, in the York County Hospital, removal of a malignant tumour occupying the cavity of the antrum. The anterior wall of the antrum was cut away, and the diseased part then scooped out. The patient was a man aged 25; he made a good recovery. *Case* 4.—A man aged 64, under the care of Mr. Fowler, in the Cheltenham General Hospital, on account of epithelial cancer of the lip. He had been in the habit of smoking largely. Excision was performed, and the wound soon healed. *Case* 5.—A woman aged 31, under the care of Mr. Teale, in the Leeds Infirmary, on account of a large tumour between the posterior wall of the vagina and the rectum. An attempt was made to excise it, but was desisted from when partly accomplished, the malignant nature of the disease being apparent. The reduction of bulk gave great relief to the pain which had previously been caused by the pressure of the tumour on the sacral plexus, and also to the difficulty which had been experienced in emptying the bladder and rectum. The woman's condition was much more comfortable at the time of her discharge than it was prior to the operation. *Case* 6.—A woman, age 42, under the care of Mr. Smith, in the Leeds Infirmary, for a return of scirrhous disease in the cicatrix remaining after removal of the breast. The new growth was excised. Recovered.

See "Amputations" (Cases 7 and 15.) "Removal of the Testis," and "Amputation of the Penis."

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REMOVAL OF THE TESTIS.

A man was admitted under the care of Mr. Lang, into the Bristol General Hospital, with an enlargement of the left testis, of doubtful nature. The disease had existed for five months, and was gradually progressing. An incision having been made, a large quantity of blood was discharged with much diminution of the swelling; but as, on microscopic examination, compound cells were detected in the fluid, extirpation of the entire gland was performed. The disease proved to be medullary cancer. The man recovered, but, at the time of the report, one edge of the wound had assumed an appearance suspicious of return of the disease.

AMPUTATION OF THE PENIS.

An elderly man under the care of Mr. Smith, in the Leeds Infirmary, had the penis removed by amputation on account of epithelial cancer. The glands in the groin were enlarged at the time of the operation, which was done only at the patient's urgent request. Recovered.

EXCISION OF NON-MALIGNANT GROWTHS.

The patient in *Case* 4 of the Report for the first quarter of the year 1854, has been discharged from the Hospital. The growth in the shoulder, which has assumed the character of cancer, is increasing; ulceration has taken place, and her general health is declining.

Case 1.—A healthy woman, aged 30, under the care of Mr. Greenwood, in the Huddersfield Infirmary. A fibrous tumour, the size of a walnut, was excised from the upper arm, and the wound soon healed. *Case* 2.—A woman, aged 58, under the care of Mr. Whittaker Johnson, in the Derby Infirmary, had a sero-cystic tumour, weighing four pounds, removed from the breast two years and a-half ago. She remained perfectly well until two or three months before her present admission, when the disease re-appeared beneath the cicatrix of the former incision, and grew very rapidly. It had attained, in the course of about seven weeks, the size of two fists, and presented a very suspicious aspect. After the second operation, the tumour did not display any structural characteristics of cancer. The cysts contained no fluid, but were filled with a solid structureless plasma. The wound healed well. *Case* 3.—A girl, aged 18, under the care of Mr. Johnson, in the Derby Hospital, on account of a small, sharp-pointed exostosis from the middle of the humerus. It was of three years' growth, and believed to have been caused by a blow from a stick. It was excised, and the wound soon healed. *Case* 4.—By Mr. Smith, in the Manchester Hospital, removal of a fatty tumour from the lumbar region. Recovered. *Case* 5.—A woman, aged 43, was admitted into the Kent and Canterbury Hospital, with a large and prominent swelling in the left groin. The tumour felt like a cluster of enlarged glands, but there was an account of its being liable to become hard, swollen, and tender at times, to such a degree as to prevent the patient from following her usual occupation. Four months previously she had been admitted with all the symptoms of strangulated hernia; but, there being a doubt as to the diagnosis, treatment by ice, etc., was adopted, and the symptoms disappeared. A certain degree of impulse was communicated to the mass on coughing, and it appeared to extend down into the femoral ring. The whole having been dissected out, no hernial sac was found. The enlargement was, as suspected, glandular, and displayed no indication of being cancerous. The wound healed well.

REMOVAL OF NECROSED BONE.

Several cases of this class remain under treatment which were mentioned in former reports.

Case 1.—A boy, aged 17, under the care of Mr. Godfrey, in the Bristol General Hospital, with necrosis of almost the entire shaft of one tibia. The disease was of six months' duration. The whole sequestrum was removed, and the case has since done remarkably well. *Case* 2.—An elderly man, under the treatment of Mr. Godfrey, in the Bristol General Hospital, on account of necrosis of the ends of the ulna and radius. The elbow-joint was stiff from old disease, and the necrosis had resulted from a fracture. The operation, which consisted in the removal of the ends of the two bones most affected, did not cure, but the man declined to have the rest of the diseased bone removed, and left the Hospital. *Case* 3.—A boy, aged 14, under the care of Mr. Teale, in the Leeds Infirmary. A small sequestrum was removed from the outer malleolus. Recovered. *Case* 4.—A boy, under Mr. T. Wright's care, in the Nottingham Infirmary. A portion of necrosed bone was removed from the radius. Recovered.

OPERATIONS FOR URETHRAL STRICTURE.

Case 1.—A man, aged 42, who had for years suffered from bad stricture, was admitted, under the care of Mr. Barber, into the Sheffield Infirmary, in an extreme state of illness from retention and extravasation of urine. A catheter could not be passed. Incisions were practised, and the stricture cut through in order to obtain relief to the retention. The patient sank and died about thirty hours after the operation. *Case* 2.—A man, aged 39, was admitted, under the care of Mr. Coe, into the Bristol General Hospital, on April 10th. He had suffered from stricture for twenty-two years, and had had repeated extravasations of urine, abscesses in the perinæum, &c. His scrotum was traversed by numerous sinuses, and almost the whole tract of the urethra appeared to be involved in disease. Numerous attempts to introduce an instrument having failed, it was determined to cut down in the perinæum, and try to find the urethra. This was done; but, from the difficulty caused by the diseased condition of the parts, it was not found practicable to discover any canal by which the bladder could be reached, although what was believed to be the urethra was seen. No ill results followed the operation. Some time afterwards, a small calculous concretion was discovered in the urethra, and removed; and, during a period of three weeks subsequent to this, many attempts to pass an instrument were unsuccessfully made. At length, however, a very small sound was got in, and soon afterwards one of Syme's staffs. Upon the latter instrument, the stricture was freely divided from the perinæum. Since the operation, the man has done well. At the expiration of two months, he could pass a good stream of urine, and the sinuses were fast closing.

PLASTIC OPERATIONS.

Hare-lip.—In three cases of single, and in one of double, hare-lip, the usual operations have been successfully performed.

Cicatrices.—*Case* 1.—A girl, aged 15, under the care of Mr. Teale, in the Leeds Infirmary, on account of the cicatrix of a burn, by which the lower lip had been completely everted. Mr. Teale performed a successful operation for the formation of new lip. A previous operation by transplantation had been done to relieve the tension of the scar in the neck. *Case* 2.—A boy, aged 6, under the care of Mr. Samuel Hey, in the Leeds Infirmary, on account of the cicatrix of a burn, by which the upper arm was bound down to the chest. Mr. Hey transplanted a flap of skin from the deltoid region, and great benefit resulted.

LIGATURE, ETC., OF NÆVUS.

Case 1.—In a case of nævus of the upper lip, in a child aged 18 months, under his care in the Leeds Infirmary, Mr. Teale performed a modified hare-lip operation, excising the diseased structure. The operation succeeded well. *Case* 2.—A child, aged 3 months, under the care of Mr. Smith, in the Leeds Infirmary, on account of a nævus the size of a florin on the back. Mr. Smith excised the diseased part. Recovered.

TENOTOMY.

Operations of this class have been performed in nine cases in different Hospitals. None of them require special notice.

INTENDED EXCISION OF AN ENCYSTED TUMOUR.—DEATH FROM CHLOROFORM.

A man, aged 18, of ruddy complexion, had chloroform exhibited in order to the removal of an encysted tumour from under the left eye-brow. During the inhalation the breathing became stertorous, and the inhaler was accordingly removed for a time. On a second application, after about half-a-minute's inhalation, a convulsive attack resembling epilepsy occurred, the man became purple in the face, and almost immediately died. All attempts to restore animation failed. At the autopsy, great congestion of the brain was found; the left ventricle of the heart was tightly contracted.

BRADFORD INFIRMARY.

PUNCTURED WOUND OF THE BRAIN MADE BY A TOBACCO-PIPE PASSING THROUGH THE ORBIT.

SEVERE SYMPTOMS APPEARING FIFTY-EIGHT HOURS AFTER THE RECEIPT OF INJURY.—DEATH.—AUTOPSY.

[Under the care of Mr. ROBERTS.]

Reported by Mr. POWELL, House-Surgeon.

Case.—T. T., aged 28, a plasterer, residing in Bradford, was admitted on Sunday, October 22, 1854, at one p.m., as an in-patient at the Infirmary, and placed under the care of Mr. Roberts.

History.—The following was gleaned from various sources:—

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At nine p.m. on the previous evening, while drinking at some porter vaults, a man accidentally thrust a common clay tobacco-pipe against his face, and wounded him beneath the eye. The patient fell down at the moment, but was not insensible; he soon recovered, got up, and walked to a Surgeon who resided near. The Surgeon states, that he extracted with considerable difficulty a portion of tobacco-pipe, 3½ inches long, which passed upwards and inwards from a wound in the lower eyelid, and to the extremity of which cerebral substance was adherent. The man then walked home. During the night he suffered considerable pain in the head; he was, however, sensible, and has walked a quarter of a mile to the Infirmary to-day.

October 22.—1 p.m.—In the lower right eyelid, near the centre, is a slight wound. The eyelids are swollen and ecchymosed; the eye inflamed, and chemosis is present. The cornea is bright; eye not collapsed; sight but little impaired. Pulse 76, full, slow, and firm; tongue slightly furred; skin cool; motion and sensation unimpaired. He complains of a dull pain and sense of numbness about the eye, but of no acute pain.

Ordered leeches to the right temple, and the bleeding to be encouraged by warm fomentations. Also calomel, saline draughts, and purgatives.

23rd.—9 a.m.—The leeches bled freely, and relieved the circum-orbital pain. The bowels have been well opened. The appearance of the eye is somewhat improved, and there are as yet no symptoms referable to the brain. He passes urine freely, sleeps well, and the pulse is only 78, perhaps a little laboured.

24th.—9 a.m.—He has slept well, and, at seven this morning, took some coffee for breakfast, and then seemed pretty well. At half-past seven he commenced vomiting a greenish liquid. Shortly afterwards, rigors came on. He is now shaking violently, and complaining of cold, although the surface feels warm; and he occasionally vomits a greenish thin liquid. He is quite conscious, and answers questions readily. Says he feels very ill, and suffers great pain in the head, more especially in the right side. Pulse 72, more laboured, weaker.

Ordered to repeat the leeches and medicines. The head to be shaved, and cold applied to the scalp.

2 p.m.—He has been unconscious for about two hours. The leeches have been applied, and the hair clipped off. On my entrance, he was struggling with several men who were holding him; he was, however, soon quiet on being released; the head was then shaved. After this I made the following note:—

He lies in a heavy slumber, breathing noisily; eyes closed; when open, he does not appear to see; pupils dilated, insensible to light; face pale, cold, with a clammy sweat; body warm, bathed in perspiration; pulse 60, small, weak, and laboured; motions passed involuntarily; urine not voided. He has taken his medicines, but nothing else. There are no convulsions, grinding of the teeth, nor stertor.

A little later his wife visited him. He recognised her, and desired to see his children, but did not know them when they came.

During the evening and night his state varied much and frequently. Sometimes he was almost comatose; at others delirious, moving about in his bed, or even getting up and walking about, rubbing his head and chest as if in pain, with an anxious, confused expression of face. He appears more busy and absent than violent, in a state like that of delirium tremens; again at times he can be roused from either of these states, when he is tolerably sensible, recognises persons, and answers questions.

25th.—9 a.m.—He is quite insensible, not moving even when the eye is touched, but lies breathing heavily and noisily, bathed in perspiration; eyes closed; pupil dilated. At 1 p.m. I passed the catheter, as no urine had been voided since 9 o'clock on the previous evening. A considerable quantity of urine was now drawn off. Some slight convulsive twitching of the arms are observable.

8 p.m.—He is lying bathed in perspiration, breathing heavily, noisily, and rapidly, five or six times, then making a long pause. This is followed by a sigh, to which several rapid respirations and a pause succeed; frothy mucus runs from the mouth; the face is deadly pale and cold, features shrunken; body still warm, and profusely perspiring; pulse 144, small and weak; pupil widely dilated, insensible to light; eye open.

He died at 9 p.m.

Autopsy, Thirty-Eight Hours after Death.—The examination was commenced at the head, the chest being afterwards opened.

The skull and dura mater are slightly congested. Numerous small collections of pus are seen under the visceral layer of the arachnoid, filling up the spaces between the cerebral convolutions. They are scattered equally over both hemispheres, anteriorly as well as posteriorly.

The fluid, microscopically examined, showed pus-cells.

The wound in the right lower eyelid passes through the orbit to the inner side of the eyeball, leaving it uninjured, pierces the roof of the orbit, a little internal to the centre, and, puncturing the membranes, traverses the cerebral substance until it reaches the anterior corner of the right lateral ventricle. The contents of the orbit, exclusive of the eyeball, are filled with extravasated blood. The hole in the bone is irregular and rough, having numerous small fragments of bone in or around it. Just within the orbit is a larger fragment, apparently that broken out by the pipe, which must have been withdrawn into the orbit as the pipe was extracted. The brain substance around the wound is infiltrated with blood and pus, discovered by the microscope. The ventricles contain about two ounces of turbid, blood-stained serum. The brain generally is a little congested, the cortical substance being well defined.

The heart is firm and healthy, containing large separated *post-mortem* clots on the right side; small ditto on the left. The lungs are gorged with blood.

Medical Times & Gazette.

SATURDAY, JANUARY 13.

LORD RAGLAN AND HIS MEDICAL STAFF.

We have already found it necessary to comment upon the cowardly and unjust manner in which the Commander-in-Chief of the British Forces in the Crimea has behaved towards the Medical Officers of his army. One of his General Orders met with most deserved and universal reprobation. A second deserves, to say the least, very careful criticism. Here is a copy of the document:—

"It having been represented to the Commander of the Forces that the 297 sick and wounded on board the steam-ship Avon, under orders to proceed to Scutari, had not received that care and attention to which they were entitled, the Commander of the Forces directed a Court of Inquiry to meet on board that ship, on Saturday, December 2.

"The Court, of which Colonel Cameron, of the 42nd Highlanders, was President, after making a personal inspection of the ship, and receiving evidence, has made its report to the Commander of the Forces.

"The report takes notice of several deficiencies, which, in the opinion of the Court, might, with due care, have been remedied.

"The report particularly draws the attention of the Commander of the Forces to the want of a sufficient number of Medical men and hospital attendants for the service of the sick and wounded on board.

"The report further states, that this deficiency of Medical men and attendants was known to Dr. Lawson, the Principal Medical Officer at Balaklava, but that he took no steps to have it supplied.

"In this opinion, after a careful perusal of the evidence, the Commander of the Forces fully concurs.

"Lord Raglan has seen with pain and sorrow the apathy and want of interest which Dr. Lawson exhibited, as appears by the evidence, with respect both to the due care and the sufficient supply of what was requisite for the comfort and well-doing of the suffering men who were to be placed on board the Avon, and he is compelled to visit such conduct with the severest censure.

"The Inspector-General of Hospitals will take immediate steps to relieve Dr. Lawson from his present charge.

"The Commander of the Forces is unable to exonerate Dr. Hall, the Inspector-General of Hospitals, from all blame in this matter, as it was his duty, either by personal inspection, or by the reports of his subordinates, to have ascertained that the ship was furnished with everything necessary for the comfort of the many sick and wounded on board which the public service could by any possibility afford."

We have already received several letters from correspondents in the Crimea on this subject, all manifesting extreme irritation at these reiterated attacks upon the Medical Staff, and agreeing with the statement the Correspondent of the *Daily News* has

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not scrupled to publish, that they may be traced to an attempt at "*retaliation for the complaints loudly uttered by some of the Medical Officers themselves.*" A Regimental Surgeon, writing to the *Times*, says:—"No representation is listened to from the Medical department. They are not encouraged in their arduous duties in any way; snubbed whenever a pretext can be found for doing so, and often made to bear the blame of what they cannot help, or take the responsibility which belongs to others."

The charges against Dr. Lawson are—1st. That he took no steps to supply a deficiency of Medical men and attendants for 297 sick and wounded on board the Avon; and, 2ndly. That he was proved by evidence to have exhibited "apathy and want of interest" with regard to the due supply of what was necessary for these 297 patients. Upon the first charge, we must observe that no such thing as a body of hospital attendants exists in the British Army. Where, then, was Dr. Lawson to procure them? He could not manufacture them for the occasion. He probably knew, also, that no Medical Officers were available for the service of the transport. As to the second charge of "apathy and want of interest," we have [yet to see whether this was proved in evidence before the Court of Inquiry, or whether it is an assumption of Lord Raglan's. Until a Report of the Court be issued, and we suspect this will not be sent to England, we can only ask our readers to suspend their judgment. We should be the last to defend any dereliction of duty in a Medical Officer, if proved; but, until the real state of the case be made known, we must express our disbelief that an officer so well known in the Army as Dr. Lawson is, as one of the hardest-working, clearest-headed men in the Department,—one who has earned the rank of Deputy-Inspector at an uncommonly early age, by unremitting labour in the West Indies and West Coast of Africa,—could have been guilty of the faults imputed to him.

The remarks of Lord Raglan, in the last paragraph of the Order, upon the conduct of Dr. Hall, raise the question whether Dr. Hall has or has not represented the evils likely to accrue to the army from "apathy and want of interest" exhibited by Lord Raglan himself whenever the comfort and well-doing of the sick and wounded were imperiled. Did or did not Dr. Hall represent the danger of leaving Varna without the means of transporting the wounded, or tending the sick? Has he or has he not represented that the cholera and diarrhœa, the scurvy and rheumatism, under which the flower of our army has perished, might be traced to the fact, that Lord Raglan, "neither by personal inspection, nor by the reports of his subordinates, has ascertained that his army was furnished with everything necessary for the comfort of the troops which the public service could, by any possibility, afford." If he has either boldly stated, or implied, as much as this, he has done no more than his duty; he has but stated the truth. He would have been rewarded for his courage by Wellington. He is met with bitter retaliation by Raglan. It is notorious that the discomfort and misery of our soldiers, and the great loss of life among both men and officers, is owing to a lamentable want of forethought. No shelter was provided for them, no fuel to warm them or cook their food, no clothes to cover them, and, at last, they have been half-starved from the shamefully neglected state of the roads preventing the transport of their food from Balaklava to the camp. The horses have been left to die in the same way for want of food and shelter. To whose "apathy and want of interest" is this to be attributed? No General Order informs us.

We cannot conclude without a few words upon some most illiberal comments made by the *Times'* Correspondent at Scutari upon this General Order. He says that Dr. Hall "and the leading Officers of the Department have not been deficient in the exercise of Professional skill, nor in the zealous use of such facilities for the discharge of their duties as the state of the service afforded; but there they appear to have halted, and to have come to the conclusion that, as Military Surgeons, they were only bound to find the sick and wounded soldier such relief as circumstances placed within their reach. If the nature and amount of that relief were not sufficient, the Medical chiefs of the Army did not consider themselves bound to imperil their positions by representations and complaints. They kept quiet, thinking and hoping that the first pressure would soon be over, and that things would gradually come right. The same course was adopted by the head of the Medical Department at home, who, when the truth began to leak out, tried to stop it by publishing a long list of stores. A more delusive shelter was never resorted to for the concealment of official incompetence."

We are enabled to state most positively that this is totally contrary to the true facts of the case, and that none are more desirous of a Parliamentary inquiry into the causes of any neglect suffered by the sick and wounded, than are the Officers of the Medical Department, from Dr. Smith himself to the youngest Assistant-Surgeon employed, because they know that every want which has been felt was foreseen, and would have been supplied, had representations made months before by the Medical Chiefs met with the attention they deserved at Head Quarters. Whether or not Dr. Hall has been sufficiently firm in his demands upon Lord Raglan, does not yet appear; but we must confess to some astonishment at finding that he still remains in the Crimea after suffering such an imputation, and shall feel equal surprise if Dr. Lawson does not demand a Court-martial. It is due to the Public, to these two gentlemen, and to the Profession, that all the circumstances of the affair should be made known. The matter cannot rest here, and it will not be for want of exertion on the part of the Army Medical Department, or of our own, if the true nature of the case is not brought to light in Parliament. Again and again, week after week, is the necessity of increasing our Medical force in the House of Commons made more evident.

MEDICINE UNDER THE POOR-LAWS.

We published last week a report of the meeting of the Medical Profession in Islington, upon the subject of Dr. Semple's dismissal by the Trustees of that parish. We are extremely gratified to find that, notwithstanding the dissensions which are said to prevail in our ranks, the Profession in Islington have unanimously come forward to exhibit their sympathy for Dr. Semple, and expose the ill-treatment which he has received.

The more the particulars of this transaction are examined, the more evident is the injustice which has been perpetrated. A gentleman who, even by the admission of his enemies, is said to have performed his duties with punctuality and skill, finding that it was utterly impossible for him to treat the patients with success in the miserable apartments which were allotted to them, appeals, again and again, to the authorities of the large and opulent parish of Islington for increased accommodation for the sick poor. The boon is denied. His statements are disputed. He offers to bring evidence; he produces his books; he names his witnesses; but he is refused a hearing, and the question is settled by dismissing him from his office without even allowing him to speak in his own defence.

It will be seen by the report of the meeting, that a deputation has been appointed to represent to the Poor-law Board the whole facts of the case; and we trust that an opportunity will be afforded to Dr. Semple of proving his case before the Profession and the public. We have too often had occasion to deplore the manner in which the members of our Body have been treated by the Local Boards; nor, indeed, can we wonder if iguorance and prejudice should often prevail over science and humanity in the councils of parochial cliques; but it is clearly the duty of the superior Boards to correct the errors of the local authorities.

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It is the bounden duty of the Poor-law Board to institute a thorough investigation into the circumstances of the case. If tyranny such as that exhibited by the Islington Trustees is to be calmly endured, there is an end to the respectability and the independence of the Profession. The Medical Officer would henceforth be regarded as the abject slave of any knot of ignorant and ill-bred individuals who may happen to be in the ascendant at the Local Board.

It is high time that the attention of Parliament should be drawn to the whole system of Poor-law Medical relief. The appointments being now vested in the local Guardians, it is notorious that improper candidates are often selected, while gentlemen of reputation and respectability either decline to hold them, or, if elected, become subjected to every species of insult. If they remonstrate they are dismissed. If they appeal to the Poor-law Commissioners, those authorities usually take the part of the local Boards. From causes which are patent to the whole Profession, and to which we never willingly allude, it unfortunately happens that we rarely see, as in Dr. Semple's case, any concentration of action towards gaining for ourselves an improved position; and the pressure which prevails to the filling up of vacancies, however disgracefully these vacancies may be caused, has given a handle to our enemies. Thus enabling the niggardly persons who exercise the patronage of Poor-law appointments actually to take advantage of our weakness to carry out their own selfish purposes; and, as the miserable objects of Medical relief in such cases *are only the sick poor*, the cheapest article is good enough for them.

A determined struggle must at once be made to secure a better state of things for those who hold Poor-law appointments. The Poor-law Medical Officer might become, under a better system, not only, as he is, a benefactor of his species, but a great promoter of Medical Science and Sanitary Reform. This can never be the case as long as he holds office at the caprice of lay Guardians, who, desiring to lower the rates or to indulge private animosity, may ignore every principle of science or humanity.

Many beneficial reforms have already been accomplished in the management of our prisons and our lunatic asylums. Let us hope that our sick poor, who are neither criminals nor lunatics, may at last claim some share of the sympathy of our Legislators; and that the benevolent intentions of our Profession, in endeavouring to improve the condition of their poor patients, may no longer be regarded with indifference, or rewarded with ingratitude.

THE ARMY MEDICAL DEPARTMENT.

In continuation of the sketch of the constitution of the Army Medical Department, we shall now briefly notice its administrative arrangements.

It appears first to have received a distinct administrative organization in 1756, when H. R. H. the Duke of Cumberland directed Lord Barrington, then Secretary at War, to establish an Hospital Board for the Medical Service of the Army intended to take the field, in order that, under their constant direction, this part of military service (relating alike to medicines, Hospital stores, and every other requisite provision for the sick) might be carried into execution with ability, regularity, and despatch.(a) The Board was composed of the Physicians belonging to the Hospitals of His Majesty's Forces, the Surgeon-General, and the principal Surgeon and Purveyor to the Hospitals. Previous to this period, it seems to have been usual for the Colonels to recommend persons to the Secretary at War for the appointment of Surgeons to their regiments but Lord Barrington devolved this duty upon the new Board, and the upright and conscientious manner in which he exercised his patronage deserves to be particularly noticed. In a letter to General Conway, dated June 8, 1759, His Lordship says:—"When I first came to the War Office, I made a resolution, from which I have never departed in one instance, and from my adherence to which the greatest benefits have arisen to His Majesty's Service. This resolution was, never to recommend to the King any Surgeons of Regiments or of the Army Hospitals but such as should be recommended to me by the Physicians and Chief Surgeons of the Army, who constitute what I call the Hospital Board. My instructions to them are, always to recommend to me, not only good and able people, but the very best and ablest they can find; regard being had, where merit is equal, to such as have served in lower stations, either as Mates in Hospitals or in regiments. * * * * * Though I have often heard great commendations, I have never heard the least blame of any Medical people recommended by them, notwithstanding I have been obliged (always unwillingly) to put their Colonels out of humour by refusing the people whom they have recommended. I have gone further,—having refused, in more instances than one, the recommendation of the Commander-in-Chief, and even of the Duke of Newcastle, to whom I owe more complaisance than to any man living." And he adds his reason for adhering to this rule: "None but Medical men can judge of Medical men; and, in my opinion, it would be as preposterous to take the character of a Surgeon from a Colonel, as of an Officer from the Hospital Board." (b)

Besides the Hospital Board in London, there appears to have been one with the Army on service; for, in a letter dated 17th June, 1760, addressed to the Marquis of Granby, then commanding in Germany, Lord Barrington returns a memorial in favour of two Mates of Regiments to succeed to vacancies of Surgeons in their own corps, as "neither of these Mates are recommended to you by the Hospital Board of the Army serving under your command."

Subsequently to this, the constitution of the Hospital Board underwent a great change, being composed of two members only, the Physician-General and the Surgeon-General who was also commissioned as Inspector of Regimental Infirmaries. The duty of recommending Surgeons for regiments appears either to have been taken from them, or at least to have fallen into disuse, as these appointments were regularly sold. Brocklesby, in the Work already quoted, says, "A Surgeoncy in time of peace was wont to be sold for 500*l*., and sometimes for more;" and the control exercised by the heads of the Medical Department seems to have been confined to ascertaining that the purchaser possessed a diploma or licence to practise Surgery.

In 1793, the appointment of Inspector of Regimental Infirmaries was separated from that of Surgeon-General, and these two officers, with the Physician-General were constituted into a Medical Board. In it collectively was vested the general superintendence of the department, and the sole right of recommending individuals for commissions, and officers for promotion, the instructions to the members being "always to consult together regarding appointments." In 1798 the Army Medical Board was discontinued, and distinct duties and patronage allotted to the members, each being made responsible, "openly and solely," for his own acts. To the Physician-General was assigned the duty of recommending for the appointment of Physicians; to the Surgeon-General that of Deputy-Inspectors, Regimental and Staff-Surgeons and Assistant-Surgeons; and to the Inspector-General that of Apothecaries

(a) Brocklesby: "Economical and Medical Observations," &c.

(b) "Political Life of William Wildman, Viscount Barrington." London. 1815.

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and Hospital Mates. The Surgeon-General was directed to select the Assistant-Surgeons from the Hospital Mates, and the Regimental Surgeons from the Assistant-Surgeons; but no instructions appear to have been issued with regard to the other appointments.

This system of distinct duties and patronage was found to be attended with very many disadvantages, and consequently, in 1810, as recommended by a Parliamentary Commission appointed to inquire into the state of the Army, the Medical Board was dissolved, and an officer with the title of Director-General of Army Hospitals substituted, by whom alone all recommendations for appointments and promotion were in future to be made. Two principal Inspectors of Hospitals were selected to assist the Director-General in the details of business, but had no control in the management of the department.

The following extract from the instructions given by the Commander-in-Chief to Sir James M'Grigor, on his appointment to be Director-General in 1815, will serve to show the principle on which the department was to be conducted:—

"All promotions and appointments in the Medical Department of the Army to be recommended by you to the Commander-in-Chief.

"You will, in your recommendations for promotion, be governed by the usual rule of seniority, as far as in your judgment circumstances will permit.

"You will select and submit for the Commander-in-Chief's approbation, all persons and officers to be employed in the Medical Department, abroad and at home."

It does not exactly appear when the control over patronage of the Department was transferred from the Secretary-at-War to the Commander-in-Chief; but it was probably at the time when the command of the Army devolved upon His Royal Highness the Duke of York.

In 1816 the two principal Inspectors were placed on half-pay, but in 1818 one of them was brought back to full-pay, to be Professional Assistant to the Director-General, and to act for him in his occasional absence. In 1833, he was succeeded as Professional Assistant by a Deputy-Inspector of Hospitals. On the retirement of Sir James M'Grigor in 1851, the appointment of Director-General was abolished, and an Inspector-General of Hospitals was placed at the head of the Department with the title of "Superintendent," and with a much lower rate of pay than his predecessor.

In 1853, on the amalgamation of the Ordnance Medical Department with that of the Army, the rank of Director-General was restored; but the authorities appear to have forgotten, with the rank to restore the pay. It is not creditable to the Government that the head of so important a Department should be thus illiberally treated; and we hope to find, in the next Army Estimates, that the Secretary-at-War has resolved to restore that pay which, before 1851, was justly deemed not more than a fair and equitable remuneration for the important and responsible duties performed by the Head of the Army Medical Department.

Some important changes have been made recently in the organization of this department, but we wait for their final confirmation before making them known.

CHANGES AT THE MIDDLESEX HOSPITAL.—Dr. Crawford having resigned the post of Physician, Dr. Stewart is expected to succeed him. This leaves a vacancy for Assistant-Physician. Drs. Leared, Pratt, and Henry Thompson are candidates.

IMPROVED UNIFORM FOR ARMY MEDICAL OFFICERS.—Under new regulations just issued, the uniform of Army Medical Officers is much improved. It is now assimilated more closely to that of the General Staff of the Army, so that there can no longer be any unpleasant distinction between Medical and other officers of the Staff. These changes are attributable to the exertions of Dr. Smith, who for years past has advocated such a change.

REVIEWS.

A Practical Treatise on Diseases of the Eye. By WILLIAM MACKENZIE, M.D. Fourth Edition. 8vo. Pp. 1107. London, 1854.

THE appearance of another edition of this well-known work cannot fail to excite a certain amount of interest, not only among those who have made ophthalmic disease a subject of especial study, but also among the Profession generally, to whom it has long served as a text-book and work of reference. Few modern books on any department of Medicine or Surgery have met with such extended circulation, or have procured for their authors a like amount of European celebrity. The immense research which it displayed, the thorough acquaintance with the subject, practically as well as theoretically, and the able manner in which the Author's stores of learning and experience were rendered available for general use, at once procured for the first edition, as well on the Continent as in this country, that high position as a standard work which each successive edition has more firmly established, in spite of the attractions of several rivals of no mean ability.

This, the fourth edition, has been, in a great measure, rewritten; new matter to the extent of 150 pages has been added; and in several instances formerly expressed opinions have been modified, in accordance with the advances in the science which have been made of late years. Nothing worthy of repetition upon any branch of the subject appears to have escaped the Author's notice. By some it would, perhaps, have been considered an improvement had the work of subtraction proceeded *pari passu* with that of addition. One thousand and ninety-five close-printed pages upon the diseases of one little organ is a liberality of allowance which carries us back to the days of our forefathers, ere the ponderous folio was jostled by the condensed manual of the present day. A little condensation would certainly be admissible: not in the remarks of the Author himself, which are ever instructive and ably expressed, but in the quotations from other sources, which are given with a profusion which must occasionally prove rather perplexing to the inexperienced reader, and the more so that he is, in several instances, left without a clue to guide him through the labyrinth of contradictory opinions. The omission of a few of the less valuable of these quotations would render the perusal of some of the chapters less laborious, and would remove a certain amount of obscurity in which the real opinions of the Author must occasionally appear to be involved to those who are not very familiar with the subject.

A better specimen of condensation could scarcely be pointed out than the Anatomical Introduction, by Mr. Wharton Jones, which contains, in very small compass, an admirable summary of the general and minute anatomy of the various tissues of the eye. "A General Plan of Distribution of the Bloodvessels of the Eyeball" has been added as a postscript, which will be found exceedingly useful, as recalling at a glance the various sources whence the organ receives its vascular supply, and the manner in which its various tissues are, more or less intimately, united through the medium of the circulation.

Dr. Mackenzie adheres to the arrangement and method adopted in former editions, and for practical purposes this cannot, perhaps, be surpassed in convenience. It is unnecessary, however, to enter into any lengthened analysis of a book which has been so long before the public, and which has been so universally read and appreciated. Our further remarks will therefore be confined to one or two points on which we have ventured to differ from the author.

In the section upon diseases of the eyelids, Dr. Mackenzie, in common with most other Surgeons, attributes the inversion in cases of entropium to redundancy or loss of elasticity of the integuments, or to the contracted, indurated, or otherwise altered condition of the tarsal cartilages. Irregular action of the orbicularis muscle, he allows, may have to do with the production of the inversion, but the agency of this muscle he evidently regards as slight and unimportant. Now, the question is one of great moment, for the operations founded on the ordinary views, are of a most painful, disfiguring, and, too frequently, inefficacious description. In obstinate cases the eye is either left to be slowly destroyed by the constant irritation to which the cornea is exposed, or the operation of Sir P. Crampton, modified by Mr. Guthrie, is resorted to; the eyelid is split up by a vertical incision at either end, removed from contact with the eye, and fixed for a time to the forehead by sutures. The result of this

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formidable proceeding is thus described by Dr. Mackenzie:—"Temporary relief it certainly affords; but after the healing process of the vertical incisions is complete, the lid is generally found nearly in as bad a condition as it was before the operation." Now, it is maintained by Mr. Walton, in his work on "Operative Ophthalmic Surgery," that, excluding traumatic cases, however much the edges of the lids may be altered by disease, the immediate agent in producing the inversion is the ciliary border of the orbicularis muscle, the musculus ciliaris of the older anatomists. An excellent illustration of the agency of this muscle is unintentionally afforded by Dr. Mackenzie, at p. 224, in describing an operation for entropium of the upper eyelid, the consequence of a neglected wound. A vertical incision was made through the entire thickness of the lid with a pair of scissors, with the intention of completing the operation by removing a fold of skin, and uniting the edges by sutures. This, however, was found to be unnecessary. "As soon as the vertical incision of the lid was made," and the muscle thus fairly divided, "the nasal portion came itself into its place, so that I had merely to bring the edges of the incision together with two stitches." Instead of this somewhat unceremonious method of dividing the muscle, Mr. Walton recommends its removal along the entire margin of the eyelid. From many opportunities of performing it, we can testify to the simplicity and efficacy of this operation. It is easily and rapidly performed; it leaves no perceptible scar, nor any alteration whatever in the appearance of the lid. It has hitherto proved uniformly successful alike in the simplest and in the severest cases, and, in more than one instance, where other methods of operating had previously failed. More extended experience is, doubtless, desirable, before its universal applicability is affirmed; but the results which have already been obtained by those who have tried it have been so uniformly favourable as to lead to the belief that the theory upon which it is founded is correct, and that in the great majority of cases it will eventually supersede any operation hitherto proposed.

The chapter on Strabismus, which was inserted as an appendix in the last edition, now occupies its proper position in the body of the Work. The description of the disease is in Dr. Mackenzie's happiest manner, and is such as might have been expected from the author of the "Physiology of Vision." All that is known of its pathology, including the somewhat questionable views of Mr. Duffin as to the formation of bands of adhesion in the sub-conjunctival cellular tissue, is fully given, and the views of other authors are quoted with a profusion which must leave to few any just ground of complaint. Is it this deference to the opinions of others that renders the description of the operation for strabismus somewhat cumbrous and complicated? Surely Dr. Mackenzie would not consider it necessary to follow to the letter the following instructions:—"If, in the third step of the operation, only a portion of the tendon, and not its whole breadth, appears to be upon the blunt hook, the division with the scissors should not be immediately proceeded with; but, with another and smaller blunt hook, the operator should take up the remaining breadth of the tendon; and, having divided this portion with the scissors, proceed to divide the principal portion which he has on the first hook." Were it not much simpler at once to divide what has been taken up, and to complete the operation by re-introducing the instrument—a step which must, at all events, be taken, in order to ascertain that the division is perfect? Is there convenient space in the eye of a young child for the simultaneous introduction of a speculum, or the fingers of an assistant, and of two blunt hooks; perhaps, also, of the sharp hook which Dr. Mackenzie permits the use of, though it is a dangerous instrument in the hands of less cautious and experienced operators?

Passing over much interesting and instructive matter, which our limits prevent our commenting upon, we come to the chapter upon Cataract—one of the most valuable in the book, and one which ought to be carefully studied by all who are likely to have such cases under their care. We would particularly direct the attention of those whose opportunities of observing cases of eye disease are not extensive, to Dr. Mackenzie's opinion of the merits of the operations for displacement of the cataract—operations which, from their facility and the immediate effects which they commonly produce, are resorted to much more frequently than they would probably be were the risk with which they are attended more fully understood and appreciated. "As well," he says, "might we expect to lodge an entirely foreign body within the eye, and yet no continued irritation take place, as that the lens could be pressed into the vitreous humour, and lie there close to the retina, and the eye continue healthy, and vision be preserved." "Chronic inflammation within the eye, dissolution of the hyaloid membrane, and amaurosis, are, I believe, the almost invariable results of a cataract of any considerable bulk continuing undissolved in the situation assigned to it by displacements."—P. 885.

The difficulty and risk attending extraction deter many from attempting it. Every effort, therefore, should be made to simplify the operation as much as possible, as it is unquestionably by far superior to any other, when skilfully performed, in properly selected cases. We cannot but think that Dr. Mackenzie unnecessarily increases the difficulty by insisting upon the employment of the long knife, known as Professor Beer's. The great length of this instrument renders it exceedingly difficult to complete the section of the cornea without running the point into the nose, and thus impeding its further progress; and this obstacle can only be surmounted by carrying back the handle of the knife and altering the position of the eye, a manœuvre which cannot be accomplished without considerable pressure, and great risk of rupturing the hyaloid membrane and discharging the vitreous humour. This risk is much increased when the eye is deeply set and the nose prominent,—a very common combination; and by many surgeons this configuration of face, even to a moderate extent, is considered as an insuperable barrier to the operation. These difficulties are in a great measure removed by the employment of a much shorter knife than that of Professor Beer. The diminution in length necessitates, of course, the increase of the angle of the cutting edge with the back, and it is on this ground that Dr. Mackenzie objects to it, as he considers that when the angle is increased beyond fifteen degrees the knife is forced through the cornea with difficulty, risking the premature escape of the aqueous humour, and the wounding of the iris. With such cutlery as is alluded to at page 796, with a knife whose point is liable to bend so that it cannot be thrust through the cornea to effect counter-puncturation, such an accident would inevitably occur, whatever might be its length or shape. But we feel confident, that a few experiments with a well made and properly set instrument of the description to which we allude, would satisfy Dr. Mackenzie that his objections are groundless, and the risk imaginary.

With regard to the period which should be allowed to intervene before the eye is opened, Dr. Mackenzie's statements are somewhat contradictory. He alludes incidentally in several places to an examination three or four days after the operation. He says more explicitly, at page 808, "The incision may be looked at on the third or fourth day." Again, on the following page, he describes his own practice, which is to fasten up the eyelids with strips of court plaster, which are allowed to remain for four or five days, "after which," he says, "I remove them, and having bathed the eyelids with warm milk and water, without opening the eyes, replace the plasters by new ones. This I would repeat every day, till I consider the wound consolidated." This cautious practice is doubtless that which Dr. Mackenzie intends to hold up for imitation, but inexperienced operators might consider themselves warranted by his previous statements in opening the eye much earlier, a practice by which everything is risked, and nothing can be gained. We are convinced that many more eyes are lost by being prematurely opened than by any mishaps during the operation. In the aged, who are for the most part the subjects of this operation, union in a texture of such low vitality as the cornea takes place slowly, and it is long ere the adhesion becomes firm. Thus when the eye is suddenly opened to the light, the muscular spasm which is inevitably produced is liable to burst or distend the feeble cicatrix, prolapse of the iris takes place, and this, in the majority of instances, is followed by the destruction of the eye by inflammation. A full week should be allowed to intervene before even the most cautious inspection is attempted; and when the patient is very old or feeble, the period may, with great advantage, be still further prolonged.

We have been somewhat disappointed by the silence with which the ophthalmoscope has been passed over, its existence merely being alluded to in two places. The expectations, it is true, which were at first excited on the introduction of this instrument have not hitherto been realised; still there is every reason to hope, that, as its construction and mode of use become better understood, it may be turned to more practical account. No one is better qualified than Dr. Mackenzie to give accurate information upon these points, as well as to warn sanguine experimenters of the danger of employing it indiscriminately.

One word, ere we conclude, as to Dr. Mackenzie's treatment of ophthalmic diseases, especially of an inflammatory character. This may be described, generally, as of a more depletory nature than is now considered admissible by the majority of the Metropolitan Surgeons. Into the relative merits of the old antiphlogistic system, and the less active method of treatment which is

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now generally preferred, we have neither space nor inclination to enter. Upon few points has professional opinion undergone a more complete revolution within a very few years; and it is not at all improbable that extreme views may have been taken by the advocates of the new, as well as by the defenders of the old system. That a man of Dr. Mackenzie's immense experience and powers of observation should still adhere, in the main, to the same views as to treatment which he advocated many years ago, is sufficient to show, that the question is not one which can be settled in an off-hand manner, or upon merely theoretical considerations. Still, convinced as we are of the baneful effects of what are termed "active measures" in the great majority of diseases to which the eye is liable, and especially in those in which the less highly organised tissues, such as the cornea, are involved, we would warn the rising Medical generation to pause before they shed unnecessary blood, to consider the phenomena and effects of inflammation as it occurs in the cartilages of the joints and other analogous textures, and to form their opinions, unbiassed by authority however high, from careful clinical observation.

We trust that these remarks will not be considered as written in any captious spirit. We have selected for comment points upon which we differ somewhat from the author, chiefly because our limits utterly forbid the quotation of the very many original and valuable observations in which the volume abounds; but this is a task which we forego the more willingly, that we consider it the duty of every one who has the love of his Profession and the welfare of his patient at heart, to make himself familiar with this, the most complete Work in the English language upon the diseases of the eye.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

THE AMBULANCES OF THE ALLIED ARMIES IN THE CRIMEA. — ORGANISATION OF THE SERVICE DE SANTE.—GENERAL DIRECTION OF THIS SERVICE. — AMBULANCES OF THE HOSPITALS OF THE ENGLISH ARMY.

At the battle of Alma, at the siege of Sebastopol, at the combat of Inkermann, at the defence of Balaklava, the French ambulances have been beyond praise. In the trenches, as on the field of battle, they have surmounted, by their organisation, by the experience and skill of the officers of health attached to them, the many difficulties inherent to the circumstances of war, the tumult of fight, the surprise of attack and defence, the number of the wounded, the gravity and extent of the mutilations. The French troops had not to wait for the help of Surgery. Always ready for action, always animated by the noblest devotion, the Ambulance corps has been distinguished by the promptitude of the succour which it rendered, the great number of operations which it has performed, by the finish and regularity of its dressings, by the wise determination in cases of immediate by the intelligent choice of means in securing and tying wounded arteries.

The Surgeons of the English army, as devoted and as capable, but in too small number at Alma and at the commencement of the siege to the proportion of wounded under their charge, were compelled to leave a large number of their patients with their injuries not dressed. At Scutari their Hospitals were in a moment encumbered, and both material and surgical assistance were not to be had in proper supply. Upon whom rests the responsibility of this state of things? Is it the Medical Directors of the public service and the Medical Press, both of which have for many years put prominently forward in England the vices of an organisation whose utmost endeavours have failed to attract a sufficient number of Surgeons into the army and the fleet in consequence of the parsimony of allocation, of remuneration, of rewards? Is it the Parliament, which for so many years has received with coldness the defence of a body of men who have upon numberless occasions distinguished themselves both in Hospital and on the field of battle in India as well as in the Peninsula? It is the fault of the Medical men themselves, who have known how to win, by their devotion, self-denial, and bravery, the emblems of military valour, which were at one time refused them. The cause of certain irregularities in the Medical Service of the British army lies partly in the insufficiency of the *personnel*, partly in the considerable numbers of the wounded who flocked to the ambulances and the Hospitals. This recalls to us the predictions which one of the authorities of English Surgery, Guthrie, made in the *Times*, before the opening of the actual campaign. In reading his articles, which were published in the foreign Journals, one clearly sees, that in England, as in France, if the organisation of the Medical Service fails in so many points, it is due to the fetters imposed by bureaucracy and central administration, to the absence of one powerful and efficacious central direction, to the authority of military power, which obstinately refuses to carry out the orders of Parliament. As an example, the vote in the House of Commons, 1850, relative to the allotment of a proper cabin to the Assistant-Surgeons of the Navy has been lost before the cunning and opposition of the Lords of the Admiralty.

At one and the same time Infirmary Superintendents, Sisters of Charity, and men of science, the Health Officers, as Percy calls them, have made science and serious observation penetrate into a branch of the healing art which was at one time abandoned in part to the lowest and most dishonest of practitioners. War, as it perfects itself, has become, not only the art of gaining battles and conquering Empires,—public opinion imposes on it an imperative duty of guarding the health and lives of the men. Thus the welfare of the soldier has become a subject of daily occupation and of general interest, and the progress has been such, that certain diseases have almost entirely disappeared from our armies, while others have been singularly diminished in intensity. The history of our age will one day show how great honour is due to the Profession, whose services now seem so little appreciated.

These reflections came to us *à propos* of the siege of Sebastopol. It is found that there has been great economy of human life, (and this will constitute a distinctive character of the wars to come). One must also remark upon the organisation and the character of the Medical services of the Allied Armies. The prudent reserve of the Generals, the wisdom of the hygienic measures, the skilful subdivision of the Medical service,—these constitute the true grounds upon which rest the proportionately small loss of an army stationed for more than two months on an enemy's territory, without other sleeping place than the earth, without other food than that carried at great cost over the sea, without sufficient protection against the weather or the severity of a climate which commonly offers at this season hurricanes of wind and hail. We should preserve upon record the measures by which so happy and so unexpected a result has been obtained. It would appear, however, from the *Moniteur Officiel*, that the Medical officers of the French army are not the only ones to whom praise is due for maintaining the soldiers in their efficient and healthy state. There is at the seat of war a powerful, skilful, and well instructed body of men, highly paid and favoured. This body, which is not military, but only administrative, presides over all the administrative services of the army. It directs the establishment of the Hospitals; it regulates the provisioning of the army; it controls the pay, the expenses; it enters into contracts in the name of the State. The supply of food and the exigencies of the Hospitals thus bring into existence the "Military Intendants" who had complete control over all that concerns locality, *materiel*, and *personnel*. To them is referred all that relates to marches to be made, conditions to be executed, subsistence to be furnished to the troops. Under the actual *régime* the Surgeons-in-Chief exert but an indirect action upon the *personnel* of the Sanitary Department. Their powers are rather consultive than executive, and all their decisions are submitted to the consideration of the Intendants. The Intendance, which is not Medical, directs the general Medical affairs; that is to say, the officers of the Military Intendance decide upon the installation of Hospitals, the subdivision of the patients. They have referred to them questions relating to health, sanitary measures, aliementary prescriptions, the allotment of Hospital *materiel*, and the apportioning of the medicines. By means of their position they may exert considerable indirect influence upon the distribution of the Medical men. It is their duty to provide against epidemics, and to calculate the probable severity of scourge. That such a body of men should be able to render great services is obvious; but it is, perhaps, questionable whether they do not sometimes clash with the Medical authorities; and upon the occasion of the present war they seem to have claimed rather more extended praise than their duties have justly gained them.

Some interesting remarks have been made upon the results of operations performed in the ambulances and in the Hospitals. Without the absolute numbers on the precise proportions, it may yet be said, that primary amputations were infinitely superior to secondary. Union by first intention was noticed

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exclusively after the former; purulent infection developed itself after the latter. The number of these accidents became so considerable, that many of the Surgeons declined further operations. It has been affirmed in some Journals, that the Russians showed a singular power of endurance and capability of recovery after operations. It may be confidently stated, that the contrary was the case. The Russians exhibited, not only a highly developed sensibility, but operations performed upon them succeeded but rarely. If anything special has been noticed in both Russian officers and men, it has been their extreme ignorance and remarkable fanaticism. No one would have suspected such persons to have been the means selected for Russian propagandism.

Amputations of the thigh, after the battle of Alma (from the result of which action alone we can now speak,) were the least favourable, but consecutive coxo-femoral amputations (M. Legouet) succeeded. Arm, forearm, and hand have been preserved after most serious mutilations; two primary resections of the head of the humerus did well; partial amputations of the foot were unfavourable in their result. The same remark was made of amputation at the lower third of the leg. We hope, however, soon to present our readers with the general official statistical report, which has not yet been issued from the Surgeon-in-Chief.—*Gazette Médicale de Paris*, T. IX., Dec. 30.

REMEDIAL PROPERTIES OF SIMABA CEDRON.

The number of the *New York Journal of Medicine* for September contains an interesting paper by one of the editors, Dr. S. S. Purple, on the remedial properties of the Simaba cedron, and on its employment as a substitute for quinia. The following are Dr. Purple's conclusions:—

"That it possesses decided anti-periodic properties, and is, therefore, applicable in the treatment of periodic diseases.

"That it is less likely than quinia to produce the aggregate of encephalic or neuropathic phenomena, induced by overdoses.

"That it may, in large doses, repeated often, produce griping of the bowels, and even diarrhœa; but that these conditions are easily controlled by appropriate medicaments.

"That, as a remedy in intermittent fever, it possesses properties in many respects equal to quinia, and in most cases is equally adapted to the curation of this disease.

"That, in the treatment of yellow fever, it does not appear to possess any particular advantages over quinia; but, nevertheless, is equally well adapted to fulfil the indications which call for the use of this latter remedy.

"That it possesses marked tonic properties, and deserves a prominent place in this classification of the materia medica.

"That in chronic dysentery, diarrhœa, dyspepsia, and all states of the stomach accompanied with impaired or difficult digestion, its use will be found to be attended with benefit.

"That, should a demand arise for its use in medicine, it is believed that it will be found not difficult to obtain a supply, in quantities sufficient to afford it at a much less price than quinia."

FISSURE OF THE STERNUM.

By Professor HAMERNJK.

Alexander Groux, aged 23, presented from birth a fault in the conformation of the thorax, consisting in a longitudinal fissure separating the sternum into two lateral halves. Each half sternum is about half an inch broad; the widest part of the fissure is opposite the cartilage of the third rib. It contracts in inspiration, and widens in expiration. The anterior surface of the thorax corresponding with the sternal fissure presents a concavity directed from before backwards. The concavity becomes deeper in inspiration, while the infra-sternal region projects anteriorly. The heart and the lungs appear to be in a perfectly normal condition.—*Wien. Méd. Wochenschrift*, 29—32, 1853.

THE NURSES AT SCUTARI.—The *Times'* Correspondent says:—"While the good which the nurses have done is incalculable, and admitted by every one, the success of the experiment as a feature of the Medical Department of the Army on war service cannot be considered as decisively established until certain religious dissensions which have arisen are set at rest. Among those whose services Miss Nightingale has dispensed with are five white-veiled nuns, whose previous convent lives had not sufficiently qualified them for the duties of nursing. Their removal has given umbrage to the Roman Catholic chaplains. At the same time, some of the Sellon party have not been found as efficient as was deemed desirable, and, in the effort to organize a good band of nurses out of the material supplied by an outburst of zeal and devotion at home, there is some danger of the whole undertaking coming to an abrupt conclusion."

FOREIGN CORRESPONDENCE.

CONSTANTINOPLE.

DECEMBER 20, 1854.

I have just visited the English and French Military Hospitals on the Bosphorus. You will, perhaps, be glad to know my impressions of them; I say impressions, because my visits here have been very cursory, and my inquiries very superficial. I have seen most of our establishments at Scutari. I confess that they did not appear to me to be equal in all respects to the French Hospitals. There is certainly less order and more bustle in our Military Hospitals; but they are better even in these respects than I could have anticipated, if I had known that the ward-doors were always open to all visiters. In throwing the wards open to strangers, the medical chiefs have acted, I think, wisely, as the excitement may be the sooner over; but really, what with opposition M.P.'s, spies into the nakedness of the land, ostentatious, false philanthropists, pseudo-Howards, meddlers, grievance-mongers, the poor patients are greatly disturbed, and the really philanthropic and medical visiters are elbowed out of the field. The place is often more like a fair than a Hospital.

The female nurses, I really believe, are in the way. Many of them are ladies, and cannot be expected to stoop to real nurse duties. Trained orderlies are the only proper nurses in a Military Hospital, where discipline has to be maintained. The Nightingale system will fail, and many, I understand, of the enthusiastic young gentlewomen, are already beginning to get tired of Stamboul.

The Medical officers at Scutari would be in due proportion to the number of patients, if their duties were strictly professional; but a false system saddles Army Surgeons with most of the business of a Hospital establishment. The Principal Medical Officer at Scutari has hardly time to look at any of the cases in Hospital. His administrative duties absorb all his time and energies. His great professional experience ought to be brought fully to bear on the thousand interesting, rare, and difficult cases now in Hospital. The Staff-Surgeons even are much occupied with extraneous duties, looking after pots and pans, the cleaning of the wards, the conduct of the orderlies; so that, like their chiefs, they have not the time to give the full benefit of their matured Professional experience to the patients. The junior men are the real Surgeons; the seniors may perform the operations, but what are such duties to the much more important after-treatment. The duties now discharged by the senior military medical officers must, I should think, soon throw them out of practice, and destroy that nice Professional tact which ought always to be conspicuous. I merely hazard these remarks, having seen but little of army men.

I will say nothing of the interesting Surgical cases I witnessed, nor would I anticipate, if I were able, the interesting statistics and papers that will soon begin, no doubt, to emanate from the Scutari Hospitals. I will only state generally, that the primary amputations after the battles of the Alma, Balaklava, and Inkermann, have done very well,—have recovered in the usual large proportion, while the secondary operations at Scutari have been quite as unsuccessful as they have always been in Military Hospitals. These remarks will equally apply to the French experience in the Bosphorus. The least successful primary amputations have been those of the Navy after the attack on the batteries on the 17th of November; but these operations were the result mostly of large shot and shell wounds, causing great shock to the system.

The charges brought against the Army in reference to the wounded of the battle of the Alma, were in the main correct. The great mistake was, in bringing these charges sweepingly against the Medical corps, and allowing the *real great offenders* to escape—*the heads of the different executive branches* of the service. The Commission at Scutari is drawing its slow length along. It will endeavour, no doubt, to make out a case in defence of the authorities at home, and criminate the Medical men out here.

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The French Hospitals would, in my opinion, be model institutions to any military service. We should examine into them. We are now engaged in the same war, are precisely in parallel situations, and we should examine into the working of our respective systems. In my visit, although short and superficial, I saw enough to make me admire the French Hospital greatly. There must be in operation good system and superior organisation to have produced the results I witnessed. Such order, cleanliness, and stillness everywhere, such perfect ventilation and general temperature in the wards; the beds so clean, and at the very right elevation for the convenient examination of the patient, and not as at Scutari, where most of the beds are not more than about two feet from the floor, to the backbreaking of any Surgeon out of his Professional teens.

Our Hospitals have now, it is true, about as many Surgeons in proportion to patients as the French, but on our officers, as I have already stated, duties are imposed which do not properly belong to Medical men, and which are not allowed to embarrass the French officers; and I could not help contrasting their happy, healthful looks with the careworn, fagged, and sickly aspect of our Medical officers at Scutari.

The Naval (Temporary) Hospital at Therapia has been as yet found adequate to the demand. It had been organised and brought into full operation long before the action of the 17th November. This establishment appears to have given satisfaction even to those illiberal critics who have been swarming the Bosphorus of late. By the by, few of them have ventured beyond those placid waters. They do not appear anxious to tempt the dangerous deep of the Euxine, and search for grievances in the Crimea on the cold, bleak, and barren plateau occupied by the Allies. They prefer attacking the Doctors in the wards at Scutari, than in the ambulances in the trenches before Sebastopol. In their attacks on Scutari, their modes of approach have been various. One honourable but notorious Member of the Commons' House of Parliament broke ground by stepping into the wards with a writing-desk under his arm, offering to write letters, home or elsewhere, for the poor fellows. His services were frequently refused.

The sanitary state of the Army is still very bad. They are only now beginning to hut the men, and they have not yet been all supplied with warm winter clothing. Cholera still rages, but seizing now almost exclusively the new comers. It has decimated some of the regiments lately arrived. Diarrhœa continues to prevail, and now degenerates very readily into dysentery. Cases of primary dysentery are also very common. Scurvy is also beginning to show itself even among the troops. The remedies are at hand in the fine bullocks teeming on the coasts of Asia Minor and Roumelia, and the cabbage-gardens of the Bosphorus, Trebizond, Sansum, etc. The deaths before Sebastopol amount now to about 90 daily; at Scutari, to about 25.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

EDINBURGH, Jan. 6, 1855.

THE Meeting of the Medico-Chirurgical Society took place on the 3rd instant.

The first paper read was by Dr. Alexander Wood, "On a New Method of Administering Medicines, more especially Applicable to Painful Local Affections." The author commenced by alluding to the researches of M. Valleise, which showed, that in almost every case of neuralgia there was a painful point in the nerve, usually where it became superficial, and that the most effective treatment consisted in the application of blisters over this point, and the endermic use of opium. Dr. Wood suggested that opium could be more directly applied by means of the perforating syringe, introduced by Mr. Ferguson, of Giltspur-street, for the injection of aneurismal sacs with perchloride of iron, and narrated several successful cases. In all these, both the local and constitutional effects of the opium were secured, the latter with extreme rapidity. Dr. Wood showed that the local effect was probably due to the well-known effect of opium on the nervous tissue, and that the constitutional effect was due to the rapid absorption which was known to take place from the cellular tissue. The paper was listened to with great interest and attention.

Dr. W. T. Gairdner had seen one of Dr. Wood's cases, which, though not a favourable one for its use, had inclined him to entertain a high idea of its power.

Professor Miller inquired if Dr. Wood had never seen any serious consequences follow the introduction of the fluid into the cellular tissue.

Dr. Wood replied in the negative.

Dr. Charles Wilson narrated the case of an American, who, being cured of a pain in his hand by the sting of a gnat, had adopted the plan of treating all painful diseases by introducing poisons under the skin. He had published several thousand cases of cure.

There was no further discussion.

Dr. Begbie then read "A Short Account of the Cases Treated in the Cholera Hospital, Surgeon Square, during the late Epidemic." Dr. Begbie had acted as Physician to the Hospital. The paper gave a succinct summary of the cases treated, and many interesting results were brought out. Among others, the following merit attention: 1st. Contrary to the usual opinion, Dr. Begbie did not think that the disease was more apt to occur in those of broken-down, enfeebled constitutions. 2ndly. He did not think pregnancy gave a proclivity to the disease, but that it was almost always fatal in the pregnant. 3rdly. He had found washing the clothes of cholera patients a means of propagating the disease. 4thly. One case, a prisoner, who had been confined for some months in the gaol, and the only prisoner there affected with it, showed an instance of its occurrence apart from all contagion or apparently epidemic influence. 5thly. Cases with bloody stools, which occurred chiefly in the aged, were almost uniformly fatal. 6thly. A large number of those brought in were labouring under other diseases,—peritonitis, hydrocephalus, drunkenness. In regard to treatment, the following facts seemed worthy of note. 1st. The attentions of a careful nurse were of the greatest consequence. 2ndly. The preservation of warmth by means of warm baths, hot-air baths, gas heater under the bed. 3rdly. Vomiting was best allayed by a mustard emetic. 4th. Purging, by acetate of lead and opium, or small doses of calomel and opium. 5thly. The retention of urine, by simple doses of acetate of potass, largely diluted. 6thly. Dr. Begbie insisted much on the propriety of frequently passing the catheter; he had also thought that the secretion of urine was promoted by cupping over the loins. 7thly. He was not inclined to believe that the presence of urea in the blood was by any means the sole cause of the fatal result, as he had seen death ensue where urea was most copiously secreted. 8thly. Saline injections were fatal. 9thly. Dr. Stevens's saline powder useless.

Dr. Priestley was anxious to know whether Dr. Begbie had tried the treatment by pure diluents.

Dr. Begbie replied that the patients were allowed diluents *ad libitum*.

Dr. Andrew Wood inquired whether a large proportion of those affected were not addicted to the abuse of spirituous liquors.

Dr. Begbie replied in the affirmative, and stated that the disease was almost uniformly fatal in drunkards, a remark which was confirmed by Dr. Charles Wilson, who had large experience of the disease in a country district. Dr. Andrew Wood pointed out the powerful operation of drunkenness as an exciting cause, and eloquently called on the members present to aid the Temperance movement. Dr. Alexander Wood inquired whether Dr. Andrew Wood had ever had the disease, a question which excited great merriment. Dr. Andrew Wood replied, that he had suffered from the disease; but that, under a merciful Providence, he owed to a good constitution and his temperate habits his recovery. Dr. Alexander Wood reminded his namesake that he had spoken of intemperance as an exciting cause; and, while deprecating his being considered as an opponent of the Temperance movement, he thought rash statements did great harm. He doubted whether intemperance was a direct cause of cholera; he thought it rather acted by impoverishing its victims, and depriving them of the necessaries of life, and that it was not more frequently associated with cholera than with other diseases.

Professor Simpson confirmed Dr. Wood's remarks, and reminded the Society, that the Turks, who took no spirituous liquors, had suffered severely from cholera. He pointed out the freedom of men from disease in abstinence ships.

The President having inquired if there was any Medical news, Professor Simpson pointed out the great value of occupation in the treatment of insanity, and asked if it was true that the Managers of the Royal Lunatic Asylum had interdicted the usual

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balls, which formed so important a part of the treatment. Some explanation having been given, a most amusing conversation followed, which having been wound up by a facetious speech from Dr. Alexander Wood, the Society adjourned.

Next week some proceedings of interest are expected. On Tuesday, the trial of a member of the Profession, Dr. Smith, of Montrose, for Arson. It is understood the plea, in defence, will be one of insanity. On Wednesday, in the Civil Court, the long pending trial of

GLERCE *versus* SYME.

The prisoner in this case was the former Police Surgeon, who was dismissed from his situation some months ago by the Commissioners of Police. In the discharge of his official duty he signed a certificate, on soul and conscience, certifying that a certain party had been injured in a peculiar way. It was alleged, that he had never examined the patient; and Mr. Syme exposed the alleged delinquency in his usual emphatic manner, in the *Monthly Journal*, and hence has exposed himself to an action for defamation of character.

An advertisement appears in the papers, to-day, announcing another

MESMERIC MEETING,

to be held here, and to be presided over by

PROFESSOR GREGORY,

Secretary to the Royal Society, &c. &c. It is announced "that a full statement respecting the case of Consumption introduced at last meeting, will be presented. So that we suppose the statement of Dr. Dyer, contained in your Paper of to-day, will be impugned. *Nous verrons!*

January 8.

MEDICAL REFORM.

Enclosed is a copy of the Report of the Royal College of Physicians, by their Committee, on Medical Reform. It is probably too long for you to publish entire; but it will serve to inform you of the views of the Committee. The University men have been for some time endeavouring to get a Bill into Parliament which would benefit the University at the expense of the Royal Colleges, and broke off an engagement which had subsisted between them since 1842. The matter comes on for discussion next month. The Report was unanimously agreed to at the College of Physicians.

PERSONALITIES OF JOURNALISM.

A personal attack upon Dr. Begbie, the recently elected President of the College of Physicians, in the last Number of the *Monthly Journal*, has excited universal disapprobation here. Many of the usual contributors to the Journal have called upon Dr. Begbie, and expressed their disapproval of the attack. The same paragraph has been repeated, even more offensively, in last week's *Lancet*. It is said that Mr. Syme has written to the Editor of that Journal to say, that his connexion with it must cease unless that paragraph is disavowed in the next Number. The event will decide how far this is the case.

The statement that all the older and most distinguished Fellows opposed Dr. Begbie is utterly untrue. Drs. Bennett, Gregory, Myrtle, and Stark, were the only Fellows, out of forty-nine, who did not vote for him. So far from the election obstructing Medical Reform, the Medical Reform Committee were the most active in Dr. Begbie's election.

Such a paragraph as this is, beyond all comparison, more open to the charge of personality than anything that has ever been alleged against your "Own Correspondent." Whatever sins he may have to answer for, he has never been corrected in a matter of *fact*. No one can point out a single word in any one letter which is not fact. The sources of information are so varied, that although the letters are necessarily written here a week before publication, many things are first learned in Edinburgh through the medium of the pages of the *Medical Times and Gazette*. He has never animadverted upon any man's private character or conduct; and if some remarks upon professional character and foibles have appeared rather stronger in print than they have in general conversation in Edinburgh, although this may be regretted, there is some satisfaction in hoping that exposure must lead to reform. It is not very easy to draw a strict line of demarcation, in writing a letter of Medical news, between what is personal and what is professional; but for the future your most rigid censor will not have cause to complain of the introduction into these letters of anything which is merely personal, or which is not interesting or important to the Profession as scientific and practical men, and in their relation to the State.

GENERAL CORRESPONDENCE.

MICROSCOPIC EXAMINATION OF CYST CONTENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I trust that Dr. Neale, of Ombersley, will acquit me of intentional discourtesy in not sooner replying to a question asked of me by him in your Journal, Nov. 18, namely, whether I had examined microscopically some thin, straw-coloured fluid drawn from a large cyst connected with the thyroid body.

Having omitted the examination, partly from want of leisure, partly from having frequently investigated the contents of similar cysts upon other occasions, I waited until a fresh case should occur, by which I might be able to give some reply to Dr. Neale's inquiry, whether any confirmation is thus afforded to Rokitansky's statement, that there is a remarkable increase of the pale corpuscles of the blood in cases of thyroid disease.

My colleague, Mr. Paget, punctured a large cyst connected with the thyroid body, January 1, and drew from it about four ounces of dark, treacle-coloured fluid. I examined this microscopically, and found it to consist almost entirely of red blood-discs. There were some crystals of cholesterine, as well as a few amorphous masses of pigment, but the two last elements in so small quantity as to merit no particular attention. The patient was a stout, healthy-looking young woman, of florid complexion, but, nevertheless, of somewhat strumous constitution.

The fluid drawn from the neck of the patient upon whom I operated doubtless contained many colourless corpuscles as well as fibrin; but I do not see how this fact, if substantiated, would either prove or disprove Rokitansky's assertion. From the walls of the thyroid, as, indeed, of most other cysts, fluids of varying consistence are apt to be poured forth at different times.

I have often found the generally diffused small pouches which comprise the common hypertrophied thyroid body filled with large flat gland-cells with a single nucleus; but perhaps one pouch, larger than the rest, has contained, in addition, clear limpid serum, or occasionally pus. A larger cyst may lose in great part its epithelial contents, and become occupied with the different constituents of the blood, varying from a simple solution of albumen to healthy blood; or even a thicker sanguineous fluid, from which the water seems to have been to a great extent removed, the fibrin to have been changed in composition, and the blood-discs to have been altered; for it is almost black, and has lost entirely, or in great part, its power of coagulation.

I do not think, then, that the microscopical examination of the contents of these thyroid cysts can solve the question as to the proportion of colourless corpuscles existing generally in the circulating fluid. Nothing more can be ascertained than the pathological character of the cysts, and the nature of the remedy suited for their obliteration. The determination of the relative proportions of white and red blood-corpuscles in the body would require a very considerable number of most carefully conducted examinations of the blood taken from the vessels of many persons, some healthy, others suffering from bronchocele, of the same age, of similar habits and position, and, as far as possible, living in the same locality.

I need not add, that it will always afford me pleasure to pay attention to any inquiry, whether from Dr. Neale or from any other member of the Profession. I am, &c.

Queen Square, Jan. 2, 1855. HOLMES COOTE.

MEDICAL FACTS FROM THE SEAT OF WAR.

[To the Editor of the Medical Times and Gazette.]

SIR,—Being one who has hitherto taken part in the several movements of the army, and one who has necessarily had too many opportunities of witnessing its attendant trials, I trust you will allow me to make mention, through your columns, of a few facts, practical and otherwise, by which I have been impressed.

As the first instance of prevalent disease among the troops, I will advert to the visitation of cholera—cholera of the utmost virulence and intensity—at Varna. It first appeared in the Light Division, then in advance of the general army at Devna; it subsequently made a rapid extension to the town of Varna, the troops encamped in its vicinity, and the shipping at anchor in the bay.

The first case that came under my care was instructive, inasmuch as it exemplified in its course that which was after-

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wards looked upon as characteristic of the prevailing epidemic, viz., that after a favourable re-action from the collapse had been obtained, and when there was every promise of recovery, the patient sunk, on the eighth or ninth day, under the consecutive fever. In other cases, a common proximate cause of death at this period was the much-dreaded suppression of urine.

Premonitory diarrhœa—a question of obvious importance—was, I may safely say, an omnipresent symptom; though, in many instances, the men, through foolish diffidence or negligence, refrained from seeking timely relief.

With reference to other symptoms, that which was most prominent, distressing, and obstinate, was vomiting. I may also mention a very peculiar feature, which I do not recollect to have seen noticed, and which was most marked in several of the cases at Varna, namely, extreme distress of breathing,—not spasmodic, nor occasioned by the abdominal pain, but persistent, and apparently produced by the violent and abundant invasion of the morbid poison, at once causing an overwhelming depression of nervous energy, and an inspissation of the material to be aerated.

I much regret, that in treatment I met with little to cheer me in my endeavours, or to add to the usual list of remedies. One of the earliest indications, the restoration of surface warmth, I found not difficult of attainment by means of what Mr. Barwell has so highly advocated, viz., the hot, wet blanket, the unremitting use of which almost invariably induced re-action in from three to six hours. The distressing vomiting, usually allayed by small doses of sulphuric ether and opium, I found, in one case, influenced only by frequent draughts of champagne. Calomel, in every description of dose, was thoroughly ineffectual. The proportion of recoveries to deaths was very small, about 1 to 7. The recovery was invariably most tardy, and marked by periods of extreme langour, either from the consequent debility, congestion of one of the three great cavities, or from a recurrence of diarrhœa. Troops that were temporarily quartered on board ship, when attacked by the epidemic, and apparently panic-stricken by its mortal havock, were, on being disembarked, almost instantly freed from its grasp. On the other hand, after a most marked subsidence during the months of August and the beginning of September, at Varna, it re-appeared, with great and renewed virulence, when the army landed in the Crimea, and became exposed to the hardships and trials of an active campaign. The virulence of the disease again became lessened about the second week in October, and has since developed itself only in a sporadic form.

Our great ailments at the present time,—and they are still great,—are diarrhœa and dysentery; less of the latter than I had anticipated; but the former in a much greater degree both in the number and intensity of the cases.

Our chief want now is some more substantial covering than that afforded by a canvas tent. I have much pleasure in bearing testimony to the efficient supply of "Medical comforts" which are furnished to the men.

There being a lull, just now, in our siege proceedings, I have taken the opportunity of writing these few lines, as a faint retrospect of our sanitary career, and I trust you will not consider me obtrusive in forwarding them to your excellent Paper.

I am, Sir, &c., E. Sowen,
Assistant-Surgeon Royal Artillery.

Camp before Sebastopol, Dec. 15, 1854.

STATE OF THE HOSPITAL AT SCUTARI.

[To the Editor of the Medical Times and Gazette.]

Sir,—I yesterday passed through the numerous wards of both Hospitals of Scutari.

I have been, I believe, a visiter to most of the Hospitals in London, and in Paris to several, on many occasions; and I say without fear of contradiction, I have never passed through wards more cleanly, and I think I may say, in ventilation so complete, as those of the Hospitals of Scutari. I could make a hearty meal in the centre of any one ward.

The sick and wounded, fast approaching convalescence, looked cheerful and happy. Those still under constant attention appeared to receive it with a cheerful countenance and a contented heart.

I conversed afterwards with an officer of the 47th Regiment, who assured me that he believed no Hospitals in the world could be spoken of in truth with greater satisfaction.

I am by no means a stranger in Hospital wards, either at home or abroad; and I feel it my duty to make to you this statement of facts. I am, &c. Mark Markwick.

Constantinople, Dec. 9, 1854.

P.S.—I have made a report to the *Times* also.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Saturday, Jan. 6, 1855.

E. Headland, Esq., President, in the Chair.

Mr. Hinton exhibited the heart of a gentleman who died suddenly, having been apparently in good health up to the day before his death. He (Mr. Hinton) wished to have the opinion of the Society as to whether fatty degeneration was often found as the cause of death without any preceding symptoms, and co-existing with the power of active exertion. In answer to several questions, Mr. Hinton said that death was from syncope; that the deceased had not taken any potent medicine for a long time, and that four months before his death his life had been accepted by an insurance office.

Dr. Andrew Clark asked Mr. Hinton to what he attributed a cicatrix in the lung which had been observed.

Mr. Hinton believed it to be the result of tubercle existing at a previous period.

Dr. James Bird mentioned the case of a patient, aged 51, who died very suddenly from degeneration of the muscular tissue of the heart, and who was quite healthy up to the period of a sudden rheumatic attack which preceded his death.

Dr. Snow said, it might be supposed that if death began at the heart there should have been a good deal of blood in it. Such was no doubt the case at the moment of death, but the blood might have left the heart by the collapse of its walls, by the elasticity of the arteries, and by the opened vein. In some cases where the heart was degenerated it was found quite empty, showing that the mischief could not begin at the heart, but somewhere else. It was still an open question whether fatty degeneration was the cause of death. Dr. Crisp believed that it was even a conservative state.

Dr. O'Connor believed the case was not one of fatty degeneration. There was a good deal of fat deposited on the surface of the heart; the organ was flabby, and considerably beyond the normal size.

Dr. Garrod read a paper, entitled,

ILLUSTRATIONS OF CERTAIN POINTS IN THE HISTORY OF GOUT.

He proposed to divide the disease into the "articular" and "non-articular gout," subdividing them into the acute and chronic forms, either of which might assume a sthenic or asthenic character, depending on the habit or condition of the patient in whom the disease manifested itself. Dr. Garrod then illustrated by cases some typical forms of the acute disease occurring in the free liver, and also as occasionally happens in the temperate, and then proceeded to speak of the grand differences which characterise the phenomena of gout from those of rheumatism. After this he spoke of the many difficulties which frequently arise in the diagnosis, and described certain additional modes of diagnosis. Some years since, he discovered the presence of uric acid in the blood of some gouty patients; and, not having found the same condition of this fluid in certain rheumatic patients examined, was led to believe that a differential diagnosis might thus be made between these two diseases. For the last six years he has endeavoured to establish this point; and, for this purpose, has made more than 200 examinations of blood, and has arrived at the following conclusions:—

1. That in all cases of genuine acute gout—that is, in all patients where the great toe is specially affected, and where the other symptoms are such as to leave no possible doubt as to the diagnosis—uric acid exists in the blood in abnormal quantities.

2. That in all cases of acute rheumatism where the symptoms are characteristically marked, with or without heart affection, no abnormal amount of uric acid is present.

3. That in all acute or chronic forms of the same diseases—even when not so characteristically marked at the time of the examination—where the maladies can be distinctly traced to true gout or rheumatism, the same difference exists in the composition of the blood.

4. That the effused fluid, such as the serum, obtained from a blister applied to a non-influenced part, contains uric acid when the blood is abnormally loaded with this body.

The method for the most part made use of, and which is found to yield very trustworthy results, is very simple in its nature, and capable of being clinically applied, has been named the "Uric Acid Thread Experiment," consisting in the immer-

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sion of a single fibre or two of unwashed huckaback linen into a drachm or so of the serum of the blood, previously acidulated with a few drops of acetic acid, put into a flat glass dish, and placed aside, in order to allow spontaneous evaporation, when, if an abnormal amount of uric acid be present, the fibres will be covered with the crystals of this body. The blister serum may be treated in the same manner, using only a rather larger quantity—not less than two fluid drachms. Another mode of diagnosis found very valuable is the searching for small deposits of urate of soda, or miniature chalk stones or tophi, which are frequently formed on the cartilages of the ears; sometimes, but less frequently, about the integuments around the eyes; sometimes on the palmar surface of the tips of the fingers. These concretions may, and do very often, exist in these parts, but especially in the ears, without being present at any other part; and as no deposit of urate of soda has ever been found in any patient without the blood containing an abnormal amount, and no case of genuine rheumatism was ever accompanied or followed by their formation, their presence may be regarded as an indisputable or pathognomonic sign of a gouty diathesis. Dr. Garrod detailed a case affording many points of interest. Gouty patients are frequently extremely susceptible to the influence of mercury, and, in the above case, a few grains of blue pill. Another point of great interest is, that this case shows clearly that even during the first four days of inflammatory action, urate of soda may be effused into the tissues, and indicates the importance of cutting short the inflammation, if possible, to prevent the mischief which may otherwise take place in the joints. This, however, must be done by relieving the system, and not by suppressing the local affection, or worse results will probably occur. In another case, there was, and had been in previous attacks, absence of the great toe affection; at least, the patient did not remember that that part had ever been specially inflamed. Here was also the absence of any deposits in the ears or elsewhere, and it was solely from the examination of the blood that the author could assert that it was acute gout rather than acute rheumatism. However, in subsequent attacks, of which she has had two during the last two years, he has been enabled fully to test the accuracy of my first diagnosis. The blood has uniformly given an abnormal amount of uric acid crystals. The blister serum has contained the same.

Dr. Webster believed that, while gout was frequently produced by luxurious living, it was often occasioned by local causes. Gout was much more common in London than in the country, and in England than in Scotland. Dr. Hamilton, of Edinburgh, used to say, that he never saw more than one case of gout in the Infirmary there, and that was the case of an English soldier. Burgundy and champagne often produced gout. He did not agree with Dr. Garrod in thinking gouty subjects more susceptible than others to the influence of mercury. In the case mentioned by him, the severity of the salivation might have been produced by other causes.

Mr. Hunt asked whether Dr. Garrod had noticed, in the cases described by him, the quantity and constituents of the urine. It appeared to him (Mr. Hunt) that, *ceteris paribus*, the quantity of uric acid, and its compounds in the blood, would be in an inverse ratio to the quantity eliminated by the kidneys; so that if in an attack of rheumatism a large quantity of fluid was eliminated by the kidneys, there would probably be not more than the normal quantity of uric acid in the blood; but if urine was suppressed in gout, (as was commonly the case,) the blood would contain more, and, in that case, the very action of gout terminating in the deposit of urate of soda in different parts of the body, would have the same tendency to relieve the system as the discharge of a large quantity of urine.

The President said, that when it was established that there was an excess of uric acid in the blood, as a manifestation of gout, colchicum gave relief. It was a matter of very great doubt whether colchicum gave relief in gout by an elimination of something through the kidneys, or only when it acted as a purgative. An eminent Physician in London believed that relief was given in gout only through the action upon the liver.

Dr. Ogier Ward called attention to certain affections of the great toe, which, he said, he had observed in persons of temperate habits who walked a great deal.

Mr. Anthony Clarke asked whether malt liquors or spirits were most productive of gout.

Mr. Henry Lee said, that Sir Benjamin Brodie used to recommend the use of colchicum whenever the urine was of a high colour, whatever the nature of the disease.

Dr. O'Connor stated, that Mr. Spencer Wells, in his work on Gout, strongly recommended the tincture of the flower of colchicum. This, however, was but a milder form of the same medicine, and a proportionately less quantity of the wine would probably produce the same effect.

Dr. Wilshire believed that there were certain cases in which it was impossible to distinguish gout from rheumatism without an analysis of the blood. Such were the cases common among the poor, and called poor gout, in which he should not feel himself justified in adopting the *experimentum crucis* of bleeding, to ascertain the presence or absence of uric acid, because, whether the condition was one of rheumatism or gout, or a transitional condition, bleeding would be the worst treatment that could be adopted. There were, however, he thought, some cases in which even an analysis of the blood would fail to distinguish absolutely between the two conditions, neither, perhaps, being perfectly developed. With regard to the effect of colchicum, it was not only useful in gout, but it acted almost like a charm in rheumatism, when combined with other agents.

Mr. Hird mentioned two cases confirmatory of Dr. Garrod's opinion relative to the susceptibility of certain gout patients to the influence of mercury.

Dr. Garrod, in replying, said he did not think that uric acid was the *materies morbi* of gout, but only that it was present in the blood, and that there was a diminished excretion by the kidneys. He did not believe that colchicum relieved only because of its purgative action; as in many cases relief was palpably felt before the purgative action commenced. Malt liquors produced gout to a far greater extent than spirits. As to the tincture of the flower of colchicum, he thought it only a milder preparation. Probably all preparations of colchicum contained the same principle, and differed only in strength.

The Society then adjourned.

EAST INDIA COMPANY'S MEDICAL SERVICE.

EXAMINATIONS FOR ASSISTANT-SURGEONS.

THE Examinations for these appointments are expected to conclude on Thursday. Thirty Assistant-Surgeoncies were offered for competition, but only twenty-eight candidates came forward, not thirty-four, as stated in the *Times*. Among them was a native of India, Mr. Chuckerbutty, a distinguished student of University College. It is surprising that there should have been so little competition for these very valuable appointments. We are enabled to publish a list of the questions at the Examination in Anatomy and Physiology, Surgery, and Medicine. Those on Comparative Anatomy, Zoology, and Botany, we are compelled by want of space to defer until next week.

ANATOMY AND PHYSIOLOGY.

10 *to* 1 *o'clock.—January* 9, 1855.

MR. BUSK.

1. DESCRIPTIVE ANATOMY.

[Of these questions it is expected that at least ten will receive answers, viz., in descriptive anatomy, six; in minute anatomy, two; and in physiology, two.]

1. Describe the diaphragm, its connexions and relations.

2. Describe the hip-joint, and enumerate the muscles surrounding it. State also the muscles by which the various movements of the joint are effected.

3. Describe the parts contained in the space bounded above by the base of the jaw, anteriorly by the mesial line, and posteriorly by the sterno-mastoid muscle, the skin and platysma muscle having been removed.

4. Describe the fasciæ of the abdomen, including those of the pelvis and perinæum in the male.

5. Describe the arch of the aorta, its relations to the surrounding parts, the vessels arising from it, and the more usual deviations from the normal disposition to which they are subject.

6. State the origin and constitution of the fifth pair of nerves, and enumerate its principal branches and the parts to which they are distributed, noting which portions of the nerve are sensitive, and which motor.

7. Describe the relations of the abdominal aorta and its principal branches, their course and distribution.

8. How is the cervical plexus formed; and what are the principal branches proceeding from it, and their destination?

9. State the origin, course, relations, and functions of the chorda tympani.

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2. Minute Anatomy.

1. Describe the mucous membrane in the various divisions of the alimentary canal, commencing at the mouth.

2. Describe the minute anatomy of the kidney.

3. Describe the different kinds of epithelium, and where they occur; and state particularly on which, or on what parts of the mucous membrane ciliated epithelium is found.

3. Physiology.

1. Describe the process of digestion in man, pointing out particularly the functions of the liver, and the purposes of the biliary secretion; and state what changes are apparent in the chyle after it has passed through the mesenteric glands.

2. Describe the mechanism of the heart's action; the sounds attending it, and their causes.

3. State the nature of the respiratory process, and the differences in the mode in which the aëration of the blood is effected, exhibibited in mammals, birds, reptiles, fishes, and insects.

SURGERY.

Monday, 2 *to* 5 *o'clock.—January* 8*th*, 1855.

Mr. Paget.

1. Describe, generally, the signs of wounded large arteries, taking as examples the femoral and brachial; state which signs may be most relied on if the external bleeding has spontaneously ceased; describe also the treatment generally appropriate to such cases.

2. What treatment would you adopt for each of the various states causing retention of urine, with or without effusion, which cannot be at once relieved by the use of the catheter?

3. State the diagnostic characters of the following affections—namely, varicocele; irreducible scrotal hernia; hydrocele of the tunica vaginalis testis; hydrocele of the spermatic cord; chronic enlargement of the testicle.

4. In the cases of injuries of limbs, for which amputation is deemed necessary, what general rule or rules would you adopt in regard to the time for amputation? What exceptions, if any, would you make to such general rules?

5. Describe the usual operation for the resection of the bones of the elbow-joint; and state in general terms the injuries and diseases for which you consider the operation would be proper.

6. In a case of hæmaturia, what symptoms and circumstances would you most rely on for determining the source of the hæmorrhage?

7. A stout, healthy man, 21 years old, had suffered severe pain in his right eye for the last eight or nine days. There was now considerable external redness of the eye, the sclerotic coat having a bright pink hue round the cornea, while numerous turgid trunks of blood-vessels appeared lying in it further back. The conjunctival vessels were at the same time distended, and conspicuous by the contrast of their bright scarlet colour. The natural tint and brilliancy of the iris were completely lost; it had a dull, muddy appearance, without any trace of the natural fibrous structure; the inner circle was reddish-brown, while, in the outer, this tint was mixed with a dull yellowish colour. The pupillary margin was thickened and irregular. The cornea was dull, and the anterior chamber generally had a cloudy appearance. The eye was painful, especially on opening it against the light, which caused a copious flow of tears. It was also very painful when the patient was warm in bed, and his rest was frequently interrupted by sharp attacks of pain in the eye and in the shin-bones. Vision was very imperfect; he could only distinguish large capital letters, and that with difficulty. He had a papular eruption over the body, which was, however, declining; and a few papulæ had formed on the mucous membrane of the eyelids, where they were conspicuous as small yellow points, equal in size to a large pin's head.

State your opinion as to the nature of this disease of the eye; and as to the changes of structure to which it would probably lead, if not arrested. State, also, what treatment you would recommend for such a case, writing prescriptions for any medicines that you would think proper.

MEDICINE.

Monday, 10 *to* 1 *o'clock.—January* 8, 1855.

Dr. Parkes.

1. Enumerate the various causes of hæmoptysis, and describe the physical signs present in each state.

2. Two adult men are brought to you; one is comatose either from apoplexy (hæmorrhage or softening), epilepsy, opium, or alcoholic intoxication; the other is delirious either from fever, delirium tremens, or mania. How would you diagnose these several affections?

3. The following case is related by a writer on Clinical Medicine:—"A man, aged 31, in apparent good health, was seized with severe pain at the epigastrium and the right side. On the following day the pain was less, but persistent jaundice came on. Six days later, a large pear-shaped movable tumour was felt below the cartilages of the ribs on the right side; there was no enlargement of the liver. A few days afterwards excessively severe pain suddenly came on in the region of the liver, and was rapidly succeeded by exquisite tenderness of the whole abdomen, rapid collapse and death."

What were the primary and secondary diseases in this case? Mention any other symptoms likely to have been present, which are not mentioned in the above account. What were the *post-mortem* appearances? What treatment would you have adopted had you seen the patient at the first appearance of jaundice?

4. Describe the condition of the ilium after death from typhoid fever.

5. How do you determine the size of the liver during life? Enumerate the chief causes of enlargement.

6. What are the chief officinal preparations for internal use of mercury and lead? In what tissues or organs have these metals been found after they had been taken as medicines, or been introduced accidentally? By what channels do they leave the body, and how may their exit be accelerated?

7. What are the principles of Hygiene which should be attended to in the construction of Hospitals in a hot climate?

8. Give the symptoms and preventive treatment of Scurvy.

9. Describe the urinary sediments which are usually present in the following diseases—scarlatinal dropsy, chronic Bright disease, and the secondary fever of cholera.

10. Mention the chief sources of uterine hæmorrhage, unconnected with pregnancy.

11. Describe the chief forms and the treatment of infantile syphilis.

12. Mention what remedies you would employ in the treatment of intermittent fever, if you were not able to procure quinine.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted members of the College at the meeting of the Court of Examiners on the 8th inst.:—

Bicknell, Herman, Herne Hill, Dulwich.
Davey, Richard Staines, Walmer.
Hardwick, Robert George, Leeds.
Harris, William Henry, Army.
Hepworth, Alfred Joseph Lumby, Army.
Jacob, Edward Long, Christ's Hospital.
Morris, Charles Frederick, Truro, Cornwall.
Morris, William, Army.
Niceville, C. F. Hippolite de, Clifton, near Bristol.
Poole, George Kennett, H.E.I.C.S., Bengal.
Stewart, Thomas Howard, Plymouth.
Vigurs, Chambre Robert Cooker, Middlesex Hospital.

At the same meeting of the Court,

Mr. James Young

passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his Diploma bearing date May 3, 1850.

Messrs. Alfred Septimus Pratt and William Pratt also passed their examinations for Naval Assistant-Surgeons.

Collegiate Election.—At a meeting of the Council of the Royal College of Surgeons, on Thursday, Dr. Charles West was elected a member of the Midwifery Board, in the vacancy occasioned by the decease of Dr. James Reid, a member of the College.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Jan. 4, 1855:—

Hardwick, Robert George, Leeds.
Jacob, Edward Long.
Morris, John Albert, Caerleon, Monmouthshire.

APPOINTMENTS.

Thomas Bellot, Esq., R.N. (Honorary), F.R.C.S.E., is appointed Hospital Surgeon at Therapia.

London Fever Hospital, Liverpool-road.—Mr. Geo. Buchanan, M.B. Lond., University Medical Scholar, has been

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appointed Resident Medical Officer to this institution, in place of Dr. Sankey.

DEATHS.

BOWLING.—Jan. 4, at Pingsworth House, Hammersmith, after a few days' illness, John Bowling, Esq., Surgeon, aged 67. M.R.C.S.E. 1808; 30 years Parochial Medical Officer, Hammersmith.

MONTFORT.—Dec. 17, at Rathmines, Henry Montfort, Esq., M.D., of Fenagh, county Carlow. M.D. Glasgow, 1850; L.R.C.S. Ireland, 1850; Lic. in Midwifery Dublin Lying-in-Hospital, 1848; Medical Attendant Fenagh and Myshall Dispensaries; formerly Surg. Rathvilly Dispensary.

MURRAY.—Dec. 8, at Kinsale, county Cork, after a long and painful illness, Thomas Murray, Esq., M.D. L.S.A. Ireland 1841; M.R.C.S. Eng. 1845; M.D. St. Andrew's 1848; Physician to Dunderrow Dispensary; Surgeon and Agent, Revenue Police.

YOUNG. — Nov. 15, after a few days' illness, at Berhampore, Robert Young, Esq., Surgeon, aged 43, for many years Surgeon to His Highness the Newab Nazim of Bengal, highly esteemed for his professional and social virtues, and very deeply regretted by all who knew him.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.—It is intended to open this Hospital for the reception of in-patients early in March. The building, which stands in Bonner's-fields, Victoria-park, has been constructed and furnished in a most commodious style, and reflects great credit on the architect, and on the Committee who have been entrusted with its supervision. It is calculated to receive upwards of 120 patients, and is intended for the treatment of all cases of remediable disease of the lungs or heart. Acute cases are, we understand, to be preferred, and its Directors are very properly anxious to avoid allowing the Institution to become a mere asylum for consumption in its incurable stages. From the position of the Hospital in the immediate vicinity of densely-populated and poor districts, a large sphere of direct usefulness is insured to it; while, from the character of its Medical staff, and the valuable contributions which have already been obtained from its out-patients' department, we may confidently expect, from its more extended labours, substantial gains to the science of Medicine.

HARVEIAN SOCIETY OF LONDON, 64, EDGEWARE-ROAD.—The following is a list of the names of gentlemen elected as officers of the Society for the year 1855:—*President*—Francis Sibson, M.D., F.R.S. *Vice-Presidents.*—R. Hutchinson Powell, M.D.; G. Hamilton Roe, M.D.; F. H. Ramsbotham, M.D. *Treasurer*—Joseph Ridge, M.D. *Honorary Secretaries*—W. J. Anderson, Esq.; Samuel Britton, Esq. *Other Members of Council*—W. Camps, M.D.; W. F. Cleveland, Esq.; H. W. Fuller, M.D.; C. Handfield Jones, M.D., F.R.S.; G. M. Leese, Esq.; J. E. Pollock, M.D.; E. H. Sieveking, M.D.; Alexander Ure, Esq.

NURSES FOR THE POOR.—EPIDEMIOLOGICAL SOCIETY.—The Committee of this Society for providing the poor with nurses, anxious to express their cordial thanks to those gentlemen who have returned answers to those queries which we published a short time back, passed at their last meeting the following resolution:—"That the thanks of the Committee be given to those parties who have replied to the queries; and that the Editors of the several Journals be requested to insert the same in their columns."

BRITISH ORPHAN ASYLUM.—On Monday next, an election of orphans for this Asylum will take place. There are 25 candidates; as only one of these is the son of a Surgeon, it is to be hoped that such of our subscribers as have votes or influence will assist the orphan of one of our body. The child alluded to is No. 20 in the printed list.

SMALL-POX is very prevalent at Oxford.

HYDROPHOBIA.—The *Banffshire Journal* reports the case of a valuable mastiff at Rosehearty being cured of hydrophobia by the application of chloroform.

LORD RAGLAN'S LAST GENERAL ORDER.—An officer writing to the *Times*, says:—"The minds of the Medicos out here are in a sad state of irritation, with great good reason. They do their duty, notwithstanding the difficulties thrown in their way by the military authorities. Their great exertions are never noticed; but, should one of their members slip in the least thing, down comes a censure on the whole of us. On the morning on which the sick arrived at Balaklava, which caused the General Order, a Medical Officer went to Lord Raglan, and said, 'My Lord, if you will give me an order for boats, I will undertake to have every man put on board ship.' This His Lordship would or could not do." Another says:—"One of the worst and most culpable items of Lord Raglan's want of forethought has been, it appears to me, the little care he has taken to prevent sickness among the men. I wish you could see our condition at the moment I am writing. Yesterday (the 15th) we had rain all day, and it poured incessantly all night. Towards morning, the wind became more northerly, and, instead of rain, snow fell. The ground is now white, notwithstanding the slush and mud, and it continues snowing heavily. In the ravine the water is flowing with the noise and fulness of a considerable stream. An order has just been given for seventy men to go into Balaklava for the rations of salt pork and biscuit for the regiment; the bat horses, from neglect of shoeing, inattention, and over-work, have foundered days ago. These men have not been able to get any breakfast, because the little brushwood they have collected would not burn in such weather. Some of the men have been out in the trenches or on picket all night, and are drenched through. Can you wonder at there being disease? Notwithstanding the immense number of sick sent away lately, there are at this time 600 sick in the Light Division to-day. In general orders there appears a notification, 'that in future the issue of fuel will be limited to the troops encamped above Sebastopol.' Now, would not any one seeing this order, imagine that we, in common with others, had had fuel issued to us? Yet, I assure you, upon my honour, we have never had one ounce issued to us since we have been here. And, as to there being fuel at Balaklava for us, it might as well be in London; for the authorities know—or ought to know, if they cared to do so—that we have not the means of bringing it up. We have hard work, from the fact of no roads having been attempted to be constructed until the weather was too bad to make them, and from the failure of our limited means of transport to get up the daily allowance of pork and biscuit for the men, and they are frequently compelled to subsist on half-rations."

THE WOUNDED IN THE AVON.—The following are the remarks of the *Times'* Correspondent upon the case which led to the Court of Inquiry and Lord Raglan's General Order:—"The number of invalids sent down here from the Crimea does not diminish, and dysentery and fever have been for the last month more powerful and fatal enemies than the sword. I hear that there are no less than 2200 sick in Hospital at Balaklava, and steamers continue to arrive thence freighted with as dismal cargoes of human suffering as if they had on board the wounded after some great battle. Three days ago the Avon came down with more than 300 men, the vast majority of them dysentery and fever patients. Nor can one conceive a more miserable spectacle than these wasted beings presented, as, supported between stronger comrades, or borne on stretchers, they were conveyed to the Hospitals. It was the intention of the authorities at Balaklava to send the Avon to sea with only two Surgeons, one of whom was an invalid, and with not more than four orderlies, to attend upon upwards of 300 sick. They were more than a fortnight in harbour, and their sufferings there were horrible. What their condition would have been upon the voyage may be conjectured from the experience of other vessels so employed; but, happily, a courageous Medical officer on board took such vigorous measures to represent the case, that a Court of Inquiry was held, and assistance obtained, somewhat proportioned to the exigencies of the case. It is earnestly to be hoped that the precedent thus set will be steadily followed, until the transport service for the sick and wounded has been placed on a satisfactory footing. The species of official terrorism which a long peace has cemented is a difficult matter to break through; but Surgeons in the army who discharge their duty fearlessly at this juncture have no reason to dread the resentment of their superiors. Public opinion, which watches intently every detail of the war, will vigorously support all whose exertions tend to procure for our brave soldiers any alleviation of their sufferings. It is the more irritating that this transport-service is so wretchedly bungled, since the remedy could be so easily applied. One or two steamers fitted up specially as Hospitals, with stores and appliances on board, and running steadily between Scutari and Balaklava, would have obviated an amount of misery, and I am afraid I must add mortality, which it is painful to look back upon. Such an arrangement is still imperiously demanded, and I hope may no longer be deferred.

MEDICAL LIFE IN CAMP.—The following are extracts from the letter of a Regimental Surgeon, dated before Sebastopol, Nov. 25, 1854:—"I wrote you a stupid letter, a post or two ago, which I finished just after the battle of Inkermann, when both my hands and head were temporarily used up by cutting off arms,

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legs, etc., of which I had a great deal, and which I cordially detest. I was in the thick of the action, as we were all taken by surprise. We have so many alarms and marchings out, that we were not prepared for the brisk work of that morning. The tempest of shot, shell, grape, canister, and musket-bullets kept up for hours was quite wonderful. Their artillery practice was better than ours, and the advance of their infantry most steady. I was within 25 yards of the latter at one time, and our men, all pell-mell and in confusion, and mixed up of different regiments, were retiring, crushing past to the rear, and carrying every one that did not resist the pressure along with them. In this way I was separated from my horse, pack-horse with the hospital-pannier, and from my orderlies, etc., they moving, I sticking to the front. I think in this battle, the proportion of those who died from their wounds to the killed will be found unprecedentedly small; and I am convinced this is in some degree attributable to the real efficiency of the Medical arrangements. The battle was fought near our stationary camp. Every regiment was well supplied with stretchers. Some Medical Officers of every regiment (generally the Assistants, active young fellows) were well to the front. The ambulance wagons were for once active. The Staff-Surgeons of this division particularly were efficient men, so that hardly had the last volley of musketry ceased before the last man was on his way to his own hospital tents. We had lots of water, brandy, opium, blankets, hay, chloroform, so that the men were put up very tolerably without delay. All our wounded officers got sent off to Scutari a couple of days after the action, where Medical Boards will send the lucky fellows home. We have been very uncomfortable since landing, for want of clothes, etc. I had no bed till three days ago, and was crowded into one tent with three Assistant-Surgeons. The dirt and discomforts, to one of my habits, was something ineffable—often days without washing, and no change of clothes. I never undress, partly for warmth, partly because I am disturbed every night. We have had terrible mortality, and those who remain are like spectres. Most of the superior officers of the army are dead, sick, or absent on account of wounds or disease, and few indeed of us will live to tell the tale if forced to keep the field during the winter. Our commissariat supplies are failing. We are sometimes without any rations, and constantly with only rum and biscuit. We are in a critical position,—an impregnable fortress in our front, a large army in our rear, and such wintry weather, with want of supplies. The ground outside the tents is like a snipe-bog in Clare. Our tents were blown down lately, and deaths from exposure, cold, rain, sleet, and snow took place. We could light no fires, had no rations, and for forty-eight hours were in a horrible plight."

HEALTH OF THE TROOPS BEFORE SEBASTOPOL. — The following is an extract from a private letter we have just received from a Medical man at Balaklava, dated December 17:—"I can only say I am well; that is a great comfort to me; that Sebastopol is still Russian, and that our Army, with all the additional regiments that arrive, gets no bigger. The 17th and 89th arrived yesterday and the day before, and also some artillery, say 1800 to 1900 men. Good. Per contra, upwards of 2000 sick to Scutari during the week, and from 400 to 500 deaths. If matters do not mend, the whole Army will die. The roads were just getting good, when we again had about 36 hours' rain, snow, and sleet, and now they are almost impassable." The following is from a letter we have also received, dated, Dec. 22, outside Sebastopol: "The Medical Department are getting frightfully bullied, and numerous resignations are going in. Six hundred sick men are to embark to-day; they will be taken down from the camp by the French mules." From another letter, December 26th:—"Yesterday (Christmas-day) was a beautiful sunshiny day. There had been a nice frost during the preceding night, so that all looked delightful; but the poor soldiers are suffering dreadfully. I eat my Christmas dinner on board the ——, and a capital dinner we had. Roast turkey, roast goose, roast pork, and roast beef, soup, and plum pudding, and lots of champagne."

AMOUNT OF SICKNESS IN THE CRIMEA AND AT SCUTARI.—We can state on official authority, that on the 21st of December the amount of sickness among our troops in the Crimea was still great, but that cholera did not prevail so extensively as before. Its ravages were confined almost exclusively to the recruits and newly-arrived regiments. On the 16th of December there were 2672 sick in the Crimea, 109 of these being cases of cholera. About 700 invalids were on their way home. In Scutari Hospital, on the 28th of December, there were 3838 patients, 280 of whom were Russian prisoners, and 5 Russian officers all wounded. The wounded British were 1890, in addition to 77 wounded officers. There were 105 Medical officers in the Hospital fit for duty, and 6 sick.

FRENCH AND ENGLISH AMBULANCES.—The *Times* Correspondent says:—"The French have lately been carrying all our sick from the camp to Balaklava. Had we been dependent on our own men for this, the 1,900 invalids brought to Scutari last week would only have arrived after a delay costing probably hundreds of lives. The ambulances we still possess carry ten men, it is true; but they require from four to six pairs of mules to draw them, each pair having a mounted pensioner to guide it. The French plan is that of having litters on their mules, which, being strong and well-conditioned, carry two each. One man guiding two mules is thus able to convey four sick or wounded, and four or six men, with eight or twelve mules, from sixteen to twenty-four. It is rare now to see an ambulance-wagon at all, and regimental surgeons in want of transit for their invalids have hitherto had to watch at break of day for the jolting Commissariat arabas on their way down to Balaklava. The use of the regimental bands for carrying the wounded off the field of battle seems to be objectionable; and the French, it is said, have a much better system. At the Alma their wounded were all removed the same night, while some of ours were forty-eight hours on the field, and the French had to come to our aid. The Medical Officers exercise very little authority over the band, which, when exhausted by a long day's march, will not obey them."

CARE FOR THE HEALTH OF OUR TROOPS.—The *Times* Correspondent of the Sick and Wounded Fund says:—"I had yesterday a strange application made to me, as trustee of the fund. It was to provide flannel shirts and drawers for an entire regiment, now in the Golden Horn, and on its way to the seat of war. I reminded my applicant that the fund was raised for the benefit of the sick and wounded; but he answered that prevention was better than cure, that the regiment had just returned from service in the tropics, and that the men were going to the Crimea from Gibraltar without any protection whatever against the climate in the shape of under-clothing. He said that on their arrival they would be sent into the trenches as they stood, and he left me to conjecture the result. I did not feel myself justified in resisting such an application, nor do I think that the subscribers to the fund will object to it, even though a good supply of the things which the regiment stands most in need of may be forthcoming at Balaklava." Who exhibited "apathy and want of interest" here? Why has no general order stigmatised the offenders? Because they were not Medical officers.

THE MEDICAL OFFICERS OF MILITIA. — The following Petition is to be presented to Parliament:—"The medical officers of the embodied Militia force, having observed in the various recent Orders in Council, and more especially in a recent Act of Parliament to enable Her Majesty to accept the services of Militia on foreign stations, that while commissions in the line and other favours have been freely offered to the regimental officers, yet the claims of the Medical branch of the service have been altogether overlooked, feel themselves compelled to submit to Her Majesty's Government a brief statement of the disadvantages under which they at present labour, and strongly, yet most respectfully, to solicit a just and fair consideration of them. 1. The Militia Medical officer is at least equally qualified with that of the line or the Ordnance Department, his education has been as perfect in every respect, as protracted, and as expensive; but the present Militia Surgeons are generally of more mature age, have been resident in fixed localities, and have gained knowledge and practical experience; when they accepted their commissions they never anticipated absence from home beyond a limited period of one month in each year, except only in the case of foreign invasion. Under these circumstances they submit that their position is more disadvantageous than that of young men who enter the service at an earlier period, and adopt it as a profession from the commencement. 2. The duties of the Militia medical officers are at least as onerous and as important as those of any other branch of the service,— nay, in many instances they are more so. He must examine hundreds of recruits; he must commence, and arrange, and organize his Regimental Hospital, with its staff of sergeant and orderlies, out of the most crude and inefficient material; and often he is obliged to perform all this important duty alone and unassisted, without even the advantage of an Assistant-Surgeon. Yet, let these duties be ever so well performed, and ever so long continued, they constitute no ground for present promotion, and offer no hope for future provision; it seems a hardship that so striking a difference should be made to his disadvantage. 3. The Militia Medical Officer, who is seldom a man

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of extensive private means, is subjected to great expense, in order that he may perfectly conform to the regulations of the service; his uniform, his outfit, his contributions to the band and mess funds, and other expenditure that need not be now enumerated. In this he seems only to be on an equality with his brother officers; but he is not so, for they usually receive two months' leave previous to joining, or, in other words, have two months' pay to meet this expenditure,—an indulgence which is seldom or never extended to the Medical Staff. 4. The Militia Medical Officer, on entering the service, wishes, or at least ought to be supposed to wish, to make the army his Profession. He, in many instances, abandons a lucrative position which he may not be able to resume at pleasure; he leaves a connexion from which he derived pleasure, and patronage, and profit, which, in his absence, will be directed into some other channel; he incurs weighty, sometimes oppressive expenditure, which may require a length of time to repay, and he gives good and efficient service as long as such services are needed. He submits that the Surgeon in any other department does no more—nay, that he can do no more, and generally with far less sacrifice; and therefore that the Militia Medical Officer, who fully fulfils his engagements, has some claim on his country for support when that country no longer needs his services. He cannot fall back on his former means, and he ought not to be thrown on the world unaided and alone, after having spent, perhaps, the best years of his life in the Militia; he cannot by volunteering gain admittance into any other department, nor can he commence a practice in civil life with any prospect of success. 5. The Militia Medical Officers beg to submit most respectfully, that their predecessors in the force, as formerly constituted, received provision in the shape of half-pay on the disembodiment of their respective regiments, and they conscientiously believe that similar services now would receive a similar just consideration; but it would be satisfactory if such was made the understanding from the commencement, for, while the hope of a future provision would be only a meet reward for those who have come forward and tendered their services without pledge or promise, it might induce many well-qualified men to a similar line of conduct, who are now restrained by a well-founded apprehension of abandonment and neglect when their services should be no longer needed.—By order of the Committee of the Militia Medical Officers, EDWYN J. KING, M.D. (Hon. Sec.), 68th Cambridge Militia, Royal Barracks, Dublin.—Jan. 1."

MORTALITY NOTABILIA.—In the first week of the year the deaths of 1404 persons, namely, 671 males and 733 females, were registered in the Metropolis. In the ten corresponding weeks of the years 1845—54, the average number of deaths was 1313. With a correction for increase of population, this average becomes 1444, a result which differs, to no great extent, from the deaths returned last week. Of the 1404 deaths, 692 occurred under 20 years of age, 193 at 20 years and under 40, 213 at 40 and under 60, 246 at 60 years and under 80, and 60 were deaths of octogenarians. Of 835 which were caused by zymotic diseases, 265 occurred in the first vicennial; of 36 referred to smallpox, 6 were those of persons who had attained their 20th year. Of 140 cases in which phthisis (consumption) was fatal, 19 occurred under 20 years, 76 in the period 20—40, 37 in the period 40—60, and the remaining 8 under 80 years of age.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Districts of London for Week ending January 6:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	0	2	15	12	5	7
North	490,396	10	1	29	12	7	7
Central ..	393,256	3	4	12	12	1	6
East.....	485,522	12	12	13	14	3	13
South	616,635	11	9	17	14	10	16
Total..	2,362,236	36	28	86	64	26	49

Small-pox has been chiefly fatal in the north, east, and south, districts, while no death from small-pox occurred in the west districts. Measles prevails chiefly in Bethnal-green and St. George-in-the-East. Scarlatina is widely diffused, and proved fatal in 85 instances. Hooping-cough was fatal in 64 cases. The west, north, and south districts suffered from diarrhœa; the east and south districts from typhus.

Births.—The births of 908 boys and 879 girls,—1787 children, were registered; average, 1546.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, January 6, 1855.*

Causes of Death.	In the week ending Saturday, Jan. 6, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp. 45·5						37·6
ALL CAUSES	1404	692	193	213	246	60	1312·6
SPECIFIED CAUSES	1401	689	193	213	246	60	1306·6
DISEASES:—							
1. Zymotic Class	335	265	33	17	16	4	260·2
2. Dropsy, Cancer, and others of uncertain seat	64	7	7	23	23	4	54·8
3. Tubercular Class	202	76	79	38	8	1	188·7
4. Of Brain, Nerves, etc. ..	136	62	16	25	28	5	149·8
5. Of Heart, etc.	50	1	9	20	19	1	52·0
6. Of Respiratory Organs ..	319	136	31	52	83	12	272·4
7. Of Digestive Organs ..	83	37	12	15	18	1	67·2
8. Of Kidneys, etc.	14	2	2	3	7	..	11·6
9. Of Uterus; viz. — Puerperal Disease, etc. ..	12	..	4	6	2	..	9·9
10. Of Joints, Bones; viz — Rheumatism, etc. ..	9	6	..	1	2	..	9	10·0
11. Of Skin, etc.	5	3	..	2	..	..	2·4
12. Malformations	1	1	..	..	..	..	3·8
13. Debility from Premature Birth, etc.	38	36	..	2	..	..	32·5
14. Atrophy	53	41	..	..	11	1	21·5
15. Age	53	..	..	..	24	29	67·6
16. Sudden	4	4	..	..	..	..	24·1
17. Violence, Privation, etc...	23	12	..	9	..	2	78·1

BOOKS RECEIVED.

The Micrographic Dictionary. By J. W. Griffith and A. Henfrey. Part VI. London: Van Voorst.

Chloroform; its Properties and Safety in Childbirth. By E. W. Murphy, M.D. London: Walton and Maberly. 1855.

Braithwaite's Retrospect. Vol. XXX. London: Simpkin and Marshall. 1855.

Ranking and Radcliffe's Half-Yearly Abstract. London: Churchill. 1855.

The Indian Annals of Medical Science. No. 3. Calcutta. 1854.

Journal of Psychological Medicine. Jan, 1855. London: Churchill.

British and Foreign Medico-Chirurgical Review. Jan., 1855. London: Churchill.

On East and North-East Winds. By C. B. Garrett, M.D. London: Highley. 1855.

Food and its Adulterations. By A. H. Hassall, M.D. London: Longmans. 1855.

TO CORRESPONDENTS.

THE "PORTRAIT" HOAX.

SIR,—As one of the "unfortunate subjects," may I trouble you to insert the accompanying exposure of a new and provoking trick recently practised on me, and on my "victimised" friends, to a marvellous extent. The *Church and State Gazette* is literally correct. It may be added, that the machinery is complete—the agent plies his popular man; the artist appears, and soon "takes off" the unsuspecting subject, and vanishes. The professional brethren, the members of the sister Professions, and of the Boards and Societies to which he may belong, along with his kinfolk, are forthwith applied to. Orders come rapidly in. A third person soon appears on the stage with the prints; in a trice he delivers them, and collects the money from many scores of attached friends, at 12s. 6d. each. The whole affair "is begun, continued, and ended," in a very short time. The so-called portrait proves to be a mere caricature; and, in fact, waste paper. "The firm" is then hunted up; but lo! they are not! No; not a trace of them can be found, even by the police! The quotation, indeed, of this by every provincial paper that can spare the room, may save the pockets of Her Majesty's liege to the extent of vast sums of money, which otherwise these scamps will soon gather in.

I am, &c. A GREEN GOOSE.

"A SHAMEFUL HOAX.—CAUTION.—We are informed that a trick is being played off in the provinces that demands exposure at our hands. A stranger calls upon some person—(generally in a public position)—and requests permission to take his likeness, of course, gratis. Upon this, the unfortunate subject of the picture is exhibited throughout the country, and soon thereafter the neighbourhood is deluged with circulars to the following effect:—'Sir,—We respectfully inform you that the friends of —— of ——, near ——, are complimenting that gentleman by publishing his portrait; drawn from life, for the express purpose, by ——, Esq., of London. The prints will be autographed, India Proofs—size, twenty-two by sixteen inches; and are not intended for public sale. It has been arranged that one copy shall be 12s. 6d. A portrait and a printed list of those who subscribe will be sent to each when complete. We hope to be allowed to place your name on the list. Awaiting your reply, we are,' &c. Our correspondent, being aware of

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the trick, sent the circular to one gentleman who was 'being thus complimented by his friends,' and who immediately wrote to the publisher an indignant letter, and cautioned the public in the county papers. Doubtless the ruse has been generally tried; and it cannot be too widely known that a dignitary of the Church is being thus 'complimented,' and that an attempt is by this means made to victimise all the clergy within his especial circle.—*Church and State Gazette.*"

AN EPIDEMIC SIMULATING INFLUENZA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having seen a great deal the last few days of an epidemic somewhat resembling influenza, yielding almost immediately to treatment, I have great pleasure in acquainting you, and your readers, with the remedy that I have found so successful. The symptoms are a rapid, generally soft pulse; the tongue variously affected in different subjects; sometimes red, in others furred; skin hot and dry. The patient complains of great lassitude, head-ache, coryza. Where it occurs in anæmic subjects, there is a relaxed state of the uvula and palatal arches, suffused with a general purple tint; a tearing, hollow cough, with pain referred deeply beneath the xyphoid cartilage. There is no expectoration, no dyspnœa; and when the cough is absent, during the commencement of the attack, the respiration is quite free. All symptoms disappear soon after the use of half-drachm doses of the spt. ammon. aromat., in a little coloured water, every two or three hours. I have not seen it in any further stage. The throat I brush over with a solution of nitrate of silver, two or three grains to the ounce. I have at present only seen the affection among the young and middle-aged.

Thinking these hints may be of use to my brethren, and trusting they may find them successful, I am, &c. HARRY WM. LOBB.

63, Gloucester-terrace, Hyde-park, Jan. 3, 1855.

PAID DRESSERSHIPS AT ST. BARTHOLOMEW'S.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have remarked of late a few communications addressed to you relative to the question of the Dresserships at St. Bartholomew's Hospital. The writers of these have generally indulged themselves by dealing in mournful wailings over the melancholy fact, that there they are obliged to pay for that portion of their education which is rendered gratis at other like Institutions.

I am aware that in combatting the views taken by these gentlemen, I am taking my stand upon unpopular ground. But I consider that there is a great want of reason and an absence of thought in their complaints. At first sight, it does appear harsh and unjust, that, while at other Hospitals the offices above mentioned are given as the reward of merit, at Bartholomew's they are to be bought with filthy lucre. But there is a great advantage in the latter plan of proceeding. The student does not depend for his place upon the partiality of the teacher, but upon his own resources. He has not the pain of seeing a fellow-learner, merely by the favour of the Surgeon, Physician, or Lecturer, placed in a position of mental profit, to which, from the absence of such favour, he cannot attain. This at once places him in a situation of independence; he is not condemned to pass through a probation of time-serving and subserviency in order to gain this position. It must be remembered, also, that teachers are not always judicious allottees of the prizes due to merit; often the mere book-man, who has fried his brains over the midnight lamp, finds more favour in their eyes than the energetic, practical man continually about the wards of the Hospital. Moreover, when such appointments are given for nothing, they lose much of their value. Students think that what is gained so easily is not worth much; their dressing is slovenly, and ill-performed; they have paid nothing for the privilege of doing it. And I think that it is for this reason that St. Bartholomew's Hospital indubitably stands pre-eminent as to the careful manner in which the students perform their duties to the patients under their charge.

I am, &c. Δ

Apprentice.—α Yes. β No.

Censor.—We quite agree with many of the opinions in your letter, and have acted on them. Still more attention shall be given to the matter for the future.

Y. Z.—Yes; but such appointments are not made at present.

CONSTITUENTS OF THE CREIFF SPA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will it come under the scope of your Journal to notice our Creiff Spa? Dr. Thomson's analysis is as follows, viz:—

In 1,000 grains.	
Sulphate Lime	1·101
Muriate Lime	4·650
Muriate Magnesia	·555
Muriate Soda	2·773
	9·079

Dr. Christison's is mislaid, but in his note he says, after naming the above ingredients, "In constitution it closely resembles the springs at Airthrey (Bridge of Allan), that at Dunblane, and that at Pitcaithley. It is an interesting fact, that a fourth spring of similar constitution should be found in the same geological range of country. There can be no doubt that you have in the Cowgask Spring the materials for a mineral well of the laxative kind, superior in energy to Pitcaithley and Dunblane, and not much inferior to Airthrey." Since the analysis was made some field drains which entered the spring have been cut off, so that it is much stronger than before. I am, &c.

Crieff, N. B., September 16, 1854. WM. DEAN FAIRLESS, M.D.

Dr. Moriarty, Dieppe.—The paper shall appear very soon.

Islingtonian's remarks shall be fully considered in an article on the subject.

Dr. Leckie's letter on the Saline Treatment of Cholera has been received but we are compelled at present to postpone its appearance.

Mr. Bell.—The subject is not new. Dr. Bence Jones and others have experimented upon it.

Mr. Stuart.—Yes. Any respectable practitioner can do it.

Amicus.—Pure nitric acid 4 oz. 3 dr.; mercury, 2 oz.; lard, 7½ oz.; olive oil, 16 oz. Melt the lard and oil together; dissolve the mercury in the acid with a gentle heat. Mix the solution while hot with the hot lard and oil.

Dr. Todd's Lectures on Diseases of the Brain will be commenced in April.

Sir George Ballingall has favoured us with a copy of an able letter he has addressed to the Secretary-at-War upon the claims of the Medical Department of the Army. We shall refer to his arguments in an early Number.

Erratum.—In our last List of Communications received, Mr. Williams' Christian name should have been "Eubulus."

COMMUNICATIONS have been received from—

Mr. OWEN; Mr. GREGSON, M.P.; Dr. FUHRE, Rotterdam; Mr. TURSLEY; Mr. LUCAS; Dr. MALWOOD; Sir GEORGE BALLINGALL; Dr. LOTZKY; Mr. PARRY; Rev. JOHN BARLOW; Mr. WILDE; Dr. EDWARDS; Mr. SOWEN, Camp before Sebastopol; Dr. DUIGAN, Balaklava; Mr. HILLIER; Dr. REES, H.M.S. Britannia, the Bosphorus; Dr. BELLOT; Dr. LANGGARD, Hamburg; Dr. LECKIE; Mr. TOYNBEE; Dr. COGSWELL; Dr. FAIRLESS; APPRENTICE; CENSOR; Dr. MORIARTY; ISLINGTONIAN; Mr. BELL; Mr. STUART; AMICUS; Y. Z.; Mr. WILLIAMS; Mr. LAWRENCE; Mr. ORMEROD; Dr. SHEARMAN; Mr. ARNOLD, Guy's Hospital; Mr. HARKNESS, the London Hospital; Mr. H. N. SHARPIN, the Bedford Infirmary: Dr. SLOANE, Nottingham; Dr. R. TAYLOR; Mr. GIBBONS, Guy's Hospital; Mr. THORNHILL, the London Hospital; Mr. HILLIER, University College; Dr. LAMBERT, Hull; Mr. BINDLEY, the Kent and Canterbury Hospital; Mr. POWELL; Mr. ROYSTON, Liverpool; Mr. HARTLEY, Cheltenham; Mr. LEGGE, the Westminster Hospital; Mr. SIDNEY, the Middlesex Hospital; Dr. TODD; etc.

APPOINTMENTS FOR THE WEEK.

JANUARY.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
13. SATURDAY	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m. Cambridge Lent Term begins.	*Medical Society of London*, 8 p.m.: Mr. Gay, "On Syphilis." *Pathological Society of Dublin*, 4 p.m.
15. MONDAY	Operations at Charing-cross, 2 p.m. Oxford Lent Term begins. Cambridge.—Examination for B.A. degrees (Candidates for Honours) resumed.	*Statistical Society*, 8 p.m. *Chemical Society*, 8 p.m. *Royal Society of Edinburgh*, 8 p.m.: Henry How, Esq., "On the Ethers and Amides of Meconic and Comenic Acids." Professor C. Piazzi Smyth, "On the Result of a Revision of the British Association Catalogue of Stars at the Madras Observatory." Charles Maclaren, Esq., "Notice of Ancient Glacier Moraines in the parishes of Strachur and Kilmun, Argyllshire."
16. TUESDAY	Operations at Guy's, 1 p.m.	*Pathological Society*, 8 p.m. Council meets at 7 p.m. *Linnæan Society*, 8 p.m. *Royal Institution*, 3 p.m.: Professor Tyndall, "On Magnetism."
17. WEDNESDAY	Operations at University College Hospital, 2 p.m.; St. Mary's, 1½ p.m.; Westminster Ophthalmic, 2 p.m.	*London Medical Society of Observation*, 8 p.m., at Dr. Garrod's, 63, Harley Street: "Diseases of the Cerebro-Spinal System." *Geological Society of London*, 8 p.m.
18. THURSDAY	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	*Royal Society*, 8½ p.m. *Royal Institution*, 3 p.m.: Mr. W. B. Donne, "On English Literature."
19. FRIDAY	Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m.	*Western Medical and Surgical Society*, 8 p.m.: Dr. Cumming, "Case of Disease of the Heart in which Dropsy alternated with Mania." *Royal Institution*, 8½ p.m.: Professor Faraday, "On Some Points of Magnetic Philosophy."

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Some time having now elapsed since the introduction of this Oil into Great Britain, Messrs. ANSAR, HARFORD, and Co., Dr. DE JONGH'S Agents and Consignees are desirous of expressing their best acknowledgments and great gratification at the speedy and extensive recognition by the Medical Profession of its merits as a PURE and GENUINE Medicine, so well known and highly appreciated on the Continent. They have reason to feel assured, that in every case where it has been tried it has afforded satisfaction, and they are led to this inference from the numerous communications conveyed to them of the surprising and successful results that have attended its administration, not only in many critical cases, but in other instances where ordinary Cod-liver Oil had been prescribed, and produced little or no benefit.

In order to insure a fair trial of the powers of this Medicine, Medical Men are earnestly requested to caution their Patients for whom it is prescribed against frequent attempts to induce them to purchase a spurious or inferior Oil, on the representation that it is the same as Dr. de Jongh's or equally efficacious. Dr. de Jongh's Agents are led to make this request, in consequence of having been informed of some discreditable impositions of this kind, as well as of the substitution of other Oils, though Dr. de Jongh's had been prescribed.

LATEST TESTIMONIAL:—

ARTHUR H. HASSALL, M.D., F.L.S.,

Member of the Royal College of Physicians, Physician to the Royal Free Hospital, Author of "Food and its Adulterations," etc. etc.

"DEAR SIR,—I beg to return my acknowledgments for the copy of your Work on Cod-liver Oil, with which you have favoured me. I was already acquainted with it, and had perused it some time previously with considerable gratification, especially the chapter devoted to the consideration of the adulteration of Cod-liver Oil.

"I have paid, as you are aware, much attention to the subject of the adulteration of drugs. Among the articles examined, I have not overlooked one so important as Cod-liver Oil, and this more particularly, since it is a very favourite remedy with me, and is, moreover, so liable to deterioration by admixture with other, especially inferior, Fish Oils. I may state, that I have more than once, at different times, subjected your Light-brown Oil to chemical analysis, and this unknown to yourself, and I have always found it to be free from all impurity, and rich in the constituents of bile.

"So great is my confidence in the article, that I usually prescribe it in preference to any other, in order to make sure of obtaining the remedy in its purest and best condition.

"I remain, yours faithfully,

(Signed) "ARTHUR H. HASSALL, M.D.,

"To Dr. de Jongh, the Hague." "Bennett-street, St. James's-street, December 1, 1854

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	£	s.	d.		£	s.	d.
Single Circular Trusses ..	0	2	6	Case of Tooth Instruments	1	0	0
Double ditto..	0	5	0	Case of Cupping Instruments	2	13	6
On Salmon's expired Patent	0	4	6	Case of Pocket Instruments	1	0	0
Double ditto	0	9	0	Brass Enema Syringe, complete, in mahogany case,			
On Coles's expired Patent	0	5	0	10s. and	0	12	0
Double ditto..	0	10	0	Case of Dissecting Instruments, ivory handles ..	0	15	0
Cotton Net Suspensory Trusses, from	0	0	10	Best Bleeding Lancets, per dozen	0	18	0
Elastic Stocking-net bandage, per yard	0	0	4				

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and BARLEY.—THE ONLY EXISTING PATENT and STRONGLY RECOMMENDED BY THE MEDICAL PROFESSION.

TO INVALIDS, MOTHERS, and FAMILIES.—The important object so desirable to be obtained, has at length been secured to the Public by J. and J. C. ADNAM, Patentees, who, after much time and attention, have succeeded by their IMPROVED PROCESS, in producing preparations of the purest and finest quality every manufactured from the Oat and Barley.

To enumerate the many advantages derived by the public from the use of the Improved Patent Groats is not the intention of the Patentees; suffice it to say, that by the process of manufacture, the acidity and unpleasant flavour so generally complained of in other preparations is totally obviated, and very superior Gruel speedily made therefrom. It is particularly recommended to those of consumptive constitutions, Ladies and Children; and the healthy and strong will find it an excellent Luncheon or Supper.

The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged; and to contain all the necessary properties for making a delicious pudding. It has also the distinguishing character for making very superior Barley-water, and will be found a most excellent ingredient for thickening Soups, etc.

CAUTION.—To prevent errors the Public are requested to observe, that each Package bears the Signature of the Patentees, J. and J. C. ADNAM.

To be obtained Wholesale at the Manufactory, Maiden-lane, Queen-street, London; and Retail in Packets and Canisters at 6d. and 1s. each, and in Canisters for Families at 2s., 5s., and 10s. each, of all respectable Grocers, Druggists, etc., in Town and Country.

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MEDICAL PRACTITIONERS.

THE DIRECTORS ACKNOWLEDGE AND CONSULT ALL DULY-QUALIFIED MEDICAL PRACTITIONERS AS THE MEDICAL ADVISERS OF THE COMPANY, AND UNIFORMLY PAY A FEE OF TWO GUINEAS FOR EVERY MEDICAL REPORT, WHEN THE PROPOSAL FOR ASSURANCE IS FOR £200 AND UPWARDS AND A PROPORTIONATE FEE FOR A SMALLER AMOUNT.

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N.B.—Active and influential AGENTS WANTED.

Grammar-School, Chipping

CAMPDEN, GLOUCESTERSHIRE. Head Master—The Rev. M. W. BARTON, M.A., of St. John's College, Cambridge.—BOARDERS are received into the Master's House, on the following Terms:—

Under Twelve years of age.. ..	..	£30 per annum.
Above Twelve, and under Fifteen	..	40 ,,
Above Fifteen years of age ..	..	50 ,,

Pupils are prepared at this School for Queen's College, Birmingham.

A reference is kindly permitted to W. S. Cox, Esq., Dean of the Faculty. Any further information may be obtained on application to the Head Master.

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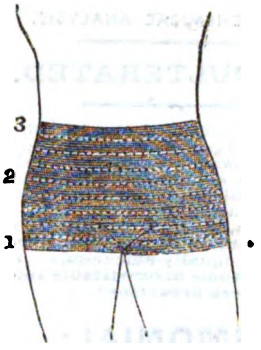
CAUTION.

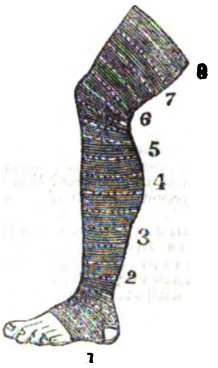
Knee Cap and Ankle Piece.

Abdominal Supporter.



Spina Supporter.

Stocking and Thigh Piece.



Mr. Bourjeaurd, in submitting the above four Engravings as illustrating the nature and special design of his apparatuses, most earnestly begs to call the attention of professional gentlemen to the gorss and nefarious practices of unprincipled parties, who attempt to impose on the public by advertising their spurious apparatuses, accompanied with the closest imitations of his diagrams, and with the use even of the same words and plan of measurement, in order to obtain, by these fraudulent means, a portion of the patronage with which he has been especially honoured by the Profession. Mr. Bourjeaurd wishes, therefore, to caution Medical gentlemen against the dishonest proceedings of his imitators, and hopes they will not accept any of the appliances put forward under the name of Spiral Supporter, except the articles come from his own Establishment, No. 11, DAVIES-STREET, BERKELEY-SQUARE (opposite Mivart's Hotel), LONDON; and RUE DES BEAUX ARTS No. 17, PARIS.

Medical Glass Bottles. — Harris's, 2, UPPER COPENHAGEN-STREET, BARNSBURY-ROAD, ISLINGTON, LONDON.

6 oz. any shape plain or graduated, 10s. per gross.
1½ oz. Moulded Phial, 7s. per gross.

Country orders attended to on remittance. Goods delivered free within 7 miles. Full list of prices sent on application.

To Physicians, Surgeons, and DRUGGISTS. — BROWN'S CANTHARIDINE BLISTERING TISSUE.—PREPARED FROM PURE CANTHARIDINE.

An elegant preparation, vesicating in much less time than the Emp. Lyttæ P. L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments, as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the New York Journal of Medicine.
"March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this Article is a very simple and neat dressing."

"10, Finsbury-place South, March 16, 1852.

"Dear Sir,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks. I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to insure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,
"JOHN GAY, F.R.C.S.,
"Honorary Surgeon to the Royal Free Hospital, etc., etc.
To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

"ANDREW SMITH, M.D.,
"Deputy Inspector-General of Hospitals
"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared and sold by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON, and by the Sole Consignee, Mr. WILLIAM BAILEY Wolverhampton; and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

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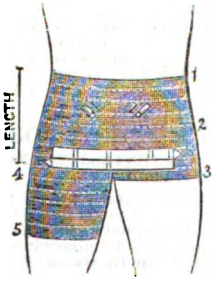
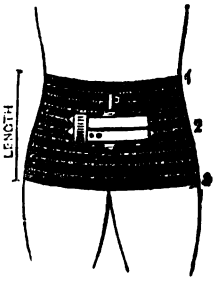
When dissolved in a Cold, Tepid, or Warm Bath, imparts so eminently strengthening and beneficial properties to the same, that, when once tried, a Bath will scarcely ever be taken without it. In the buoyancy and freshness it produces in the system, it is far superior to any known Sea Bath.

Sold at 6d. and 1s. per packet, by the Proprietor, C. Meinig, 103, Leadenhall-street, and 213A, Piccadilly (near Regent-circus), and by all Chemists and Bathing Establishments.

Mr. Bourjeaurd's Registered Elastic APPLIANCES, acting Spirally and Free from Seams; to be obtained only at No. 11, DAVIES STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris. At home from 1 till 5.





THE BELT AND AIR-PAD FOR FEMORAL HERNIA.—Mr. BOURJEAURD begs to state that this has been extensively tried, and has met with great approbation, especially at Guy's and St. Bartholomew's Hospitals. (See "Lancet," Jan 10th, 1852, page 43; and March 13th, 1852, page 267.) The air-pad is carefully adjusted, so that it may exactly rest on the femoral ring, the tube and stop-cock being free, to allow of the pad being subjected to more or less insufflation. The belts in all these apparatuses possess the great advantage of encompassing the abdomen without distressing the patient, and of giving such support to the intestines, as to lessen the chance of hernial protrusion. It is, in fact, extremely erroneous to confine the pressure to the rings; the whole abdominal mass should be well supported, and the pressure on the rings will then be effectual, without being exerted with the violence so often connected with the steel trusses.

APPARATUS FOR UMBILICAL HERNIA.—The belt is of the same kind as those figured in the other diagrams, but an air-pad sufficiently large is here fixed in the centre of the belt, and has the advantage, by its yielding and resilient properties, to fill, in some degree, the umbilical ring; thereby preventing protrusion, and leading the way, especially in children, to the final closure of the ring. Mr. Bourjeaurd has had several cases of radical cure with young subjects. (See "Lancet, July 12th, 1851, page 33; and Feb. 12th, 1853, page 153.)

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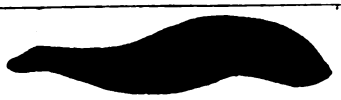
Bland and Long, Philosophical and

CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d., 8s. 6d., 15s., and 30s. each.

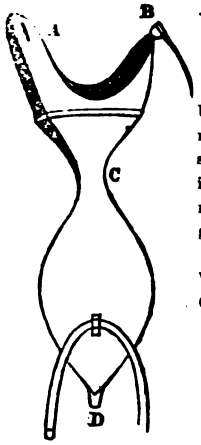


Pure and Healthy Leeches.—Henry

POTTER begs to assure the Profession, Druggists, &c., that the Leeches he offers are such as can be recommended for Purity, Health, and Readiness of Biting.

Importer of Leeches, Dealer in Turkey Sponge, Herbalist, &c., 66, Farringdon-market, London.

Established upwards of Forty Years.



Walters' India-Rubber URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

F. WALTERS,

16, MOORGATE-STREET,

LONDON.

"Newfoundland Cod-liver Oil is made from the true Cod Liver, '*Morrhua Vulgaris.*'"—*Vide* Yarrell's British Fishes, Vol. II., page 143.*

To the Medical Profession.—

Gentlemen,—We have great pleasure in informing you that we have just returned from St. John's, Newfoundland, having completed our Sixth voyage in personally superintending the manufacture of Cod-liver Oil. We confidently recommend it as being fully equal in quality to our former years' supply, and we are fully assured that it will sustain the reputation which our oil has so long enjoyed. This season's Oil has been carefully prepared from the finest selected livers, without any other process than the slight application of steam heat at a low temperature, under our own immediate superintendence.

Newfoundland affords no other livers for the preparation of the Oil, than the True Cod,—"*Morrhua vulgaris,*"—a fact which can be confirmed by reference to merchants of the highest respectability, residing in London, Liverpool, Bristol, Greenock, Bridport, etc. Neither the "*Dorse,*" or "*Gadus Callarius,*" (the variable Cod of Northern Europe),—*vide* "Yarrell, on British Fishes," Vol. II., page 151;—nor any other fish from which the livers can be obtained is to be seen there. After bestowing great personal care in its manufacture, and exercising every possible precaution, both in the process of making and in the machinery employed, we have been able to produce an Oil perfectly sweet to the taste, and free from any tendency to cause an unpleasant heat in the throat. If it be minutely compared with any other oil offered to your notice, it will be found that, when submitted to the test of sulphuric acid (two drops to twenty-five of the Oil†) a far richer colour is evolved (deep purple—not red), that it contains much more bile, etc., and that it greatly excels in all those medicinal properties which render Cod Liver Oil so valuable for curative purposes. That you may be able to judge of the estimation in which it is held, we need only say that within the last six years we have made and sold upwards of 125,000 gallons.

Newfoundland Cod-liver Oil, as prepared by us, is pure and genuine, and may be had at a moderate price, of every respectable Chemist.

We have the honour to remain, Gentlemen,

Your obedient servants,

CHARLES FOX and COMPANY.

Cliff House, Scarborough, Jan. 1, 1855.

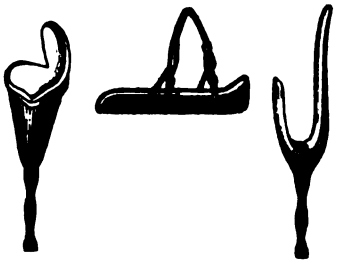
* We also with pleasure refer you to an able and well-written description of the "Cod Proper, and Newfoundland Fisheries," also, an eulogium on the Oil, written by the Rev. C. Badham, M.D., in his recently-published work, entitled "Ancient and Modern Fish Tattle."—J. W. Parker and Son, London.

† See an able article on the adulteration of Oils, by F. C. Calvert, Esq., in the "Pharmaceutical Journal," and the "Chemist," for February, 1854.

Abstract, regarding Economy in

CLOTHES, from the "Times," October 30:—"EVERY YARD of CLOTH SOLD at the LONDON CLOTH ESTABLISHMENT is Sold at the WHOLESALE PRICE.—Gentlemen Purchasing Cloth at the London Cloth Establishment (if they wish) have it made up on the Premises, at the expense of only the Workman's Wages, in addition to the price of the Trimmings." *The Economy of this system is proved* by the saving of from Thirty to Fifty per cent. in the price of every garment; in addition to the very obvious advantage of selection from such a stock, and the guarantee of a Superior Fit, Good Taste, and the Best Work.

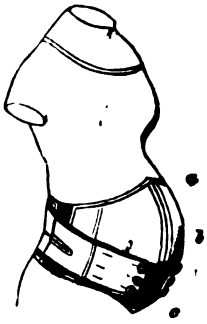
LONDON CLOTH ESTABLISHMENT—16, COVENTRY-STREET.



Army and

NAVY SURGEONS supplied with ARM-SLINGS, CRUTCHES, WOODEN-LEGS, TRUSSES, LINT, WOOL, LANCETS, CATHETERS, GUTTA-PERCHA for Splints, IRON SPLINTS (very light), CALICO ROLLERS, BANDAGES for Fractures, OIL SILK for Wounds, and every description of Surgical Application. ENEMAS of every description.

W. H. BAILEY, 418, OXFORD-STREET, NEAR SOHO-SQUARE, LONDON.



Huxley's Fulcrum Ab-

DOMINAL BELT will be found, from its mechanical arrangement, acting diagonally, and producing the required support for the lower part of the Abdomen, to be the most complete and comfortable arrangement ever invented. It is extremely light, weighing only 4 oz. Price 18s.

Measures required. — Circumference at A, B, and C; depth from A to C.

A discount of 20 per cent. to the Profession.

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SAMUEL, BROTHERS,

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Inventors and Sole Manufacturers of the

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At 17s. 6d.

Unequalled for superior Style, Fit, Quality, perfect Ease, and Gracefulness, so requisite for Gentlemanly appearance, and so rarely obtained.

Patterns Sent Free, on application.

SAMUEL, BROTHERS'

STOCK OF OVERCOATS

FOR THE PRESENT SEASON,

Is worthy of your inspection.

The Best Food for Children, Invalids,

and others.—ROBINSON'S PATENT BARLEY, for Making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinse of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE, and CO., Purveyors to the Queen, 64, RED LION-STREET, HOLBORN, LONDON.

The Proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s., 5s., and 10s. each.

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only to Vendors; permanent Assistants provided without expense to Principals; and every other description of business transacted for the Profession at a fixed and moderate cost. A postage-stamp must be enclosed in every communication requiring an answer.

*** Office hours from 12 till 4.

King's College, London.—Practical

DEMONSTRATIONS on the CHEMICAL and MICROSCOPICAL EXAMINATION of the URINE. By LIONEL BEALE, M.B., Professor of Physiology in King's College.—The Course to be Delivered during the present Term will Commence on Friday Evening, January 26th, at Eight p.m., at Dr. Beale's Private Laboratory, 27, Carey-street, Lincoln's-inn-fields. Fee for the Course, £2 2s. For Syllabus, etc., apply to the Secretary's Office, King's College, or at the Laboratory.

Liverpool Dispensaries. — Wanted,

THREE ASSISTANT HOUSE-SURGEONS to the above Institution. Salary, £90 per annum, with coals, candles, and furnished apartments in the Dispensary. Servants' attendance included. Candidates, who must be single men, are requested to send their certificates to the Dispensaries Office, 21, South Castle-street, on or before Saturday, the 20th of January inst., at Twelve o'Clock, when each applicant must personally appear before the Medical Board.

By order, J. WHITBY WILLIAMS, Secretary.

Liverpool Dispensaries Office, 21, South Castle-street,
January 5, 1855.

The Monthly Board of the Hudders-

FIELD and UPPER AGBRIGG INFIRMARY do Hereby Give Notice, that the Office of HOUSE-SURGEON is VACANT by the resignation of Mr. T. A. Bottomley, the term of his engagement having expired, and that a General Meeting of the Governors will be held at the Infirmary, on Wednesday, the 7th day of March, 1855, at Eleven o'Clock in the Forenoon, to proceed to the Election of his Successor. The Gentleman elected will be required to remain at the Infirmary three years, and submit to all the regulations contained in Rule 45. He must be a Licentiate of the Society of Apothecaries, and his Testimonials must be left at the Infirmary, on or before February 28, 1855.

By order of the Monthly Board,
J. C. LAYCOCK, Hon. Sec.

Practical Midwifery.—Birmingham

and MIDLAND COUNTIES LYING-IN HOSPITAL and DISPENSARY for the DISEASES of WOMEN and CHILDREN.—There is at the present time a VACANCY for a RESIDENT SURGEON in the above Institution. To Gentlemen possessing a Medical or Surgical qualification, and who may be desirous of acquiring a thoroughly practical acquaintance with these important departments of the Profession, previous to engaging in the responsibilities of private practice, this appointment affords unusual facilities. The Resident Surgeons are three in number, whose duties are to attend all cases, both in and out of the Hospital, under the superintendence of the Surgeons. The Salary is £30 per year, with board and lodging. Applications to be addressed to Mr. David Cope, Secretary, at the Hospital, on or before Monday, January 29, 1855.

Board-room, Broad-street, January 9, 1855.

St. Marylebone General Dispensary,

77, WELBECK-STREET, CAVENDISH-SQUARE.—Notice is Hereby Given, that a VACANCY having occurred in the office of SURGEON to this Charity, by the resignation of Henry Thompson, Esq., the Directors will meet at the Dispensary on WEDNESDAY, the 17th day of JANUARY, instant, to receive applications for filling the vacant office. Every Candidate must be a Fellow or Member of the Royal College of Surgeons of England, and not engaged in the practice of Midwifery or Pharmacy, and must personally attend the Board on the above-named day, with a written application, at Eleven o'Clock in the forenoon precisely, and produce his qualifications and testimonials.

By order, PETER MATTHEWS, Secretary.

January 4, 1855.

To Surgeons and Others. — The

superior Family Residence, with adjoining Dwelling-house and Surgery, late in the occupation of Messrs. Hunter, in the centre of the High-street, Islington.—Messrs. D. S. Baker and Son have been favoured with instructions from the Executors of the late John Hunter, Esq., to submit to Public Competition at the AUCTION MART, on WEDNESDAY, JANUARY 24, 1855, at Twelve, (unless an acceptable offer by Private Contract be previously made,) the Beneficial LEASE of the important and highly valuable Premises, commandingly situate, No. 115, Upper-street, Islington, comprising an excellent Residence, in a most complete state of repair, and eminently adapted for the reception of a gentleman's family, or might be converted into extensive Business Premises, having a frontage of 45 feet, with Fore-court, and good Garden in the rear, and the adjoining Dwelling-house and Surgery recently erected expressly for the purposes of the Medical Profession. The property is held for an unexpired term of 35 years, at a reserved rent. The premises may be viewed by cards, which, with particulars, may be obtained ten days prior to the sale, of Messrs. D. S. Baker and Son, 107, Upper-street, Islington. Particulars, also, of R. M. Reece, Esq., Solicitor, Furnival's-inn, Holborn; and at the Auction Mart, London.

Medical Transfer and Partnership.

30, Bucklersbury, London.

MR. ORRIDGE, MEDICAL TRANSFER AGENT, in offering his services to the Profession, has the honour of being permitted to give reference to the testimony of Practitioners of the first respectability in town and country, between whom he has been professionally engaged in matters of TRANSFER and PARTNERSHIP.

MR. ORRIDGE'S AGENCY embraces *the Transfer and Valuation of every Description of Medical Property.*

An *Assistants' Registry* provided.

Office hours, Eleven to Four daily.

Medical.—To be Disposed of, in a

very pretty small town in Devonshire, a MEDICAL PRACTICE, realising £200 yearly. Rent of a convenient cottage, with excellent garden and stabling, £20. Premium, £200, with introduction.—Apply to Mr. Orridge, 30, Bucklersbury, London.

Medical.—Wanted, to Purchase a

SHARE in a PRACTICE of reputation, where the proportion transferred would not be less than £500 or £600 per annum. The Advertiser is 30 years of age, accustomed to good society, and of active habits. He has for some years held an Hospital Appointment.—Particulars on applying, confidentially, to Mr. Orridge, 30, Bucklersbury.

Medical.—Wanted, to Purchase a

PRACTICE of £800 to £1,200 per annum, in some eligible town, with two years' partnership introduction. The Advertiser has the requisite capital at command.—Apply, confidentially, to M.D., care of Mr. Orridge, 30, Bucklersbury, London.

Medical.—A General Practitioner,

residing within thirty miles of London, wishes to meet with an ASSISTANT, who has been accustomed to Union Practice. One or both of the legal qualifications will be required. Salary, £50 per annum.—Apply, personally or by letter, to T. S., Messrs. Westwoods and Hopkins, Wholesale Druggists, 16, Newgate-street.

To Medical Assistants.—Wanted, a

QUALIFIED ASSISTANT in a Country Practice. Salary, £60 per annum, to be increased yearly.—Address, A.B., Post-office, Coleford, Gloucestershire.

Assistant.—Wanted, a Gentleman

to DISPENSE, KEEP the BOOKS, and ATTEND occasional MIDWIFERY. He will also be required to visit a few patients daily. The middle age preferred. Salary, £50, with Board, etc.—Address, A. B., King-street, Gravesend.

A Medical Gentleman wishes to

place his Son, an intelligent, well-educated Youth, in his fourteenth year, as an APPRENTICE with a General Practitioner in the Country, where his services for five years would be taken as an equivalent for his board and lodging, and instruction in his Profession.—Apply, H. C. S., Messrs. Gale, Baker, Warde, and Oldfield, Bouverie-street, Fleet-street.

Medical.—A Gentleman, æt. 30, of

College education, well versed in Greek, Latin, and French, feels desirous to meet with an Engagement as DISPENSING ASSISTANT, in which capacity he has been for some time past (in the surgery of his brother), but now wishes to extend his experience of practice, preparatory to his attending Lectures next Session. He would have no objection to act also as Tutor in the Family, if required.—Address, T. C. D., Post Office, High Harrogate, Yorkshire.

To the Medical Profession.—To be

DISPOSED OF immediately, by private treaty, at Northwich, Cheshire, in consequence of the decease of the Proprietor, the Stock, Surgical Instruments, Fixtures, &c, of a Surgeon, together with a large Collection of Valuable Surgical Books, if required. Any Gentleman wishing to Commence Business will find this well worthy his attention, the late proprietor having had an extensive Practice for the last eleven years. —For particulars, and to treat for the same, apply to Mrs. Weston, Northwich; or to Mr. Thompson, Chemist, 12, Church-street, Liverpool.

To Medical Men.—Provision against

Permanent Disability by Sickness or Accident.—Example:—A Person, aged 30, may, by the annual payment of £2 7s. 7d., secure £100 per annum for Life, during the continuance of such disability.

*** Particulars sent free on application to the Land, Property, and Life Assurance Society, 30, Essex-street, Strand, London.

EDWARD S. BARNES, Secretary.

London: Printed by WILLIAM TYLER, of 5, 6, and 7, Bolt-court, Fleet-street, in the City of London; and published by JOHN CHURCHILL, at the Publishing Office, No. 11, New Burlington-street, in the Parish of St. James's, in the City of Westminster.—January 13, 1855.

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MEDICAL TIMES & GAZETTE

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ORIGINAL LECTURES.

CLINICAL LECTURES

ON THE

PATHOLOGY AND TREATMENT OF THE AFFECTIONS OF THE EAR,

CAUSING DISEASE IN THE BRAIN OR ITS MEMBRANES.

DELIVERED AT

St. Mary's Hospital.

BY JOSEPH TOYNBEE, F.R.S.

Aural Surgeon to the Hospital; Lecturer on Aural Surgery at St. Mary's Hospital Medical School; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, etc.

LECTURE II.

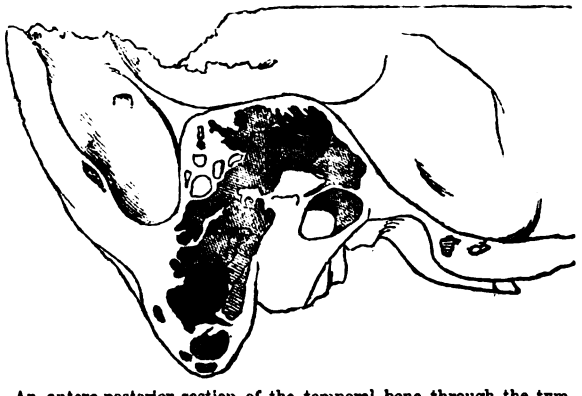
THE TYMPANIC CAVITY.

GENTLEMEN,—Before speaking to you of the mode in which disease advances from the tympanic cavity to the brain, I shall make some observations on the anatomical relations, existing between the tympanum and the cerebral cavity.

And here I may say a few words respecting the use of the word *tympanum*. Some writers have fallen into the error of considering the term tympanum synonymous with that of *membrana tympani*. This is a mistake liable to cause much confusion. "Tympanum," as its name implies, really means the cavity of the drum; while "membrana tympani" means *the* membrane of the drum, *par excellence*, or the drum head.

The upper wall of the tympanum is formed by a layer of bone which separates the tympanic cavity from that of the cerebrum. This portion of bone deserves especial attention, inasmuch as the disease of the tympanum usually progresses through it to the brain. Its form is that of an elongated oval, and it measures about three-quarters of an inch long, and from a-quarter to half-an-inch in breadth. Its direction is obliquely inwards and forwards, like that of the petrous bone. Externally it is attached to the lower part of the squamous, and internally to the outer part of the petrous, bone; anteriorly, it is continuous with the roof of the Eustachian tube; posteriorly, it is continuous with the roof of the horizontal portion of the mastoid cells. This osseous lamina forming the upper wall of the tympanum varies much in thickness. In some instances it is from half to an entire line thick; but more frequently it is very thin, presenting in reality a mere shell of translucent bone. In many instances this lamina is deficient in parts, and the mucous membrane of the tympanum is in contact with the dura mater covering the petrous bone. In some specimens in my possession, the head of the malleus projects through an orifice, and was directly covered by the dura mater. This defect in the upper wall of the tympanum is not usually the result of disease, but of the process of development. In one specimen which I here show you, the horizontal lamina alone is absent, while the vertical septa extend upwards even above the surrounding surface.

Fig. 8.



An antero-posterior section of the temporal bone through the tympanic cavity and mastoid cells, showing the layer of bone forming the upper wall of the tympanum, and the relations of the tympanic cavity with that of the cerebrum; it also shows the relations of the mastoid cells and the sulcus lateralis.

It would appear that this partial absence of the upper wall of the tympanum is produced by the expansion, during its development, of the tympanic cavity. Whatever may be its cause, it is important to bear in mind that this condition is not unfrequent. From what I have said, it will be readily understood that disease of the tympanic mucous membrane is very liable to extend upwards to the dura mater, inasmuch as these two membranes are so frequently separated only by an extremely delicate layer of bone, or they are in absolute contact.

The diseases of the tympanic mucous membrane which extend to the membranes of the brain, or to the brain itself, are:—

1. Acute inflammation.
2. Chronic catarrhal inflammation, sometimes terminating in ulceration.
3. Scrofulous degeneration.

The *effects upon the brain* or *its membranes* produced by these several affections of the tympanic mucous membrane are:—

a Acute inflammation of the dura mater, arachnoid, and pia mater, with a deposit of fibrin or pus.

b Thickening of the dura mater, its separation from the surface of the petrous bone, ulceration, or perforation.

c Inflammation of the brain, suppuration of its substance, or the formation of an abscess in it.

The most frequent *causes* of disease advancing from the tympanum to the brain or its membranes are, an attack of scarlet fever, scrofulous inflammation, or an attack of catarrh, measles, or small-pox.

1. *Acute Inflammation of the Mucous Membrane of the Tympanum.*—In the less severe forms of this affection, the inflammation is confined to the tympanic cavity; after death, the vessels of the mucous membrane are found enlarged and much distended with blood, so that its surface is of a deep red colour. In other cases the dura mater is inflamed. I have thus found it in instances where death has occurred from other diseases, at the time that the tympanic mucous membrane was inflamed. In one case of the kind, the mucous membrane was seen to be distended with blood, the upper osseous walls being deficient in parts. The vascular mucous membrane was in contact with the dura mater, the vessels of which were also distended. The Haversian canals in the adjacent bone were also full of blood. In more severe cases, there is an effusion of serum between the upper wall of the tympanum and the dura mater. A case of this kind, which I had an opportunity of dissecting, occurred in a man, aged 21, who died of a disease of the heart and lungs. At a *post-mortem* inspection, the membrana tympani in each ear was opaque, thick, soft, and red; its vessels were large and numerous. The mucous membrane lining each tympanic cavity was of a dark red colour, its bloodvessels being large, and distended with blood. The tympanic cavity contained a considerable quantity of sero-mucous fluid. The dura mater covering the petrous bone was more vascular than natural; the surface of the bone was moistened by serum; the dura mater was no longer adherent to it.

In some cases the inflammation advances from the tympanic cavity to the brain, and death is the result. The following is an illustrative case, taken in an abridged form from Itard:(a)—

Acute Inflammation of the Mucous Membrane of the Tympanum.—Inflammation of Dura Mater.—Death.—J. B., aged 26, of a sanguine temperament and robust constitution, was received into the Military Hospital of Val de Grace, on account of an inflammation of the pleura. On the fifth day of the attack he was seized with violent pain in both ears, but especially in the left; this pain was accompanied by a rushing noise, like that of a torrent. On the sixth day the pain increased, so as to become intolerable, with throbbings in the ears, pain in the head violent, pulse hard and full. These symptoms increased, followed by great excitement, delirium, and stupor; and the patient died on the seventh day.

Upon dissection of the right ear, the mucous membrane of the tympanum was red, swollen, velvety, and covered by puriform mucus, of which the cavity was full. The membrana tympani was entire, but its inner layer very thick and red. The mastoid cells were full of mucus. In the left ear, where the pain had been the most acute, the mucous membrane of the tympanum and mastoid cells was of a deep red colour; but there was no secretion of mucus. The dura mater covering the anterior and posterior surfaces of the petrous bone was adherent to the adjacent cerebral substance; it was red, thick, and separated from the bone. Between the bone and the dura mater there was nearly half an ounce of a transparent gelatinous fluid.

(a) Traité des Maladies de l'Oreille. Vol. I., page 198 et. seq.

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A case somewhat similar to the foregoing I had an opportunity of inspecting after death with Dr. Blakely Brown :—

Acute Inflammation of the Tympanic Mucous Membrane after Hooping-Cough; Dura Mater Inflamed; Effusion of Serum between it and the Petrous Bone, and in the Lateral Ventricles.—The child was three years old, and, shortly before the fatal seizure, had gone through an attack of hooping-cough. A year and a-half previous to her death, she had a discharge from the left ear; its origin was unaccompanied by pain, but, at times, subsequently, she had attacks of acute pain in the ear and side of the head, previous to and during which the discharge subsided. A few days previous to her death, she had one of these attacks of intense pain in the ear and head, which resisted every remedial measure prescribed, and the child died after intense suffering. Upon inspection, it was found that the whole of the membrana tympani had been destroyed, with the exception of a small semilunar margin at the upper and posterior part. The mucous membrane lining the tympanic cavity was of a deep red colour, from its bloodvessels being enlarged and distended with blood. The dura mater was much congested; serum was effused between it and the petrous bone; its inner surface was adherent to the arachnoid. Serum was also effused beneath the arachnoid and in the lateral ventricles.

In cases of *typhus fever*, I have found the dura mater partaking of the inflammation of the tympanic mucous membrane. One case of this kind was that of a girl, aged 16, who died of *typhus fever*, after seven weeks' illness. She was, to a certain degree, dull of hearing from the commencement of the attack, but not previously. *Dissection.—Right Ear.*—The meatus externus contained a large quantity of thick matter, and the dermis and periosteum was so soft as to be easily detached from the bone. The membrana tympani had been removed by ulceration. The tympanic mucous membrane was thick and soft, and although the ossicles were in their natural position, the long process of the malleus had been absorbed. The cavity contained thick mucus. The dura mater was detached from the upper part of the tympanum. *Left Ear.*—The meatus was full of pus; its lining membrane was soft, a small strip only of the membrana tympani remaining. The tympanum and mastoid cells were full of thick, mucopurulent matter, the lining membrane being thick, soft, and disconnected from the bone. The dura mater adhered so slightly to the upper wall of the tympanum, that it was removed by the gentlest traction.

In other cases of death from *typhus fever*, I found the dura mater inflamed and separated from the upper surface of the petrous bone by serum. In one case, that of a patient aged 17, during the attack of fever, but not previous to it, there was great dulness of hearing for nine days, and discharge from the left ear four or five days previous to death; on dissection, the dura mater was found to partake of the inflammation of the mucous membrane; the bone was also very vascular, and it was separated from the dura mater by a small quantity of serum.

The presence of *Scrofulous Matter in the tympanic cavity*, sometimes gives origin to most formidable cerebral symptoms, and in some cases without leaving any appearances of inflammation of the brain perceptible after death. In the following case, which occurred under the care of Dr. Chambers, in the Hospital, and which I had the opportunity of seeing during life, I think there is no doubt but that the cerebral symptoms arose from the affection of the ear.

Accumulation of Scrofulous Matter in the Tympanum.—Acute Inflammation of the Mucous Membrane.—Severe Cerebral Symptoms.—Death.—S. B., aged 10, was admitted into St. Mary's Hospital, on the 21st of April, 1854, with the following history:—Vomiting, heat of skin, headache; occasional shrill screaming had commenced on the 18th, and continued to the time of admission. The bowels had not acted since the 19th. She had formerly a discharge from the right ear, but that had latterly ceased, though deafness remained.

On examination, the pulse was rapid and regular; the skin hot and dry; the face flushed; the eyes heavy, but shiny; the pupils naturally affected by light. There was a tendency to a sort of comatose sleep, but she was easily roused by speaking to her.

April 21.—Ten leeches to be applied to the head; also ice; a grain and a-half of calomel every hour, and a purgative in the morning.

22nd.—Urine albuminous, probably from the calomel. No more vomiting. Bowels opened several times. Complains of pain in the cardiac region. Keeps boring her head into the pillow, and occasionally screaming. No pain in the head. Tongue white and furred; pulse 108, regular. One of the motions was mucous and bloody; the rest dark. Ordered the calomel every three hours, and a blister to the nape of the neck.

23rd.—The same symptoms exaggerated, with violent delirium occasionally, and screaming, alternating with a half-comatose state. This continued till her death, at two in the morning of the 25th, the face and lips remaining flushed till the time of decease.

Post-mortem Inspection.—The tympanic cavity contained scrofulous matter. The mucous membrane lining the tympanic cavity was very red, its blood-vessels being greatly distended. The whole of the petrous bone, and the dura mater covering it, was also of a deep-red colour, from the distension of the vessels.

2. *Chronic Catarrhal Inflammation of the Tympanic Mucous Membrane.*—The first effect upon the tympanic mucous membrane produced by scarlet fever and the other predisposing diseases, is usually a simple catarrhal inflammation, *i.e*, the ciliated mucous membrane, which in its natural state is extremely thin, and pours out a very small quantity of thin mucus, becomes hypertrophied, and secretes copiously a viscid matter. This secretion being too abundant and thick to escape through the natural excretory passage—the Eustachian tube, gradually fills the tympanic cavity, and presses against the inner surface of the membrana tympani, causing the partial or entire destruction of that organ; the mucus freely escapes into the meatus, and forms one of the class of cases usually comprised under the term *otorrhœa*, it being, in reality, a case of simple catarrh of the mucous membrane of the tympanum. So long as there is a free exit for the discharge, I believe that the disease rarely extends to the cerebrum, and fortunately, in a large proportion of cases in which the ear is injured by scarlet fever and the other diseases already mentioned, so considerable a portion of the membrana tympani is removed, that the viscid mucus secreted has free egress from the tympanum. But, in other cases, the membrana tympani remains entire, or there is only a small aperture in it, or a portion of it falls inwards and becomes attached to the promontory, thus making a septum whereby the tympanic cavity is shut off from that of the meatus. Sometimes membranous bands stretch across the tympanum, or scrofulous deposit accumulates. By one of the above-named agencies, the secretion of the tympanic mucous membrane is prevented passing outwards; it gradually distends the tympanic cavity, and affects its bony walls, and thus disease of the membranes of the brain or of the brain itself usually takes its origin.

Although, as I have just stated, simple chronic catarrh of the tympanic mucous membrane, when there is a free egress for the discharge, rarely extends to the brain, the dura mater may nevertheless become diseased. In chronic catarrhal inflammation, the tympanic mucous membrane becomes much hypertrophied and its vessels enlarged, and as these vessels are, through the medium of the bone, directly continuous with those of the dura mater, it is not surprising that the latter membrane should be affected; and we find it undergoing slight changes. One of these is hypertrophy, another is detachment from the petrous bone, and the third is atrophy and extremely firm adhesion to the bone. The bone is also liable to be slightly affected.

The following case illustrates the effects of simple catarrh of the tympanic mucous membrane, there having been free egress for the secretion :—

Catarrh of the Tympanic Mucous Membrane.—Bone Soft.—A woman who had been deaf in both ears during many years died of apoplexy at the age of 64. On *dissection* of the right ear nearly the whole of the membrana tympani was found to have been destroyed; the small portion which remains is thick and soft, and it is in contact with the promontory. The malleus has disappeared, but the incus remains, and is attached to the stapes, the latter bone being wholly concealed by the thick mucous membrane. The upper osseous wall is soft.

Chronic catarrhal inflammation of the mucous membrane of the tympanum *where the membrana tympani is entire*, and where there has been but slight catarrh from the mucous membrane, may also produce disease in the dura mater; but so far as my experience extends, no cases have occurred in which the disease has advanced to the injury of the brain, so long as there is not more discharge than can pass away through the Eustachian tube. Cases of this class have come before me when making dissections of the ears of patients who have died of other diseases; and the following brief notices indicate the state of incipient disease that may be present, and, as we shall find in a further consideration of the subject, it is likely to become of a very serious character when, under the influence of exciting causes, the quantity of the secretion is much increased.

Mucous Membrane of the Tympanum thick; Membrana

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Tympani entire; Bone carious; Dura Mater ulcerated; the Arachnoid in contact with the Tympanic Mucous Membrane.—A man, who had been deaf during many years, died of consumption at the age of 50. *Right Ear.*—The membrana tympani white, concave, and very thick. The whole of the inner surface of the membrana tympani adheres to the inner wall of the tympanum, and the ossicula are firmly bound together by bands. The membrane lining the mastoid cells is thick, and the cells contain a viscid fluid. *Left Ear.*—In much the same state as the right, but there was a carious orifice in the upper wall of the tympanum. The dura mater was thin in some parts and ulcerated in others, so that the outer surface of the visceral arachnoid was in contact with the mucous membrane of the tympanum.

Mucous Membrane of the Tympanum thick; Membrana Tympani entire; Bone carious; Dura Mater atrophied, ulcerated.—A woman, aged 65, died of paralysis. Many years previous to her death, after repeated attacks of ear-ache, deafness slowly came on in the right ear. *Dissection of Right Ear.*—Membrana tympani white and thick; a large membranous band connects the incus to the inner wall of the tympanum, and nearly conceals the stapes. The tympanic mucous membrane is four or five times its natural thickness, and adheres firmly to the bone. The upper osseous wall of the tympanum is cribriform, so that at various points the thickened mucous membrane is in contact with the outer surface of the dura mater. The dura mater is very thin, and presents two or three small orifices.

In another woman, aged 70, who died of apoplexy, and who had been deaf for many years, the following was the condition of the *left* ear:—The membrana tympani was thick and opaque, most especially at its posterior part; its inner surface firmly adhered to the inner wall of the tympanum and to the stapes, the latter bone being concealed by the bands of adhesion. The upper osseous wall of the tympanum is carious, and presents several large orifices, which allow the dura mater to be in contact with the thick mucous membrane.

In my *third* lecture I shall proceed to the consideration of the cases of chronic catarrhal inflammation and ulceration of the tympanic mucous membrane, in which the brain becomes diseased.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS.

No. XXVIII.

EXTRACTS FROM A REPORT ON THE CHOLERA WHICH ATTACKED THE FLEET IN THE BLACK SEA IN AUGUST, 1854,

MORE PARTICULARLY AS RELATES TO HER MAJESTY'S SHIPS BRITANNIA, ALBION, AND TRAFALGAR.

By Sir WILLIAM BURNETT, M.D., K.C.B.
Director-General of the Medical Department of the Navy.

(Continued from page 28.)

Eruption of the Epidemic in the Fleet at Baljick.—It is now necessary to revert to the vessels anchored at Baljick. As already stated, the first case in this division of the Fleet was a solitary one which occurred in the Diamond, on the 16th of July, at least ten days before the choleraic tendency was observed in any of our ships of war, whether at sea or in harbour. About the beginning of August, however, diarrhœal complaints, gradually assuming a more severe form, began to be of frequent occurrence in the Britannia, Albion, London, Rodney, Trafalgar, and in other vessels which had anchored in the bay on the 31st of July, and in many instances they latterly assumed a decided choleraic character; but, on the 7th, there occurred a distinct case of cholera in the London, which terminated fatally on the same day. After this other cases, both of cholera and diarrhœa, took place until the 10th, when the ship went to sea. On the following day a second death occurred, and there was another on the 14th, one on the 16th, and one on the 18th. On the 20th the ship returned to Baljick, where a sixth took place on the 24th.

On the 7th of September she sailed for the Crimea, off which there were three additional deaths from cholera between the 8th and 30th of September.

The last case, which terminated in death on the 30th, was contracted on shore, where the man had been employed assisting to carry the wounded soldiers off the field after the battle of the Alma.

Though the crew of this vessel was, as will be noticed presently, equally exposed with the crew of the Britannia to all the extraneous exciting causes of cholera prevalent at Baljick, yet they suffered but little in comparison. In three months there did not occur more than twenty-one cases of diarrhœa, and seventeen of cholera, of which nine only proved fatal.

Britannia.—On the 9th of August the disease in its more malignant form broke out simultaneously in the Britannia, Albion, Furious, Trafalgar, and Tribune.

[The Report of Mr. Rees, Surgeon of the Britannia, has already appeared in this Journal. See the *Medical Times and Gazette* for December 16, 1854.]

With respect to the propriety of the ship proceeding to sea when the epidemic had fully declared itself, there can, I think, be but one opinion. Experience had fully shown, first at Malta in 1837, and again in 1849, that when the disease appeared in the Fleet at that anchorage, but more especially during the latter invasion, it was invariably in every vessel, both large and small, completely arrested, or, rather, it died out, if the expression may be used, a few days after they left the infected port; and, though cases occurred during the few days subsequent to their departure, there was reason to believe that they also had been contracted at Malta, the poison of most epidemic diseases being of such a nature that it will sometimes lie dormant in the system for several days, or even weeks, before it explodes and overturns the usual healthy normal functions of the body.

More recently, in the Baltic, similar results were observed; the disease broke out in vessels when they remained in, or communicated with, an infected place; but, on going to sea, it entirely disappeared soon after the morbific cause or infection which had entered the system developed itself, or became exhausted; and the same has been invariably the case both in India and China. I do not believe there is to be found in any of the Medical Returns which have been received in this office, more especially during the last thirty years, a single instance detailed which would warrant the conclusion that cholera has ever broken out in a ship at sea, unless she had held communication with an infected port within ten or twelve days from the date of the eruption. I therefore feel assured that there can be no more safe refuge for a ship of war, when assailed by cholera, than the open sea, provided that that degree of ventilation can be maintained which is generally practicable by ordinary windsails in a moderate breeze, and provided her crew does not exceed her established complement. But I by no means hold the same opinion with respect to troop and emigrant ships, in which ventilation is generally defective, or altogether neglected; consequently, both cholera and typhus fever have occasionally been kept up in these vessels for several successive weeks after leaving an infected port, and sometimes even until the suffering individuals were enabled to escape from the vessel and the poisoned air which surrounded them.

Whether, therefore, the Commander-in-Chief in the Black Sea was guided by his own opinion, or influenced by the opinions expressed by his officers, there cannot remain a doubt that the course he pursued, in taking the ships to sea, when their crews began to suffer from cholera, was the only way by which he could hope to rescue them from the impending evil, and arrest the progress of the disease.

Had all the vessels remained in the Bay of Baljick, in daily communication with the infected town, and but imperfectly ventilated, it is impossible to imagine what the consequences might have been; the mortality was great as it was, but there is every reason to believe it would have been much greater; for, with the exception of the Britannia, the force of the disease appears to have been completely broken in every vessel a few days after they sailed from Baljick and Varna. The number daily attacked diminished, as did the virulence of the disease itself, while in some vessels it ceased entirely.

The greater fatality of the disease in the Britannia than in any of the other ships appears to me to have been owing entirely to the want of adequate ventilation, caused by her large complement of men, and the necessity there was for closing the lower deck ports during the gale which happened on the night of the 13th—an exigency that could not have been foreseen, otherwise it might perhaps have been better had she remained at the anchorage in the Bay of Baljick until the weather moderated. Though every means were adopted to throw fresh air down into the lower regions of the ship by the use of windsails, it is well known, as noticed by Mr. Rees, that this, especially when the ports are closed, is but an imperfect mode of ventilation; their action is frequently interrupted by their being "taken aback," in

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consequence of the wind shifting, or of the altered position of the ship or the sails with respect to the wind.

It may, therefore, be easily imagined, that on the lower decks of the Britannia, where there were perhaps little short of five hundred men berthed, that the air must have become tainted. Admitting that one watch went on the upper deck at eight o'clock, and the other, with all the sick, retired to their hammocks; that at twelve o'clock the position of these men, with the exception of the sick, who remained in their hammocks, was reversed; but again, at four o'clock on the following morning, the first watch replaced the second; it will thus be seen that the whole ship's company were, during the greater part of the night, so situated that they could not help breathing an atmosphere which was not only well nigh exhausted of all its vital support, but poisoned by the effete products of respiration, and by the other emanations which escape from the living body, whether in health or disease.

But if there be reason to suppose—and the sad catastrophe of the Britannia adds strength to the supposition—that the human body, when labouring under cholera, gives off a certain virus which produces the same kind of disease in other healthy bodies, there can be no difficulty in understanding why the malady proved so destructive to this ship's company, while it all but spared others similarly situated in every respect, with the exception of their being better ventilated. I see no reason, therefore, to differ from the conclusion come to by Mr. Rees, the Surgeon of the ship, namely, that "the crowded state of the middle deck, the matters constantly discharged from the bowels and stomachs of the sick, and the want of adequate ventilation, had contributed at length to render the ship a laboratory of choleraic poison."

From the night of the 13th the disease had in fact acquired, in consequence of the numbers attacked, a reproductive force, which could not be extinguished or overcome by the best efforts at ventilation. Hence the absolute necessity of again running into harbour, that the sick might be separated from the healthy, and both removed from the ship in order that the latter might be cleared out, well ventilated, and thoroughly washed with a solution of the chloride of zinc.

The disease reached its maximum of severity on the nights of the 14th and 15th. Out of twenty-five cases which occurred on the latter date, twenty-two proved fatal. There is no means of accounting for the great fatality on that day, unless by supposing that the emanations from those previously affected had accumulated, and acquired a much more deadly influence from imperfect ventilation in consequence of the state of the weather. The attacks in many instances were so sudden, that many men fell as if they had drunk the concentrated poison of the upas tree.

Trafalgar.—In the nosological return from the Trafalgar, the Surgeon remarks, that, "on the 6th of August, we were congratulating ourselves on the healthy state of the crew, there being only twenty-three men on the sick list, while the land forces on shore at Baljick were suffering most severely. From the 1st to the 8th of August the thermometer averaged 75° on board,—the barometer 29·87. The weather was close and sultry, and the wind blew from the southward, partly off the land, until the 8th. On that evening it shifted, and blew a very hot blast from the shore, over the encampment lately occupied by the French. On the morning of the 9th two cases occurred; the man first attacked had been on shore during the preceding day, and had eaten freely of plums. Two other cases occurred the same evening, and during the night there were about six."

At daylight on the 10th, the ship sailed, in company with the Vengeance and London; and, though attacks both of cholera and diarrhœa continued to occur for a few days, still the force of the disease appears to have been checked by the sea air, and the ship returned to the anchorage on the 17th, comparatively free from it.

Altogether, there occurred 164 cases of diarrhœa, and 116 of cholera; 38 of the latter terminated in death.

"For some days previously to the 5th, the wind blew from the westward over an immense tract of level, uncultivated land, covered with a wild vegetation; the sky was obscured with heavy, lead-coloured clouds; the atmosphere, though not very hot, was sickening and extremely oppressive." At four a.m. on the 9th of August the first case of cholera occurred, and in the evening the disease began to spread with fearful violence; consequently, the vessel went to sea with the Fleet, and continued cruising for several days successively. The refreshing breezes of the open sea soon arrested the progress of the malady, while those already attacked began to show symptoms of amendment.

Altogether there were seventy-three cases of diarrhœa and twenty-nine of cholera, nineteen of which proved fatal within a few days from the date of its eruption.

Though this vessel could not have been anchored at any great distance from others of the same class, yet she suffered much more severely. This can only be explained by supposing that her crew were more exposed to the exciting cause, either on shore while watering, or subsequently in their own vessel, after the cases became so numerous as to produce an infectious atmosphere between decks. The effect produced by her running to sea was, however, widely different from that which occurred in the Britannia; in the one the disease began to decline immediately after she left the anchorage; but, in the other, in consequence of imperfect ventilation, it became greatly aggravated.

Tribune.—The only other vessel in which the epidemic made its appearance on the 9th was the Tribune. She arrived at Baljick from Kaffa on the 30th of July; her crew appear to have been attacked with diarrhœa about the same time as the crews of the other vessels present; and, on the 9th of August, there was one death from cholera, and another on the 11th. She went to sea on the 12th, but returned again on the 17th, being then nearly clear of both forms of the disease.

Rodney.—On the following day, the 10th, cholera made its appearance among the crew of the Rodney, though, as in most of the other vessels, it had been preceded by diarrhœal attacks. She went to sea on the 12th, and again returned to Baljick on the 20th, having in the interim lost seven men by the disease, which appears to have abated soon after she left the anchorage. She also lost one man by cholera in September; it was supposed that he contracted the disease on shore, while assisting to remove the wounded from the battle-field of the Alma.

[To be continued.]

CLINICAL REPORTS OF SOME CASES OF SURGICAL DISEASES OF WOMEN.

By I. BAKER BROWN, Esq.
Surgeon-Accoucheur to St. Mary's Hospital, etc., etc.

(Continued from Vol. XXX., page 566.)

RECTO-VAGINAL FISTULA.—OPERATION.—CURE.

June 2, 1854.—I was requested by a Surgeon to see Mrs. K——, who gave the following history of herself,—that she was 25 years of age, had been married six years; that her first child was born before she was 20; the labour very protracted; instruments were used, and complete laceration of the perinæum resulted; and from that time to October, 1853, she had had no control over her bowel, and her evacuations escaped at all times involuntarily, and excluded her completely from society; and, being of a very lively temperament, and of great musical talent, she felt the deprivation very severely indeed. In October last, an operation was performed for the restoration of the perinæum, but she found, although the perinæum was superficially restored, yet she had no control over her motions, and there was a great opening left between the rectum and vagina, through which nearly the whole of her evacuations passed, insomuch that she considered herself in a worse condition than before. Two months after this, an operation was performed for this recto-vaginal opening; but the next day the sutures were burst asunder by violent sickness. Two months after this, another operation was performed to amend partially the opening, which, to a certain degree, succeeded, but she was not essentially benefited.

On making an examination, I found an opening large enough to admit my index finger just within the anus. I believed that no operation for this fistula would be of any avail without dividing the partially-restored perinæum, and beginning the operation *de novo*. We therefore proceeded, having first placed the patient under chloroform, to operate in the usual manner for ruptured perinæum, taking special care to dissect off the mucous membrane far back over the recto-vaginal septum and around the edges of the fistula, and then to bring the lower edges of the denuded surfaces very closely together, so as to have as much as possible of the fistula external to the sutures. The sphincter was divided very freely on both sides. Metallic clamps were used instead of pieces of bougies, and answered well. The after treatment was the same as usual, and on the fourth day the deep sutures were removed. The following day she complained of a small quantity of wind escaping into the vagina, although the greatest portion passed through the anus. On the eighth day, I made a careful examination per vaginam and rectum, and at the further extremity of the old fistula I felt a small opening about the size of a probe, through which the wind passed, but I expressed my opinion, that, as the perinæum was perfectly restored and very

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deep, that this small communication would most likely close by granulation, but, if not, the actual cautery would suffice. I had no doubt that she would be able perfectly to control the sphincter.

26th.—Examined very carefully per rectum and vaginam, and no opening could be found. During the last two or three days no flatus had escaped, and when an injection of warm water was thrown up to assist defæcation, the patient had control over the sphincter; indeed, the parts were sound and well.

A fortnight after this she left town perfectly well in every respect.

This case is one of considerable interest; first, on account of the cause. It will be seen at page 112 of my work I have not included this cause with six others, and yet I can easily imagine that many operations for ruptured perinæum will result in this distressing condition. One of my own cases (page 53, Case 3) illustrates this observation, and the practical deduction to be drawn is, exhibit great care in the steps of the operation and in the after treatment. Secondly, on account of the plan adopted to remedy the evil, it will be seen I have not contemplated this operation in the four plans of treatment recommended in my work, and yet it is evident no other could have succeeded so well.

POLYPUS—OPERATION—CURE.

August 5, 1854, I was requested by Mr. Britton, of St. John's Wood, to see a lady in consultation with him and his friend Mr. Russell, a retired practitioner. From them I received the following history of her case:—

"B. H., aged 43 years, widow, has been always accustomed to rather profuse and painful menstruation. She had a child about twenty-one years since; the labour was difficult, and was followed by retention of placenta, and other severe symptoms. About eleven years since she had an attack of inflammation of the uterus, which required the recumbent position to be adopted for upwards of three months; a feeling of bearing down has existed ever since after any exertion. About five years since, an attack of menorrhagia came on; this was followed by sickness and pain in the bowels. Ever since that time she has been more or less an invalid, and has suffered from the following symptoms, varying from one form to another, and being greater or less in degree: Pain in the left hip, extending to the back; pain and tenderness in the left hypogastric region, with greater or less degree of fullness; some kind of discharge has constantly existed, sometimes serous or partially sanguineous, sometimes apparently purulent; throbbing and shooting pains are often felt in the left hypogastric region; an abscess has seemed to burst, purulent discharge has immediately followed, with reduction of the swelling and tenderness. These symptoms of suppuration have occurred at frequent intervals, and the throbbing and enlargement have always existed on the left side."

On proceeding to examine this lady, I found her in bed, with an anxious countenance, sallow complexion, drawn features, sunken eyes, bloodless lips, weak pulse, and attenuated body. On making an examination per vaginam, I with some difficulty felt about four inches from the orifice of the canal a rough irregular growth, feeling very much, at first, like cauliflower excrescence, but, on more carefully examining it, I found it was firm and unyielding, and made up of four jagged heads on one common neck, the size of the middle finger, which was attached to the os and cervix uteri. I now clearly ascertained that this was a case of true polypus. That it had not been previously discovered at repeated digital examinations by some distinguished accoucheurs, I attributed to the fact of the polypus growing backwards towards the rectum, and pushing up the uterus itself, thus not being so readily felt as polypi are in ordinary cases. To convince both Mr. Russell and Mr. Britton, I seized the growth with a pair of forceps, and pulled it down to the orifice of the vagina. I recommended that this should be removed in the way recommended in my work,—viz., by passing the needle through the neck, armed with a double ligature of twine, and then cutting off the polypus external to the ligature immediately after tying. I considered this plan especially appropriate to the present case, as she was so very anæmic that she could not bear the loss of any blood which might follow the simple removal by knife; nor, on the other hand, could she bear the slightest poison from absorption of the decomposing body, if the polypus were merely tied, and left to slough off. Accordingly, on the 7th, I operated, placing the patient under chloroform, and in lithotomy position, first separating the labia by retractors, and seizing the polypus by a pair of vulsellum forceps, and handing the instrument to Mr. Britton to keep up traction, I passed one of the curved needles which I use in the operation for ruptured perinæum, armed with double ligature, through its neck, and tied it on both sides very tightly, and then cut off all the parts external to the ligatures. Not a drachm of blood was lost. I plugged the vagina with lint, soaked in a saturated solution of alum, and gave the patient 2 grs. of opium as soon as she revived from the chloroform. On the third day the ligatures came away, followed by no bleeding. Cold injections of water were used night and morning, generous diet allowed, and, in one month, the lady went to the sea-side for several weeks, and returned to town in good health, and continues so to the present time, and takes walking exercise daily, with comfort and pleasure.

This case offers several very interesting points for consideration, which, I trust, will be so evident to the Surgeon, as not to require further comment.

16, Connaught-square.

[To be continued.]

ON THE MANNER OF FINDING AND EXPOSING THE ARTERIES

WHEN THEY ARE TO BE TIED IN A HEALTHY PART OF THEIR COURSE.

By Dr. A. DEVILLE.

Demonstrator of Anatomy at the School adjoining St. George's Hospital; Late Prosector in the Anatomical Theatre of the Hospitals of Paris.

(Continued from page 590.)

Carotid Artery—about the middle length of the neck: a deep-seated artery. Rallying point: the inner border of the sterno-mastoideus, which must be turned aside by dissection. Incision: along the inner border of the muscle. (22)

(22) It very seldom happens, chiefly on the living body, that the inner border of the sterno-mastoideus is not obvious through the skin. However, as it might sometimes occur, it is useful to observe, that it is always situated in the direction of a line drawn from the anterior part of the top of the mastoid process, down to the internal end of the clavicle; but it is worth notice, that this line, when the head is turned out towards the side opposite to that one upon which the operation is performed, must be a little curved, its concavity looking outwards and downwards, and not quite straight.

Some have thought it would be possible, in the performance of the operation, to confound the sterno-mastoideus with one of the infra-hyoidei muscles. Such a confusion, however, will seldom take place, except in unexperienced hands.

Some operators also, when the sterno-mastoideus is turned aside, recommend us to spare the omo-hyoideus, during the division of the deep fascia. This is a mere trifle, and, were the omo-hyoideus situated towards the middle length of our incision, we divide it, together with the deep fascia, not only without taking care of it, but even willingly.

Anterior Tibial Artery—at the inferior third of the leg: a deep-seated artery. Rallying point: the muscle tibialis anticus. Incision: along the outer side of the tendon of that muscle. (23)

(23) There is a slight difference, according to the height at which the artery is sought. If near the ankle, the tendon of the extensor proprius pollicis ought to be drawn aside outwardly, while the tendon of the tibialis anticus is drawn inwardly by a blunt hook, and then the layer of cellular tissue rather than a true fascia, behind which the artery lies, is fibrous enough for requiring very often its division with the knife along a director. On the contrary, when the artery is sought a little higher, the extensor proprius pollicis scarcely wants to be drawn aside, and the cellular tissue must only be cleared away by tearing it. The artery is always found against the external surface of the tibia, just behind its collateral nerve, which is first organ to view.

Anterior Tibial Artery—at the superior third of the leg: a deep-seated artery. Rallying point: the tibialis anticus. Incision: longitudinal or parallel to the axis of the limb, just midway between the anterior border of the tibia, and the external border of the fibula. (24)

(24) It may sometimes be useful to divide the general fascia by a second incision across the tibialis anticus, when the first one is already made, in order to have the division of that frequently thick fascia gaping to a sufficient extent.

Posterior Tibial Artery—At the inferior third of the leg: a superficial artery. Incision: longitudinal, just midway between

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the internal border of the tibia and the external border of the tendo-Achillis.(25)

(25) Though the artery be a superficial one, it often occurs that we meet with two superposed fascia before reaching it, while in some other cases we meet with a single one. The reason of it is, that the tendo-Achillis is lined by two fasciæ, one superficial, the other deep-seated, which join each other inwardly in a single one inserted further to the internal border of the tibia. This junction takes place not exactly upon the border of the tendon; so that if our incision happen to be on a point where the two fasciæ are not yet united, we meet with two aponeurotic layers, and with a single one, in the contrary case.

Posterior Tibial Artery—At the superior third of the leg. A deep-seated artery. Rallying points: the internal border of the gastrocnemius which must be very slightly drawn aside, and the soleus which must be cut across. Incision: longitudinal, behind the internal border of the tibia. (26)

(26) A certain accuracy is necessary for dividing the soleus with the knife, layer after layer. However, the performance of this operation in its whole course offers no serious difficulty, and I always wondered, and was very much puzzled at the idea that it was very difficult to find this artery. Of course, if a person deprived of exact anatomical knowledge, and even indeed an anatomist, clever but unacquainted with the rules of operative surgery, were trying to expose this artery on the living body; for instance, when it is wounded and there are complications from hæmorrhage, presence of coagulated blood, etc., they might fail in their attempt. But let them proceed according to the rules here exposed, and the difficulties supposed to surround this operation will soon vanish away.

According to those rules, the operator must divide the skin on the above-mentioned place, by a very long incision, four inches, at least, long, cut across the sub-cutaneous cellular tissue, (minding that he may meet with, and, if so, spare the internal saphenous vein,) and divide the fascia by a single sweep of the knife; the muscles of the calf are then exposed, and the gastrocnemius, except on a very lean subject, where its border is scarcely perceived, is gently pushed a little outwards, in order to expose the soleus. Now, the soleus must be divided across, and there is no difficulty in this; but a little more accuracy is only required.

An assistant is very useful; placing himself in front the operator, he draws aside with one finger the external edge of the wound, so that the latter be widely gaping, and in proportion as the operator progresses through the soleus with the knife, the same assistant advances his finger for drawing aside the portion already divided of the muscle, while the operator effects a like traction on the internal edge of the wound; by these means the bottom of the wound is constantly and freely exposed to view. If the operator were perchance deprived of an experienced assistant, he might obtain, though not so easily, nearly the same result, by the use of two of his left fingers, especially the thumb and forefinger laid down, one on the external, the other on the internal borders of the wound.

Meanwhile, the knife held as a pen in the right hand, the operator divides layer after layer the thick soleus muscle; the operator is aware that the muscle is almost entirely divided, when he perceives at the bottom of the incision a white, glistening, and thick aponeurosis, which always exists on the deep or anterior surface of the muscle. This aponeurosis is then divided along the director; it might, indeed, be cut directly, without any director; but its thickness and firmness would not render it prudent. The second fascia which separates the artery and its collateral organs from the soleus, is then exposed; it almost always consists of a very thin cellular lamina, and needs only to be torn asunder by a single stroke of the director, without requiring a division with the knife; however, the contrary sometimes happens, and a division of this fascia with the knife along the director may prove necessary in such a case.

During the performance of that operation, a peculiar obstacle is met with frequently enough as to deserve a short explanation. In some cases which we allude to, the operator has divided the soleus layer after layer, perceived the white, glistening, and thick aponeurosis, and cut the latter along the director. He then naturally expects to see the artery through the thin second fascia, as usually; but it happens that no such thing appears; more deeply, he sees only a mass of red muscular fibres, as if he were looking into the bosom of a half-divided muscle. This occurs especially when the incision has been made rather too high, and even when it has not, and is in all cases owing to the presence of a more or less thick muscular layer laid upon the deep surface of the aponeurosis, and forming, instead of the latter, the deepest part of the soleus. The character of the obstacle being known, it is easily removed; there is no want of any instrument, as the top of the forefinger is quite sufficient. By a little pressure and a gentle motion up and down, the finger readily passes through these muscular fibres, and tearing asunder the mass, throws aside each half of it, so that the second fascia or cellular lamina beyond which the artery lies is immediately exposed.

Instead of cutting across the soleus, some operators propose to separate it from its attachment to the tibia, by cutting these connexions with the knife, and then drawing the muscle aside outwardly, as we do for the internal border of the gastrocnemius alone. I cannot too strongly oppose such a bad proceeding, for many reasons. First, it is not easy, especially during an operation, through the bleeding, etc., to mark exactly along the tibia the limits between the attachment of the soleus and those of the flexor longus digitorum and tibialis posticus; thus, when we intend to cut only the attachments of the soleus, it often may happen that we cut also those of the deep muscles, and thinking afterwards that we draw aside only the soleus, we bring away all the posterior muscles of the leg; and, completely misled, we fall straight upon the interosseous membrane, quite unable henceforth to find our right way towards the artery. And then, suppose we have, perchance, or with a minute accuracy, cut the connexions of the soleus alone, we find it difficult when we try to draw aside the soleus, (which is a very broad muscle,) as far as necessary for exposing an artery so distant of the internal border of the tibia in its upper part. The question here is the same as for all muscles' rallying points that are broad. In my opinion, there is no comparison between the two proceedings, that is to say, the cutting across, and the mere drawing aside of the muscles, the former one being by far superior to the latter.

[To be continued.]

ON A NEW METHOD OF TREATING BRONCHOCELE.

By WM. TURNER, Esq.

Although ignorant of the functions performed by the thyroid body in health, yet under abnormal conditions it often becomes, from its situation and connexions, the object of Medical as well as Surgical care and anxious consideration. From its size and unsightly aspect, the great discomfort and injurious effects it produces by pressure on the large vessels and nerves, as also on the trachea with which it is so closely connected, often seriously impedes any active exertion of the respiratory organs, and causes the sufferer noisy and often roaring respiration. The pressure from enlarged thyroid gives rise to noises in the head, startings from sleep, with sensations of suffocation and feelings of constriction and strangulation about the throat and neck; often difficulty in deglutition, frightful dreams, vertigo, &c. Nor does the urgency of these symptoms at all correspond with the abnormal size of the thyroid body. Indeed, patients often complain more severely when the enlargement is only unilateral, and that to no very great extent. For the relief of some cases of this kind, which had resisted other treatment, and from observations arising from the two following cases, I was induced to practise the plan proposed.

Being called in 1845 to a Mrs. H., of Holland-street, Kensington, an aged female suffering from phlegmonous erysipelas, which had extended from a wound in the hand, and now involved the whole arm, neck, and side face (the neck being enormously swollen owing to a very large general bronchocele as well as the erysipelas). "This large bronchocele had existed forty years, and on a former occasion I got to examine, (although the doctors had told her it would be the death of her, if interfered with,) and found a large fluctuating cyst imbedded in the mass of enlarged thyroid. This foreknowledge emboldened me now to make a free incision into the mass, with the hope of relieving the present distressing symptoms impending suffocation. There was most urgent dyspnœa, purely, I judged, from the great tension about the throat; countenance livid, the tongue protruded, and every evidence of such trouble to the respiration and circulation as must quickly terminate life, if unrelieved. A free incision into the large cyst discharged about a pint of serous, fetid fluid, at the same time giving immediate relief to the more urgent symptoms. The cut edges of a thick yellowish cyst became evident about an inch from the surface of the skin. The open-

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ing continued to discharge, and, by aid of a female catheter, I withdrew from time to time the liquid fetid contents which accumulated in the lower part of the cyst, until, by degrees and at length after six weeks, the whole cyst came away, and the opening in the neck healed; and, to my surprise, after many months, the enlarged thyroid body gradually got less, so that after two years she had lost all her bronchocele.

In 1849, Mrs. R., of High-street, Kensington, appeared to be suffering much pain and distress in breathing from a suppurating cyst, developed in a large but unilateral bronchocele. This I perforated with a trochar and canula, and discharged fetid matter from it. The discharge in this case continued for months; no cyst came away; but yet the thyroid enlargement has so much decreased as to be scarcely visible; tells me she can now do needlework. Before the operation, the tumour prevented her looking down on her work.

From these and other cases it was imagined, if inflammatory action could be induced and maintained for a time, it might, as one observes sometimes in the testicle, and as these cases in the thyroid appeared to demonstrate, be followed by adhesive and constructive inflammation from effusion and infiltration ultimately giving rise to absorption from obliteration of nutrient vessels.

The first case operated on with this intention was in 1852. Mrs. C., of Vale-place, Hammersmith, aged 43, of spare, delicate habits, complaining much of the trouble and inconvenience to her breathing produced by a unilateral enlargement of the thyroid body. This was about the size of a large lemon, and had resisted all the ordinary means employed without any good result; therefore, selecting the most prominent part of the tumour within the inner edge of the sterno-cleido mastoid, I applied the potassa fusa over a space the size of a florin. On the separation of the slough produced, after twelve days, the potass was again applied, and repeated at intervals, until the thyroid was exposed, by the gradual destruction of the superincumbent tissues. Next, a blunt-pointed grooved director was passed freely into the substance of the enlargement in various directions. This gave rise, after some days, to considerable constitutional irritation and feverish disturbance, with heat, pain, and some slight swelling in the thyroid, followed by a copious watery discharge from the opening; the patient imagined a pint and a-half came off daily for two weeks, and then gradually subsided, as did also the swelling and constitutional irritation. This patient's present condition, free from any enlargement and with the slight disfigurement produced by the eschar, is most satisfactory.

Mrs. M——, of Warwick Square, Kensington, aged 36, a nervous, delicate lady, of thin, spare habit, mother of a large family, requested relief from a unilateral enlargement of the thyroid, giving rise to difficulty and noise in respiration on any active exertion; complained of starting in alarm from sleep, imagining some one was strangling her; could not read aloud, as was her former custom; for many months had been subjected to various plans of treatment, without relief.

The same mode of treatment was adopted in this case as that last detailed, with the caustic potash. About the period when the gland was exposed, the patient's health became rather suddenly disturbed from uterine derangement, followed by general nervous excitement and irritation. I was obliged to desist from further measures as regarded the neck. The patient slowly recovered from this low nervous fever (*secundum* Sir James Clark, who visited her when in this state). A portion of the thyroid, the size of a walnut, blackened and spongy, came away after a time, without hæmorrhage. The opening gradually healed, and this lady is now in robust health, and, although relieved of the urgent symptoms complained of, the site of the former swelling, as well as the eschar, is now in a depression. Still, the posterior portion of the gland behind the sterno-cleido mastoid has much increased since the operation, now nearly two years; yet, as I had not the opportunity to pass the probe through and among this portion, I do not consider it as having been subjected to the proposed plan. The perfect freedom from hæmorrhage, by the employment of the method proposed, has much surprised me. The caustic potash seems primarily to seal up the vessels by chemical action, and, secondarily, by induced inflammatory action on the surrounding structures, the blood-vessels are sealed up prior to the separation of the slough produced at each step in the progress. I imagine vessels of some considerable size are thus quietly cut through without bleeding.

Although the thyroid body in its natural state is not contained in any distinct capsule or membrane, yet, by its enlargement, it appears to condense the cellular tissue and fascia about it into a dense membranous covering, which would well resist the passage of a blunt probe or grooved director, unless inconsiderate force was employed; and, as all the larger vessels are chiefly confined to the upper and lower margins of the lateral lobes, one does not risk them in perforating the most prominent portion of the tumour, which always presents itself, either in front or behind the sterno-cleido mastoid; in the former case, covered beneath the cervical fascia by the expanded fibres of the sterno-thyroid and hyoid; in the latter by fascia latissimus colli and omo-hyodei.

Although very many kinds of treatment have been directed to the relief of bronchocele, not a few have had the great disadvantage of being more desperate and dangerous than the disease; and some may imagine the one now proposed of the same class; yet, from my experience, I do not find it so, and consider it worthy of a more extended trial by those of my Profession who can command beds in Hospitals, and have a better opportunity of keeping close watch on such cases than one engaged in general practice can do. With this impression, I have been induced to bring these observations before them, and must crave all indulgence for this hastily-written paper.

31, Lower Phillimore Place, Kensington, Dec. 4, 1854.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

SERIES OF CASES OF ABDOMINAL TUMOURS.

Continued from page 11.)

GUY'S HOSPITAL.

Case 40.—VERY LARGE HYDATID TUMOUR IN THE ABDOMEN. — REPEATED PUNCTURES. — PERMANENT OPENING.—RECOVERY.

[Under the care of Dr. BABINGTON and Mr. COCK.]

H. B., aged 36, a tall, thin man, was admitted into Phillip Ward, under the care of Dr. Babington, on August 4, 1853. His complaint was a large abdominal tumour, the size and outline of which are well shown in the appended wood-cut, which is taken from a sketch made at the time:—

He had been ill three years, and dated his first symptoms from an injury sustained while breaking in a young horse. At the time, he fancied "something gave way within him," and he was afterwards very sick. In a short time afterwards, he discovered, near the pit of the stomach, a swelling about the size of half an apple, which was tender on pressure. The accident alluded to had occurred in India, where he had then resided for upwards of twelve years, and, with the exception of repeated but slight attacks of ague, and a mild jaundice, he had always enjoyed good health. The attack of jaundice had been about eight years ago. In June, 1852, the swelling in the abdomen had increased so as to cause him great inconvenience; and, although his general health did not suffer much, he was, after treatment in several Hospitals, invalided from service, and sent home to England. On his arrival in London he was in much improved health, and suffered so little from the tumour, that he obtained

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a situation as dock-labourer, where he remained until within three weeks of his admission. The tumour had of late rapidly enlarged, and had, from its bulk, incapacitated him for exertion.

The tumour almost filled the abdomen, and gave to it pretty exactly the appearance of that of woman in the ninth month of pregnancy. The mass was, however, more elastic and rounded to the touch than a distended uterus. Its outline could be felt in most parts. On the left side there was an interspace between it and the edge of the ribs; but on the right it appeared continuous with the liver. Fluctuation could be detected, the sensation being as if the fluid were confined within a thick and tense cyst. In consultation with Mr. Cock, Dr. Babington determined to have a puncture made, believing that the disease was hydatid. The diagnosis was grounded upon the history of slow and painless growth, the globular shape and tense outline of the tumour, the presence of fluctuation, and the absence of any external form of cancer or of any marked degree of cachexia. With regard to the last-mentioned sign, it should be stated, that the man had the sallow appearance of one who had lived long in the tropics, and was somewhat emaciated; but did not otherwise seem to be in ill health. From the impediment offered to the descent of the diaphragm, he was short of breath; but if careful to walk slowly he could move about and even go up long flights of stairs.

It was on September 1st, that the first puncture was made. Mr. Cock employed a small needle trochar, which he introduced about an inch below the umbilicus in the median line. Upwards of half-a-pint of fluid was allowed to escape. It was clear and limpid like water; had a specific gravity of 1005; was neutral to test paper, and did not coagulate when heated.

On Sept. 10, a second puncture was practised, and about four pints of fluid withdrawn, which in every respect resembled that of the previous occasion. The abdomen was considerably reduced in size by the operation.

On Sept. 19, about three pints were evacuated; the fluid this time being rather turbid, and of a light brown colour.

Oct. 6.—Two pints of turbid fluid, having the odour of linseed tea, were to-day drawn off. The man has been suffering during the week from some feverishness, but it has passed off. He is taking a nutritious diet with wine.

Oct. 17.—About a pint and a-half drawn off to-day. He is to take a quinine mixture three times daily.

Nov. 7.—Since last report, the fluid has been removed about every third day, and the cavity afterwards washed out with warm water. To-day, a few small broken-down hydatid cysts came away with the fluid, and on several occasions previously the hooklets of the echinococci have been discovered.

14th.—Hydatid cysts in large numbers continue to escape. The fluid is still in considerable quantity; it is quite purulent, and extremely fetid.

21st.—In order to give exit to the retained cysts, Mr. Cock to-day enlarged the external opening by cutting upwards with a probe-pointed bistoury. A very large canula was afterwards introduced, and enormous numbers of broken-down cysts escaped. The patient is feeble, and complains of much rheumatic pain in the shoulders and other joints.

He is ordered a draught containing the iodide of potassium and the syrup of the iodide of iron.

31st.—Rheumatism quite gone. The cyst is daily evacuated by the introduction of a canula. To remedy the extreme fetor, an injection of chloride of soda is employed.

Ordered—Cod-liver oil ʒss. twice daily, and a free allowance of wine.

On December 9, the following note was taken:—He feels pretty well, though somewhat reduced by the long-continued suppuration. There is no enlargement of the abdomen perceptible to the eye, but the hand detects just beneath the umbilicus a hardened round mass, about the size of an orange. Into this a short fistulous canal enters, and a piece of catheter may be made to pass to a depth of two inches. The catheter is introduced once daily, and an ounce or two of pus removed. The pus is very fetid. The *débris* of hydatid cysts still occasionally escape.

On January 10 no great advance had been made upon the condition at the preceding note. The cavity still suppurated freely, and was not much diminished in size. The man had rather lost flesh. The pus was very fetid.

During February and March great improvement was made. The man gained strength, and the discharge much decreased in amount.

In the early part of April the man left the Hospital. He was then in what he considered better health than he had enjoyed for three years past; but a small suppurating cavity still remained.

About two months after his discharge, he was again seen by Mr. Cock. Recovery was then complete. The sinus had closed, and a certain extent of induration beneath its site was all that remained.

Remarks.—The progress of this case induced Mr. Cock to believe that the cyst had originally been formed rather in the subperitoneal tissue in some part of the pelvis, than in connexion with the liver. As it was diminished in size by treatment, its non-attachment to the latter organ became quite evident, and the manner in which the abdominal viscera were arranged around resembled much more that of a tumour which had risen from below than one which hung from above; it was, in fact, exactly similar to that assumed around a pregnant uterus. Another point of negative evidence to the same effect was the circumstance, that the fluid discharged, was never tinged with bile.

So far as we are aware, no case has yet been recorded of recovery from so large a hydatid cyst as the one above described. The plan of treatment pursued is worthy of especial notice. Had a free incision been made at first into a cyst, probably containing several gallons, nothing less than inflammation and suppuration of fatal extent could have been expected. Instead, therefore, of running so great a risk, Mr. Cock proceeded to diminish the size by gentle and unirritating means, hoping to get it very materially reduced before inflammation should occur. Thus by means of a small needle trochar, a few pints of fluid were from time to time drawn off, the size of the tumour being on each occasion permanently diminished to an equal extent, for hydatid cysts are generally acknowledged to show a remarkable inaptitude to re-secretion of their contents. At the time when the fluid began to be turbid and mixed with pus, the size of the tumour did not appear to be more than a third of that which it had at first. To this precaution the man probably owes his life. As to Medical treatment, no faith being reposed in any of the reputed specifics, they were not employed, the plan pursued consisting only in endeavouring to support the man's strength by generous and nutritious diet.

One point in the man's history must be observed upon; we allude to his account of his symptoms having commenced from an injury. There is no reason whatever for the belief that blows have any influence in causing either the production or the location of hydatid tumours; and the only connexion between the two is probably accidental. The tumour, in cases having such histories, which are not infrequent, had probably existed, unobserved, before the injury; the latter being simply the means of directing the patient's attention to it. It is easy to suppose that a painless tumour in the abdomen, which had grown unperceived, might be displaced, or otherwise disturbed, by a blow on the belly, so as to produce sickness, pain, etc., the occurrence of which would secure the patient's attention to the part, and ultimately lead to the discovery of the disease.

ST. BARTHOLOMEW'S, AND OTHER HOSPITALS.

Case 41.—TUMOUR PROBABLY OF HYDATID NATURE AND CONNECTED WITH THE SPLEEN.

A woman, of healthy appearance, aged 40, was an inmate of President Ward, St. Bartholomew's Hospital, under the care of Mr. Lloyd, in June, 1853. She resided in the country, but being in London on a visit, had come to the Hospital in order to obtain an opinion respecting a tumour in the left side of her abdomen which she had first discovered some years ago. It had occasioned her no sort of inconvenience or pain, and her application for advice was more from curiosity as to its nature than any other motive. It had, she thought, very slightly increased in size since she knew of its existence. She was a married woman, and had had several children. On examination, there was easily found in the left hypochondrium an almost globular, tense lump, the size of a large orange. Its outline was evenly rounded, and it felt like a firm cyst, no indentations being made by firm pressure. It was nowise tender. By manipulation it might readily be made to move about within a limited extent, its sphere of mobility appearing to be limited by adhesions behind. On careful inquiry, it seemed that all the functions of the abdominal viscera were normally performed, and the patient's aspect of good health quite favoured such a belief. There had never been any obstruction to the action of the bowels, or symptoms of irrita-

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tion connected with the kidney. The diagnosis of an hydatid tumour was confidently pronounced, and, from its location, mobility, etc., it seemed probable that the spleen was the affected organ. The woman remained in Hospital for a few days, in order to permit of a consultation being held on her case; and, it being the unanimous opinion that it would be unadvisable to interfere in any way, she was allowed to return home.

Case 42.—HYDATID CYST REMAINING IN STATU QUO FOR TWENTY YEARS.

In the case just related, we have an example of a tumour, probably hydatid, remaining several years without noticeable increase. The estimate of the probability of such delay in progress is often of the utmost importance in determining the question as to the propriety of surgical interference. Many instances have been recorded by different writers, in which several years were passed over without any change in size; but we do not know of any in which the period was so extended as it was in the one about to be mentioned. It must be observed, that in this the tumour had simply ceased to grow, and not degenerated. Cases in which the cyst has perished, and its contents been absorbed, are not infrequent, and in them, of course, the disease may almost be regarded as at an end, for, unless inflammation of the surrounding parts should occur, the remains of the cyst might exist without further change for an unlimited period. Having unfortunately mislaid the detailed notes of the following case, we are unable to publish it so fully as it would have been desirable. The main fact illustrated may, however, be relied upon. A man, aged about 45, died in Talbot Ward, Guy's Hospital, in December, 1852. He had been under Mr. Cock's care for malignant disease of the bladder for some months before his decease, and repeated opportunities had consequently been afforded of examining a tumour which existed in his left hypochondrium. It was a rounded mass, seemingly about the size of a small fœtal head, which projected visibly beneath the lower margins of the ribs, and the outlines of which were easily felt. The man was positive in his account of its having been for upwards of twenty years of at least the dimensions which it then possessed. His attention had been directed to it because, when first found, it had enlarged rather rapidly, and occasioned much pain, and he had been under treatment for it. Leeches, blisters, etc., had been applied over it, but it had never been punctured. During the last nineteen years it had very seldom caused any pain, and he thought that if anything it had got rather less. After death, which was from the disease of the bladder, an examination of the body was made, and the tumour was found to be a large hydatid cyst connected with the left lobe of the liver, and containing clear fluid and numerous smaller cysts. The disease of the bladder was medullary cancer.

This case is the one which we have referred to in a previous part of the present series, as an example of the coincidence of hydatids with malignant disease. See this Journal for October 19, page 391.

Case 43.—RUPTURE OF AN HYDATID TUMOUR OF THE SPLEEN INTO THE ABDOMINAL CAVITY.—DEATH FROM PERITONITIS.

[Case communicated by Mr. FILLITER.]

The varying effects of different fluids when extravasated into the peritoneal sac in causing inflammation, are not a little remarkable. Some of them are also not easy of explanation. We have repeatedly had occasion to quote cases in which urine had been so extravasated, and in which nothing more than a little punctate redness of the serous membrane was observed after death. Indeed, it appears to be an established fact, that urine, although generally accounted so irritating a fluid, seldom causes either the symptoms or the pathological phenomena of acute inflammation. It is quite otherwise with the fluid of hydatid cysts. That fluid consists of little more than a very dilute aqueous solution of common salt; and the latter being a large constituent of both serum and blood, it might be supposed that no great degree of irritation would be produced by it. All recorded cases, however, support the conclusion, that the rupture of these cysts invariably causes most acute inflammation, and leads to the effusion of much lymph. A few cases have been mentioned in which, after such symptoms, the patients recovered, but they are, perhaps, not quite free from doubt as to diagnosis, and, in a very large majority, speedy death has been the result. The following illustrative case has been furnished to us by Mr. Filliter, now of the Marylebone Infirmary.

On March 5, 1852, I assisted the Surgeon to the Bethnal-green Workhouse in the following examination of a male pauper, aged 50, who had been admitted two or three days previous with symptoms of peritonitis, of adynamic character. The examination was made the day after death. On opening the abdomen it was found to contain about two quarts of dirty, fetid, pea-soup-like fluid, mixed with shreds of soft lymph; soft adhesions existed everywhere. The sac of the omentum contained a bright yellow, clear fluid, with flakes of lymph, contrasting strongly with the dirty fluid in the general cavity. After removing the liver, which was large and soft, of uniform colour on section, and showing distinctly the lobular structure, a large fluctuating mass was discovered in the left hypochondrium, encroaching on the thoracic cavity. This proved to be a large sac filled with hydatids, developed in the upper part of the spleen, in size about that of the fœtal head; in the lower part of the same organ was a cavity, which was broken into in the removal from the abdominal parietes. It was of great size, and gave exit to a little dark, grumous, fetid fluid. The walls of this cavity were composed of a soft, uneven, sloughy structure, beneath which was seen on section the healthy substance of the spleen. Between this empty sac and that first alluded to, the spleen itself was compressed. The bulk of the whole mass was nearly as large as the adult head. The hydatids were enclosed in a thick white sac; the altered capsule of the spleen, between which and the parenchyma they were, as it appeared, originally developed. Their size varied from that of a pea to an orange, and they must have numbered one hundred, at least. There were some collapsed and thickened cysts, as also some yellowish gelatinous substance.

Right kidney large and pale, the cortical substance in excess, and soft; the capsule thickened. The left kidney was less than half the size; at its upper part was a cavity full of pus, which might lodge a walnut, and contained two rough, irregular calculi. Right lung firmly adherent posteriorly, and corresponding to the adhesion in the upper lobe an empty cavity, surrounded by densely consolidated lung; the lower lobe was studded throughout with masses of hepatized substances, and grey granulations. Heart large; right ventricle dilated and hypertrophied; no decided valvular disease.

The entozoon proved to be a specimen of the acephalocyst hydatid. On examination with the microscope, numerous echinococci were seen cohering in masses. They were oval in shape, the head retracted and surrounded with hooklets, and an indistinct appearance of structure in some.

ST. THOMAS'S HOSPITAL.

Case 44.—HYDATID TUMOUR CONNECTED WITH THE LIVER.—PUNCTURE.—RECOVERY WITHOUT REMOVAL OF THE CYSTS.

[Under the care of Dr. COHEN and Mr. LE GROS CLARKE.]

Case.—A man of about 45, who had previously been under Dr. Cohen's care for a considerable time, as an out-patient, was admitted into the ward in the latter part of 1852. His complaint was a large prominent tumour in the left hypochondriac region, which had been slowly enlarging for several years. There was distinct fluctuation, and the impression conveyed to the finger was that of fluid in a thick tense cyst; the abdominal wall was neither thinned nor reddened, and indeed did not appear to be attached to the tumour. The outline of the tumour was not well defined. The man's aspect was not that of health, there being a certain yellowness of skin suggestive of hepatic disease. He had not, however, suffered from any specific symptoms. A consultation having been held respecting the case, it was decided to make an exploratory puncture, in the belief that the tumour would prove to be an hydatid one. Mr. Le Gros Clarke accordingly introduced a very fine trocar into the most prominent part of the enlargement. A small quantity of clear, water-like fluid having been drawn off for examination, the canula was removed. The fluid, from its containing chloride of sodium, and a trace of caseine, being meanwhile colourless and quite free from albumen, was considered to be characteristically of hydatid origin. No echinococci or their hooklets were discovered. It was now decided to evacuate the cyst. Believing that the abdominal wall overlying the cyst did not adhere to it, Mr. Clarke deemed it desirable to adopt some measure to induce such adhesion before making a free puncture. To effect this, the potassa fusa was applied to an extent of skin about equalling a sixpence in size. From this, in the course of a few days, a deep circular

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slough separated. Through the bottom of this sore, which did not quite perforate the muscular layers, a large-sized trocar was passed deeply into the tumour. Between one and two pints of fluid, similar in character to that previously obtained, were removed, but no hydatid cysts. A gum elastic catheter was passed through the canula into the cyst, and, the canula having been withdrawn over it, the former was retained by means of plaster, and left in. No constitutional disturbance followed the operation, nor was there the least indication of peritonitis either local or general. The cyst did not refill, and, although the catheter was allowed to remain in its interior for upwards of ten days, yet no suppuration was caused, and almost no constitutional disturbance. Very little discharge indeed took place, and what pus did flow, appeared to be merely from the edges of the wound. Shortly after the removal of the catheter, the wound healed. The tumour did not again enlarge. It did not entirely disappear, as there was still a perceptible fullness on that side; it had, however, quite ceased to occasion inconvenience. The man soon afterwards left the Hospital, and, as he has never since presented himself, it may be deemed probable that he remains well.

Remarks.—The above case illustrates, in a remarkable manner, the inaptitude of hydatid cysts for re-secretion after removal of their contents. The non-occurrence of suppuration under the peculiarly irritating means of treatment employed may, perhaps, seem at first sight difficult of explanation. Probably no other large cyst, excepting an hydatid one, would have tolerated the presence of a catheter in its interior for upwards of ten days without being excited to the effusion of pus. The explanation is to be found in the circumstance, that the instrument was no doubt fairly within the cyst of the entozoon itself, and prevented by it from irritating any part of the viscus involved. The entozoon itself is, of course, incapable of forming pus; and what is sometimes loosely spoken of as suppuration of an hydatid cyst, is in reality suppuration of the sac surrounding that cyst. The sac alluded to, consisting of fibrin effused by the organ in which the hydatid is lodged, is, consequently organised, and capable of all vital or morbid processes. The conditions under which inflammation around these cysts is induced are not known with any precision. Sometimes it appears to occur spontaneously, at others is caused by blows or injuries, and, as a rule, perhaps it generally follows treatment by puncture. Some have thought that the death of the hydatid may cause it. The inverse order of events is, however, more probable, and it is perfectly certain that hydatids of very large size may die, collapse, suffer absorption and disintegration of their contents, and be, in fact, spontaneously cured without the occurrence of inflammation around them. To secure the death and collapse of the hydatid without the production of suppuration would indeed be the perfection of treatment. The further progress of the above case not being known, we cannot be sure that it took place in this instance, though it seems very probable that it did.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

LIVERPOOL ROYAL INFIRMARY.

CASES OF ANEURISM.

[Under the care of Mr. STUBBS.]

[Reported by Mr. A. T. H. WATERS, House-Surgeon to the Infirmary.]

DURING the past two months two cases of aneurism of the lower extremity have been admitted into the surgical wards of the Infirmary. In one case, the modern treatment of compression was successfully employed; in the other, in which such treatment was inadmissible, the femoral artery was ligatured, the operation being followed by gangrene and death. The following are the notes of the two cases:—

Case 1.—POPLITEAL ANEURISM.—COMPRESSION.—CURE.

Michael B——, aged 36, a strong, healthy-looking Irishman; admitted on 3rd of October.

Previous History.—The patient is a plasterer-labourer, and has frequently been employed to carry weights up and down stairs. About three weeks ago he perceived a stiffness in the left leg; this stiffness continued, and was felt most at night and in the morning; after a little exercise it subsided. At the end of the first week after the commencement of the stiffness, he experienced pain in the leg and increased inability to move it. The pain has continued, more or less, up to the present time; it has been most severe at night, and sometimes such as to prevent him sleeping. About the same time that he felt the pain, he perceived a throbbing in the ham, and found a tumour existed there. He thinks there has been no increase in the size of the tumour since he first discovered it.

Present Condition.—There is a slight œdema of the left leg; in the left popliteal space there is a distinct, firm, and hard tumour, about the size of an orange; there is distinct and strong pulsation felt all over the tumour, and a loud *bruit de soufflet* heard over every part of it. Pressure on the femoral artery stops the pulsation; pressure on the tumour diminishes its size, and causes pain. The heart sounds are normal; pulse strong, 72.

The patient was put on low diet; the thigh was shaved; and the leg, being bandaged from the toe to above the knee, was placed on a pillow. On October 3, pressure of the femoral artery at the upper third of the thigh was commenced, the horse-shoe tourniquet being applied for four hours. From this date up to the 21st, pressure was kept up alternately with the clamp and horse-shoe tourniquet, the site of the pressure being frequently changed. It was found, however, that, when left, the patient would unscrew the instruments, and he complained much of the pain they produced. An opiate was administered at night, and occasional doses of pulv. jalapæ co. were given, low diet being still enjoined. On the 18th, it was observed that the pulsation of the tumour was less, and the leg could be more easily flexed. On the 19th, the leg was placed on a double inclined plane, being carefully bandaged from the toes, and a pad placed firmly in the ham.

21st.—An artery can be felt pulsating at the inner side of the patella. In consequence of the pain produced by the instruments hitherto used, a Carte's tourniquet was substituted for them to-day.

22nd.—He complains of no pain from the application of the tourniquet, and says, in every respect, he feels much easier than before. To take 4-ounce meat four times a-week.

24th.—The pressure on the artery is kept up constantly; the pulsation in the tumour is considerably less; there is no œdema of the leg nor turgescence of the veins.

26th.—Pulsation diminished; tumour smaller; an artery is felt pulsating on the posterior and outer side of the tumour; the pulsation of the artery on the inner side of the patella has increased; tourniquet kept constantly applied, the position of the pad being changed from time to time; he is able to bear the pressure of the instrument for a whole day on one spot without pain; leg still kept on double inclined plane; there is no irritation of the skin.

31st.—No pulsation in the tumour; that of the anastomosing vessels about the knee more distinct; tumour decreasing in size.

Nov. 2.—Leg taken off the double inclined plane; the tourniquet was kept applied so as slightly to control the circulation till the 5th, when it was removed.

On the 17th the patient was discharged quite well and able to walk about as usual.

It will be seen that, from the period when pressure was first applied to that when the tumour ceased to pulsate, twenty-seven days elapsed, but for the first eighteen days the pressure was very irregular; and although some progress was undoubtedly made during that time, it was not till Dr. Carte's apparatus was used that the circulation became properly controlled, and the process of cure satisfactorily established; and from the rapid improvement that took place after its employment there is no doubt had it been used at first a more speedy cure would have resulted. I cannot speak in too high terms of this most valuable instrument. Its application was borne without the slightest pain being experienced, and it produced no irritation whatever of the skin. The elastic compression which this tourniquet affords is a most decided improvement on the dead pressure of the clamp and horseshoe. During no period of the treatment was such an amount of compression used as to arrest the circulation through the artery, but simply such as to control it.

The position of the limb on the double inclined plane, and the application of a firm pad in the ham, so as to keep up some pressure on the tumour, seemed to be decidedly beneficial, for by the

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former the extremity was kept perfectly quiet and the tourniquet undisturbed, and the latter assisted in controlling the circulation in the sac, and tended to promote absorption of its contents.

Case 2.—DIFFUSE POPLITEAL ANEURISM.—LIGATURE OF FEMORAL ARTERY.—SLOUGHING IN THE HAM.—GANGRENE OF THE FOOT.—DEATH.

Thomas C., aged 56, a tailor, of a somewhat pale, unhealthy aspect, was admitted into the Infirmary on the 12th of October.

Previous History.—About five weeks before admission, while in a fit of intoxication, he had met with a severe fall. He was quite insensible at the time, and only knew of the accident from being told of it after he had recovered from his drunkenness. For some time previous to this occurrence, he had experienced slight stiffness of the left leg; and subsequently to it the stiffness increased, and in the course of a week it was attended with pain. He soon after perceived there was a swelling behind the left knee; the swelling became hot and hard, and caused pain when he attempted to walk. It was, when first discovered, about half its present size. It has gone on gradually increasing up to the present time. It has been occasionally very painful.

Present Condition.—There is a swelling in the left calf, which gives the sensation to the hand of diffused fluid. On the inner side of the knee-joint, extending into the popliteal region, and about one-third up the inner side of the thigh, there exists a tumour of considerable size. Distinct, but feeble pulsation is felt over the whole of its surface. When the ear is applied to it, a slight bellows-sound is heard. The veins crossing it are enlarged. Pressure over the femoral artery stops the pulsation. Firm and steady compression on the tumour diminishes its size. Compression being remitted, it immediately re-fills. On the outer side of the ham there is a sensation of fluctuation close under the integument, which is somewhat discoloured. Before admission an exploring needle had been passed at this point, but only blood escaped.

Under the impression that the tumour was a diffuse popliteal aneurism, the femoral artery was tied on the 18th of October, at about the middle of it scourse. All pulsation and bruit at once ceased, and never returned. The leg and foot were enveloped in cotton-wool and flannel-bandages, and the temperature of the limb was further kept up by hot-water bottles placed in the bed.

From the date of operation to the 28th the patient progressed favourably; the temperature of the limb had never fallen more than three or four degrees below the natural heat. On examination, however, on that day, slight discolration was found of the first, fourth, and fifth toes, and the two latter became gangrenous. At this time there was also a sanguineo-purulent discharge from the opening above-mentioned, where a puncture had been made on the outer side of the popliteal region.

On the 4th of November—viz., the seventeenth day after the operation—the ligature came away; the discharge of bloody matter still continuing from the ham, an incision was made into it, and a large quantity of coagulated blood escaped. On passing the finger into the wound, the ham was found to be filled with coagula. After the incision was made, the swelling about the knee, and also that in the calf, diminished considerably. The discharge from the wound became very abundant and offensive, and the wound itself soon put on a sloughy appearance. On the 14th rigors occurred; and continued daily for several days. They were followed by profuse perspiration.

On the 19th gangrene of the foot set in, and soon extended to above the ankle. The propriety of amputating the thigh was discussed, but the patient's condition was such that it was thought he would not bear it. Stimulants were freely given, but to no purpose, he died on the 26th.

On examining the limb after death, no aneurismal sac could be discovered. The structures in the ham had all sloughed to a considerable extent; the popliteal artery was traced down to opposite the knee-joint, and at that point it was destroyed—the same remark applies to the vein; the external and external popliteal nerves were also, to a great extent destroyed; the knee-joint was opened into from behind; the usual clot existed in the femoral artery, above and below the seat of ligature; the arteries of the limb, from the iliac downwards, were the seat of extensive atheromatous deposit, in some places quite of a calcareous nature; the branches of the main trunk did not seem to be enlarged.

From the condition of parts as thus revealed, it is impossible to say what was the exact nature of the aneurism; whether in fact it had existed previously to the accident the patient sustained, and then became diffuse, or whether it was produced by a rupture of the coats of the vessel at the time of the fall.

Medical Times & Gazette.

SATURDAY, JANUARY 20.

MEDICAL REPRESENTATION.

VERY shortly Parliament will again assemble. Among the numerous questions which will present themselves for consideration, many will no doubt affect the Medical Profession, and it is our duty to be prepared to urge our claims upon the attention of the Legislature.

Even in the great subject which now occupies the thoughts of every mind,—the important war in which we are unhappily engaged,—our Profession is most deeply interested; for even the knowledge which we have already gained in the conduct of the campaign, has abundantly taught us how deeply the welfare of our troops and the credit of our arms are involved in the efficient performance of the duties of the Medical department. Never since the time of Homer was the importance of the Medical service more clearly exhibited than in the present war:

> "A wise physician, skilled our wounds to heal,
> Is more than armies to the public weal."

It may well arouse indignation and excite sympathies to find that our brethren in the East have been stigmatised for conduct of which they have not yet been proved to be guilty, and for the non-performance of duties which they had not the means of performing. If, like the other departments of the military service, we had our representatives in Parliament, such censures as those to which we allude would not be allowed to pass without calling forth at least a demand for inquiry, nor would official imbecility be allowed thus easily to transfer the blame of inefficient management from the really responsible officers.

The numerous evils which now afflict our Profession are in many instances due to our own supineness, and the remedy for them rests in great measure in our own hands. We underrate our own importance and influence in society, and we cultivate too little the spirit of unity among ourselves. Although our avocations preclude us from taking an active part in political struggles, yet our opportunities enable us to gain access to men of eminence in the different departments of the State, and to make known to them our common wants and wishes; and in the selection of representatives in Parliament we may at least exercise a certain share of public influence. There is no reason why we should not have distinct representatives of our body in the councils of the nation, and we earnestly hope yet to see such a measure of justice granted to us in any future scheme of Parliamentary Reform; but, in the meantime, we may legitimately exert our powers in impressing upon our Members of Parliament just ideas of the questions which now engage the Medical community, with a view to enlightened legislation upon Medical subjects. We firmly believe that much of the clumsy law-making which has afflicted our Profession has its origin in ignorance, rather than in wilful perversity; and that if our brethren throughout the country would impress upon their representatives, calmly and temperately, yet firmly, the true nature and bearings of several public questions affecting our honour and our interests, much mischief might be averted, and many real benefits might be secured.

There are three or four points on which the opinion of the Profession ought to be strongly, perseveringly, and unequivocally expressed.

In the first place, the condition of the Assistant-Surgeons in the Navy ought to be improved forthwith; as it has been shown

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beyond all question, notwithstanding the official evasions of the Admiralty, that the public service has suffered materially from the unjust treatment experienced by this meritorious class of officers. We have frequently adverted to this subject, and we shall frequently do so again; and we hope that at last an impression will be made upon those in authority which will induce them to redress the grievances which have so often been exposed.

In the next place, the organisation of a competent class of persons to superintend all matters relating to the public health should be vigorously demanded; and as this department belongs undoubtedly to the Medical Profession, we ought to insist that in any Board of Health there should be a due amount of Medical influence, and that, in the appointment of Inspectors, Medical men ought always to be selected, and their salaries be commensurate with the importance and responsibility of their duties.

The position of the Poor-law Surgeons also demands our strongest co-operation, with a view to increase their efficiency, and to render them less subservient than at present to the local Boards. The wretched pittances which are doled out in exchange for the services rendered by this most useful class of public officers should be replaced by competent salaries; and although we have no desire to defend incompetence or to advocate sinecures, we conceive that they ought to be independent of Parish Boards. At present, our brethren who hold Poor-law appointments are at the mercy of any public-house clique who may happen to hold parochial authority; and the despotic powers wielded by these Bumbles and Dogberries are usually recognised by the superior Board at Whitehall. Under a fair system of Medical representation, such a state of things could not exist; and, if we possessed advocates in Parliament, the injustice so often inflicted upon our body would be emphatically denounced, and its repetition be prevented.

Such are a few of the points which press more immediately upon our notice as affecting large and important classes of our Professional brethren; there are many others of almost equal moment, on which we shall not fail to enlarge as opportunity may be presented.

THE MEDICAL CHARGE OF EMIGRANTS.

The following facts, from the last General Report of the Colonial Land and Emigration Commissioners, will show the great necessity for a proper supervision of emigrants during the passage from this to other countries.

During the 6 years commencing with 1847, 1,791,446 emigrants have left this country. The average annual emigration during the last 6 years has been 298,584. The number who left the United Kingdom in 1852 was 368,764, or 23¼ per cent. above the average, or 9¾ per cent. above the emigration of 1851, the largest that had before occurred.

Not only has the number of emigrants increased of late years, but the length of the voyage has also increased. In 1851 and 1852 the emigration was distributed as follows:—

	1851.	1852.
United States	267,357	244,261
British North America ...	42,605	32,876
Australia	21,532	87,881
All other places	4,472	3,749
Total	335,966	368,764

Showing an increase of emigration to Australia of 66,349, and a decrease to other places where the voyage is shorter.

The very large proportional mortality which has occurred in some emigrant ships has led to the introduction of a Clause in the Merchant Shipping Act of 1854, obliging every foreign going ship having 100 persons or upwards on board, and every ship having 50 persons or upwards on board bound to the west coast of Africa, east coast of South America, or round the Cape of Good Hope or Cape Horn,—to carry on board some person *duly authorized by law* to practise as Physician, Surgeon, or Apothecary. This Act will come into operation on the 1st of January, 1855, and is calculated to be of essential service to emigrants especially. But it is by no means all that is wanted. A Surgeon may be carried as part complement of the ship; but he has no power to enforce any regulation he may deem needful for the health of his charge. A refractory captain, supported probably by parsimonious shipowners, may render all the exertions of the Surgeon to prevent or cure disease of but little avail. In the Government emigration ships,—namely, those chartered by the Emigration Commissioners to send out free emigrants, the Medical officer has complete control over all the sanitary arrangements of the vessel. This plan has worked admirably in the convict service. From 1795 to 1801, out of 3833 convicts embarked, 385 died, or nearly 1 in 10. From 1801 to 1812, after the plan of remunerating owners for the number of passengers *landed alive* came into operation, out of 2398 embarked, only 52 died, or 1 in 46. Since all the convict ships have been placed under official regulations and the supervision of Naval Surgeons, the mortality has only been one and a-half per cent.—a lower average of mortality than that of a similar class of persons living on shore. So far as it has gone, the application of the principle to Government emigrant-ships has been equally satisfactory. The question is, Can it be universally applied? A Government emigration officer would say, Certainly not, because so many of the ships are American, and American captains or owners would not submit to such control. The plan would also be opposed by the owners of private emigrant ships. We do not think either of these objections insuperable; but as they are matters for international agreement and Parliamentary decision, we must content ourselves for the present with pointing out the necessity for further attention to the subject.

Before concluding, however, we must correct an error which some Correspondents appear to have fallen into, after reading a late article on the remarks of a Liverpool judge respecting unqualified Surgeons of emigrant ships. Such persons could not obtain employment in any ship compelled by law to carry a Surgeon; and now that the monstrous evil is about to be removed, of allowing 499 persons to sail for America without a Medical man, we may hope that the abuse will not recur. When any one wishes to go out as Surgeon of an emigrant-ship that by law must carry a Surgeon, he must produce his Diploma before the Government Medical Inspector at the port of departure. When satisfied that the party is the rightful owner of the Diploma, a certificate is granted, and an appointment given by the Emigration Officer. The surgical instruments are examined on board afterwards, to see that they are sufficient and in good order. Many frauds have been detected by our officers at Liverpool, and Diplomas have been taken away from several persons. These officers have performed their responsible duties most ably, and to the satisfaction of their superiors; and as they obtain increased powers, we have no doubt the result will become apparent, in the diminished mortality among emigrants.

On referring to the Bluebook, in the evidence of Captain Schomberg, the Emigration Officer at Liverpool, before the Special Committee of the House on Emigration, we find that the mortality in emigrant ships from that port has been less than among the same number of people on shore.

During the last six months of 1853, when the cholera was raging in many ships, the mortality in the ships from Liverpool to New York was 21 in 1000; during the whole year 1853, 12 in 1000; and even this mortality would be reduced materially

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if we were to take into account the Boston, Philadelphia, and Australian ships.

It is greatly to be desired, that a better class of men would sail as Surgeons of emigrant-ships. It is true that the pay is very low, but this is too much the fault of the Medical men themselves. Many go out to settle, and offer to give their services for the passage; others go for a pleasure-trip; some to see friends or relatives; so that owners and charterers will not give enough to induce a respectable class of men to enter into, or remain for any time in, the emigrant service. Here the remedy is in our own hands.

REVIEWS.

Chloroform: Its Properties and Safety in Childbirth. By EDWARD WILLIAM MURPHY, A.M., M.D., Professor of Midwifery in University College. Pp. 72. London, 1855.

DR. MURPHY has contributed on former occasions some observations on the use of chloroform in Midwifery, and is a strong advocate of the utility of that anæsthetic in obstetric practice. In this work Dr. Murphy lays down the rules which ought to be adopted in the administration of chloroform in midwifery, and the peculiar periods when its use is most especially demanded. He divides chloroformization into three stages; one in which "consciousness is retained, sensation diminished or lost, and motive power impaired; the second is the stage of transition, the dream before sleep or before waking: it may be a stage of stimulation or excitement, of rambling or incoherency. The third stage is that of profound sopor: the patient is quite unconscious, incapable of motion, perhaps in a stertorous sleep." —P. 25.

In ordinary cases of midwifery practice, Dr. Murphy considers that the first degree of chloroformization is sufficient, and that the period most appropriate for its adoption is at the end of the second stage of labour, when the head of the child is pressing upon the perinæum. In severe obstetric operations the employment of chloroform is similar, though in a less degree to that which is required in Surgical operations. The mode of inhalation employed by Dr. Murphy is by means of an instrument which is applied to the mouth only, and which, therefore, allows of the free admixture of the chloroform vapour with atmospheric air; and the quantity recommended is from a drachm to two drachms. In this last chapter, Dr. Murphy combats, and we think successfully, the arguments of those who disapprove the use of chloroform in midwifery. He states, that by ordinary attention and caution, chloroform may be administered with perfect safety in the practice of midwifery, and that the absence of fatality in obstetric chloroformization is due to the fact that a much less less amount of its influence is necessary than in severe Surgical operations, where the quantity administered is necessarily greater, and the sopor, which is the most advanced and dangerous stage, is indispensable.

Dr. Murphy's observations, although not containing anything novel, are sensible and judicious, and will be found useful to those who require some practical information as to the method of employing this powerful agent in allaying pain in parturition.

On East and North-East Winds; the Nature, Treatment, and Prevention of their Suffocative Effects: Embracing also the Subjects of Diet and Digestion, their Errors and Penalties. By C. B. GARRETT, M.D. Pp. 137. London: 1855.

THE idea of the present work was suggested by the sufferings experienced by the author from the peculiar malady of which it treats. Dr. Garrett connects the east and north-east winds with some derangements of the gastro-pulmonary mucous membrane; and, in the elucidation of his subject, he runs over a great amount of modern physiology, showing himself to be well acquainted with the theories and researches of the latest writers.

The novelty of the book is the proposal, by Dr. Garrett, to follow up the suggestion of Prout, and establish a morbid diathesis, which he terms the *lactic acid diathesis*, which he considers to be very analogous to, although differing in certain particulars from, the lithic acid diathesis. Both are found in the blood; the excessive production of both is caused by irritation in the stomach, and both are amenable to similar treatment; but lactic acid causes dyspepsia and *rheumatism*, and affects chiefly the gastro-pulmonary mucous membrane; while lithic acid causes dyspepsia and *gout*, and affects chiefly the genito-urinary mucous membrane.

The *treatment* of this diathesis consists in neutralizing the acid, promoting the healthy action of the skin, and carefully regulating the diet. The first indication is fulfilled by administering the bicarbonate of soda, or the bicarbonate of potash, in weak gum-arabic water, and, after the acidity of the stomach is removed, hydrocyanic acid may be given with advantage in small doses. The healthy action of the skin is promoted by the external application of alkalies in the form of soap, which is to be smeared upon flannel, and rubbed over the body and limbs, and then wiped off by a rough towel. The diet is to be most carefully regulated, and only mild and unirritating articles of food are to be allowed. Dr. Garrett enters at some length into the physiological history of food, and his therapeutical views of diet are sound and judicious. He makes the following *resumé* of his views at the conclusion:—

"To recapitulate my opinions on the subject of this work, I believe that the east and north-east winds dry up the skin and respiratory mucous membrane; that they arrest the removal of lactic acid by the skin; that the mucous membrane becomes loaded with this acid; that they set up the lactic acid diathesis. That lactic acid is generated to excess in the capillaries; the alkalinity of the blood is overpowered; that sugar and farina undergo acidulous conversion, and that the mucous membranes elaborate lactic acid in excess. That the pneumogastric nerves sympathetically connect the respiratory organs with the stomach, and that other organs also are powerfully affected by the lactic acid diathesis. Under these circumstances, fogs, and an atmosphere loaded with moisture or floating extraneous matters, may also distress the sensitive larynx. The principles of treatment are to restore the healthy action of the skin, to neutralise free acid in the stomach as well as in the blood, and to procure the proper alkaline ascendancy in the circulation. Lastly, to prevent a recurrence, and insure a permanent cure by the *strictest attention* TO DIET. I may conclude by saying, that if I was forced by any strange coincidence to take my choice in the treatment of diseases (not immediately threatening life) with the use of medicine or the regulation of diet, I would infinitely prefer the means placed at my disposal by the latter, and should rely with the greatest confidence on the powers afforded me by the vast resources of DIETATION."

Dr. Garrett does not quote any cases in which he *proved* the existence of any excess of lactic acid in the blood or secretions.

An Index to the Catalogue of the Library of the Royal College of Surgeons of England. 8vo. London. 1853.

THE Library of the College of Surgeons has now attained a considerable magnitude, numbering, as it does, nearly 50,000 volumes. The present publication is an Index of Subjects in the entire collection to the middle of 1853. Its utility to readers consulting works at the College is obvious; but its usefulness is not confined to them, inasmuch as with it, on his library-table, the Practitioner may ascertain, without a personal visit, whether any author he is desirous of consulting is to be found in the College Library. For others, it may serve, as far as this collection is concerned, as a Bibliography, reminding them of works they had forgotten, or were not previously acquainted with. The Council of the College seem, however, to have acted rather inconsistently in affixing a price to the book which implies the need of a large circulation, and yet taking no steps to make it known by publication or advertisement.

BLUE DISCOLORATION OF THE URINE IN CHOLERA.—Dr. Gubler has observed, in the urine of patients lying in the algide stage of cholera, a blue discoloration produced by the addition of nitric acid. It is known that this acid causes in such urine a precipitate of albumen, but it has not hitherto been remarked, at the moment of the formation of the precipitate, a blue colour appears at the bottom of the vessel. The blue is more evident when impure nitric acid containing hypo-azotic acid is used. There is never any green tinge; the blue hue persists for a time, and then fades away. The usual colour of the urine was very pale yellow. The facts, that the discoloration does not remain, and that the impure acid renders it more apparent than that which is pure, establishes an analogy between this matter, noticed by Gubler, and the colouring matter of the bile.—*Gazette Médicale de Paris*, Dec. 16.

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PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

EXPERIMENTAL INQUIRY UPON A NEW HÆMOSTATIC AGENT INVENTED BY M. MONSEL.

By M. ARMAND, Aide-Major of the 36th Regiment of the Line.

WHILE the eau Pagliari was being subjected to experiment as an hæmostatic agent, M. Monsel, attached to the Army of Occupation in Italy, proceeded to a chemical analysis of this fluid, the composition of which was still secret. From his first trials, the re-actions made evident the presence of the sulphate of alumina and potash, associated with an organic matter the odour of which resembled that of vanille. M. Monsel then thought, that, on treating the balsam of Peru—which, as is generally known, possesses a strong odour of vanille—with the subcarbonate of soda, and by throwing the residue of the treatment into a solution of cubic alum, he could obtain an alum charged with a principle identical with that of the analysed water. This having been verified, he determined to test by the same treatment the resin of the gum benzoin, and the balsam of tolu. The results being the same, he came to the conclusion that the unknown fluid consisted of benzoic acid dissolved in alum. Having formed an hæmostatic agent in his opinion similar to the eau Pagliari, he proceeded to test its coagulating power experimentally. On the 27th of last May, he and M. Armand, accompanied by MM. Renard, Monier, Doin, and Bennet, went to the quarter of the Gate of the People, to the Infirmary of M. Broquet, Veterinary Surgeon to the 3rd Regiment of Artillery, who, having a glandered horse about to be killed, had given it, *pro salute hominum*, for the experimental purposes required.

Application of the Hæmostatic Agent prepared by M. Monsel to the Facial Artery of a Horse.– Experiment 1.—The animal having been shackled and thrown down, the left facial artery was exposed on the inferior maxilla in front of the masseter, and was opened by a longitudinal incision of 4½ lines. The arterial jet having filled several glass tubes, each holding about half an ounce, a sponge soaked in the hæmostatic agent was put upon the wound, and held there by tight compression. The imbibition was often renewed during a quarter of an hour. The hæmorrhage recommenced when the compression was relaxed. It being thought that the violent plunges of the animal interfered with the success of the experiment, the sponge was introduced under the integument, which was then tied over it by sutures; the animal was raised, and the head tied high to a manger. From this moment no further bleeding ensued.

The Blood in the Glass Tubes.—Into the tubes, before the addition of the blood, there had been poured half an ounce and ten minims of both the eau Pagliari and of Monsel's liquid. Coagulation took place equally rapidly in the two sets of vessels.

Employment of the same Fluid on a Dog.—Experiment 2.—Having ascertained on the day following (May 28) that the hæmorrhage was definitely arrested in the horse, whose head was still maintained in the same position, a large superficial wound was made in the inner part of the thigh of a middle-sized dog. The solution, applied by means of a sponge, formed a clot in ten minutes; and, by the tight adjustment of a circular bandage, the hæmorrhage was definitely arrested.

A few minutes afterwards, a large and deep incision was made into the right thigh of the same dog, and a profuse flow of blood in jets issued from the femoral artery. The hæmostatic agent was applied to the gaping vessel directly by means of a tube; but it failed to arrest the bleeding. Compression was then made at the bend of the thigh upon the vessel, and the soaked sponge, held to the wound, sufficed, as in the former trial, to stop the flow of blood in ten minutes. A tight bandage was applied, and the dog was permitted to rise. The animal licked its wounds, and crouched under the table; but there was no return of the hæmorrhage, as was half expected by those about. The day following (29th) the dog was alive, to the great surprise of all; and it was seen, from the spot where he lay, that no bleeding had taken place during the night. M. Renard then exposed and opened the carotid artery, and treated the wound in a similar way with equal success.

Autopsy of the Dog.—The animal, whose exhaustion was extreme, died, and was examined. The end of the femoral artery (which vessel had been completely cut through) was obliterated by a plug of coagulum, of red colour, and 2½ lines long. In the neck an oval red clot, the size of a nut, was implanted by a pedicle into the carotid artery; this pedicle extended upwards and downwards for some extent within the vessel. The prolongation towards the brain was in the form of a T.

The carotid artery was opened and simply plugged in another dog. Hæmorrhage was temporarily arrested by these means; but, owing to the movements of the animal, the wound reopened; the bleeding recommenced, and terminated fatally. Upon examination, no clots were found in the wounded vessels.

Continuation of the Experiment on the Horse.—On the fourth day the dressings were removed, and there was no return of bleeding, no functional disturbance.

June 9.—The animal was killed. The facial artery was obliterated, but was found, together with the vein, the nerve, and Steno's duct, imbedded in a quantity of lardaceous matter, the result of the glanders, which had been preceded by farcy. The other morbid changes were, thick white pus in the left frontal and maxillary sinuses; hypertrophy and ulceration of the mucous membrane in those sinuses; ulceration of the pituitary membrane of the same side; miliary albuminoid tubercles in the lungs, the spleen, and the liver.

Employment of the same Liquid on Man.—Hôpital St. André; service of M. Jacquot.—Experiment 4.—Profuse hæmorrhage having flowed from the recently cut edges of an old ulcerated bubo in the groin, M. Geoffroy tried in vain to arrest it by means of the ordinary compress. A pledget of charpie, soaked in the hæmostatic liquid by M. Monsel, and placed upon the part, instantly and definitely stopped the bleedings.

Two similar and equally successful trials were made also by M. Renard upon patients in the same Hospital.

M. Monsel is pursuing his investigations still further, with an energy which does him infinite credit. Upon adding ten grains of tannic acid, and a scruple of alum deprived of its iron, to an ounce and a-half of rose-water, he obtained a fluid very efficacious in coagulating the blood issuing from an open vein.—*Gazette Médicale de Paris*, Dec. 30. No. LII.

A NEW HÆMOSTATIC AGENT.

By Prof. HANNON.

The author recommends benzoic acid, part one; alum, parts three; ergotin, parts three; water, parts twenty-five; the whole to be boiled thirty minutes, with constant stirring and renewal of water; then it must be evaporated to the consistence of an extract. The colour is chocolate brown; the taste strongly astringent; the smell that of ergotin. A layer spread over the bleeding vessel produced instant coagulation. Compression is not necessary.

For internal hæmorrhage is used, acid benzoic gr. i., alum. pulv., ergotin, aa. gr. iij. Ft. pil. xvi. One pill every two hours.—*Presse Méd.*, XXXII. 1854.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

EDINBURGH, Jan. 13, 1855.

YOUR impression of my last shows that until your printers get familiar with my writing, (which I own not to be very plain) I must publish a list of *errata* occasionally.

Page 42, line 6, *pro* Valleuse, *lege* Valleix.

Page 43, line 10, *pro* Glerce *lege* Glover.

Page 43, line 11, *pro* Prisoner, *lege* Pursuer, *i.e.*, the Scottish law term for the party who raises an action.

Page 43, line 28, *pro* Dyer, *lege* Dycer.

THE TRIAL GLOVER *versus* SYME

has been the great and engrossing topic of conversation in Medical circles during the week, and, contrary to general expectation, has resulted in the jury having awarded to Mr. Glover 250*l.* as damages for the statements published against him by Mr. Syme. The actual amount, however, which Mr. Syme is called on to pay will be four or five times that sum, as he will have to defray the expenses incurred both on his own account and that of Mr. Glover. When Mr. Syme was successful in his last trial, your Correspondent ventured to hint, that these frequent appearances in the court of law were anything but creditable to one in his position, and were calculated to lower the respect paid by the general public to the Medical profession. We do trust that the result of this last appearance will have the effect of checking his *perfervidum ingenium*, and that the Profession here will no longer be taunted with its quarrelsome character.

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But your readers will naturally expect an outline of the circumstances which led to the trial. Mr. Glover was Surgeon to the Edinburgh Police, and, in virtue of that office, had to draw up reports on cases which might possibly become the subjects of Medico-legal investigation. It is alleged, that in the discharge of this duty, he did not always pay due respect to the Medical man in actual attendance. Be this as it may, the leading men in the Profession agreed in memorialising the Lord-Advocate, the highest law officer of the Crown in Scotland, to suggest the propriety of the public prosecutor taking such certificates from the Medical man in actual attendance instead of sending a third person to report. Pending this, Mr. Syme directed his subordinates to prevent Mr. Glover from examining any patient of his in the Infirmary, in such a way as should disturb the treatment. Soon after, a boy was admitted into the Infirmary with compound fracture of the leg, and Mr. Glover, in the discharge of official duty, proceeded to report on his case. He attempted to turn down the bedclothes, but was prevented from doing so. He, however, transmitted the following certificate to the authorities:—

"Edinburgh, March 21, 1853.

"I hereby certify, on soul and conscience, that I this day examined Patrick Clark, aged about 11 years, lying at the Royal Infirmary, and find he has a large lacerated wound of the soft parts on the outer side of the left leg, and a fracture of the bone a little above the ankle; that his life is in danger; and that he is in a fit state to emit a declaration.

(Signed) "GEO. GLOVER."

On hearing of this, Mr. Syme wrote a letter to the Commissioners of Police, Mr. Glover's employers, dated 7th April, 1853, which letter he published in the *Monthly Journal of Medical Science*, and in which he accused Mr. Glover of having granted a false certificate. Not content with this, Mr. Syme addressed a second letter to the Commissioners, in which he still more distinctly affirmed that Mr. Glover "had falsely certified, on soul and conscience, that he had carefully examined a patient whom, in point of fact, he had never examined."

Still further, on the 1st of July, 1853, he addressed a letter to the Lord Provost, which he caused also to be published in the *Scotsman* newspaper, in which he stated regarding Mr. Glover, that he had attempted to justify the granting of the certificate complained of "by falsely alleging that he had taken an opportunity of privately and surreptitiously examining the limb of the patient." The damages were laid at 1000*l*.

Mr. Syme's defence was that the statements he had made were true. The whole case turned on the point whether Mr. Glover's certificate implied that he had personally examined the limb, or merely that, having been sent to ascertain whether the boy was in a dangerous condition, he satisfied himself personally on that point, and took his account of the limb from those who had seen it before the fracture was set. Mr. Inglis, who appeared for Mr. Glover, put it forcibly, that a doctor might certify that his patient had diarrhœa, though he did not actually see each dejection.

While Mr. Syme was under examination by his own counsel, he stated that he never believed the boy to be in danger. He also repeated the same statement when cross-examined by Mr. Inglis. That dexterous lawyer, however, put into his hands his own letter to the Lord Provost, dated July 1st, in which the following sentence occurs: "If the case had terminated fatally, as it threatened to do," &c., and asked him to reconcile the statement now made with what he had then written and published. The advocate saw his advantage, and followed it up, till Mr. Syme admitted that he never thought the patient in danger, but that he had stated this on the authority of his clerk, to give greater effect to his letter.

How charitably should Mr. Syme, in future, judge of the motives of others, when he remembers that with every inducement and, I doubt not, with every desire to "speak the truth, the whole truth, and nothing but the truth," yet he was found to have made two statements which it is impossible to reconcile.

The Jury almost at once brought in a verdict against Syme—Damages, 250*l*. It should be added, that Mr. Syme's friends think him very hardly used, as although he used his pen rashly, he thought he was fighting for the good of the Profession.

DR. GREGORY AND THE MESMERISTS.

On the very same day in which one of the Professors of our time-honoured University was in the witness-box, another was seeking to shed honours on that Alma Mater of which he is so great an ornament, by presiding at a meeting of the so-called Mesmeric Curative Association, in which two lecturers, of whom a wholesome dread of jury-courts prevents my saying anything, vented their foul abuse of a Profession of which he is a member, and in which he is paid for giving instruction. The meeting was held in the hall of the Philosophical Association, and was crowded. In the central part, where the admission was one shilling, the audience was tolerably select; but this could not be said of the galleries, to which the admission was threepence. Dr. Gregory opened the proceedings. He was followed by a Mr. Jackson. This hirsute individual dwelt at great length on the claims of Mesmerism, — its benefits to Christianity. The miracles of the Brahmins were performed by Mesmerism, and might be equalled or surpassed by trained Mesmerists sent out from this. He, much to his own satisfaction, demolished the arguments of those who ascribed its power to Satanic agency. He stated it could do more than medicine. Medicine only cures disease: Mesmerism prevents it. The treatment of all nervous diseases by medical men was arrant quackery; and a great deal more to the same effect, which produced hisses and other marks of disapprobation from the audience, Dr. Gregory giving countenance to these vulgar and insolent slanders on the Profession, by continuing in the chair. He next proceeded to give the alleged cases of cure. The first was that of the girl Scott, alluded to by your Correspondent in a former letter, and more fully in Dr. Dycer's letter, in your impression of the 30th ultimo, as an

ALLEGED CURE OF CONSUMPTION BY MESMERISM.

A long statement, purporting to be from the girl's mother, was read, which a man (M'Arthur) who was present attempted to confirm. The operator was a Mr. Vernon, a dentist. The girl's father rose to give the lie to the whole concern. Dr. Dycer was also present, but neither were allowed to speak, and great uproar ensued. The next case was one the value of which any Medical man can appreciate. It was an alleged cure of rheumatism by mesmerism. Other cases, equally amusing to the initiated, and equally marvellous to the vulgar, were then exhibited,—such as, a man dismissed from the Infirmary, after fracture, who could not stand, and was gradually cured by mesmerism; a case of deafness; and several of the same kind.

We left the meeting with sentiments of profound disgust, and with a deep conviction that the kind of Medical Reform which the University of Edinburgh should aim at is not that proposed in the Edinburgh University Medical Reform Bill, but one which would prevent a Mesmerist from occupying the Chair of Chemistry,—a Homœopath from teaching General Pathology.

CHAIR OF NATURAL HISTORY.—AGASSIZ.

A party, at whose head Professor Simpson is alleged to be, are said to be strenuously exerting themselves to secure this celebrated naturalist as successor to Professor Ed. Forbes. In the event of Agassiz professing his willingness to accept it, we may witness a repetition of the Leslie controversy.

GENERAL CORRESPONDENCE.

ON THE "SHEDDING" OF CARTILAGE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am reported in a recent Number of your Journal to have exhibited at a late meeting of the Pathological Society portions of bones resected from the knee-joint, by my friend Mr. Henry Smith. As my object in exhibiting them was not stated, may I beg a short space in an early Number for the purpose of explaining it?

The portions of the bone referred to were taken from the articular ends of the femur and tibia of a boy six years old, on account of "strumous" disease of the joint, which had existed for twelve months.

The serous membrane and cartilage were altogether removed in some parts, while in others the latter was simply loosened from the subjacent bony tissue, so much so, however, in some places, as to permit of being easily peeled off. The cartilage was gradually bevilled away, so as to be extremely thin at its free margins, while in other parts, where its attachment was comparatively unaffected, it presented its normal thickness. The compact tissue of the head of the bone was still in its cartilaginous state, while the spongy had attained its perfect development, but was soft and vascular. From the head of the tibia it had been removed to a considerable extent. Some vascular tissue, resembling common granulations, intervened

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between the loosened cartilage and the bone, and also occupied the place of the lost spongy tissue in the head of the tibia.

The cartilage, on microscopic examination, varied but little from a condition of health. There was an absence, however, of the usual number of large nucleated cells which exist in healthy cartilage, probably owing to the bursting of the cells, for the nuclei seemed to be attached to the walls of large and elongated spaces, which had, it might be presumed, been originally occupied by perfect cells.

The granulation tissue consisted of delicate stroma, vessels, nucleated cells, disengaged nuclei, and large spheroidal and finely granular cells, with oil globules.

A spicula of the spongy texture presented the usual appearance of dead bone, but was observed to be enveloped in a fine, fibrillated, pale tissue, with elements similar to those which principally constituted the granulation tissue just described.

The removal of cartilage from the articular extremities of bone has been supposed to be effected in different ways.

By Key—either through a change in the organization of the cartilage, independent of foreign agency, or "through the agency of a structure probably evolved for that especial purpose.

By Goodsir,—through the instrumentality of nucleated cells, which take up the removed cartilage during their own growth, these cells being the most important components of a gelatinous or false membrane which forms between it and the bone.

By Henle, Manol, and Mr. Birkett,—through a suspension of the nutrient function of the cartilage in consequence of a diseased state of the capillary vessels of the bone.

And by Mr. Redfern,—through the following process:—"The cells of the cartilage become enlarged, rounded, and filled with corpuscles in lieu of healthy cells. They then burst, and discharge their contents, while the hyaline substance splits into bands and fibres, and thus becomes removed," through, in fact, anormal nutrition, and not through either attrition or diseased secretions, as Rokitanski supposes.

I look upon the removal of cartilage as effected by two different processes, the specimen shown being an excellent illustration of one of them. To this process I have given the term "shedding." I cannot argue with those pathologists who think, as a part of this process, that the cartilage undergoes any morbid change in consequence of disordered action originating in its own tissues. On the other hand, I think the specimen shown affords proof that the cartilage is only affected so far as its constituents would be modified by a suspension of their living properties.

The disease originates, in this particular and large class of cases, in the head of the bone. Either a formation of peculiar granulation tissue takes place, or, what is more probable, the medullary membrane of the spongy osseous tissue forms this agent by a process of degeneration. This tissue has the property of absorbing or in some other way removing (it may be by secreting a fluid capable of dissolving the textures with which it comes into contact) the cartilage as well as bone; and in this manner the former becomes gradually loosened, until it is thrown off from the bone or "shed" into the cavity of the joint. It is seldom that the cartilage peels off without spiculæ of bone adhering to it, showing that the new tissue is not specially designed to act upon either cartilage or bone, but upon both simultaneously.

I fully concur with Mr. Redfern in thinking it "at least very doubtful if the symptoms which are believed to indicate the existence of ulceration of articular cartilage are not really dependent on a morbid change in bone.

I am, &c. JOHN GAY.

TESTS FOR THE CHLORIDES IN URINE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having been much interested in the late researches of Dr. Lionel Beale and others on the subject of chlorides in the urine, I have studied, as far as I could, the complicated processes recommended for their detection.

I observe, in a paper entitled "Notices of Hospital Practice," by Dr. John Hughes Bennet, published in the December Number of the *Edinburgh Monthly Journal of Medical Science*, the following passage (page 482):—"Urine to-day exhibits abundant chlorides on the addition of nitric acid." If a fact, this seems a most surprising one. Have any of your numerous readers known anything like it? Or, if not a fact, what has deceived Dr. Bennet? What has he mistaken for chlorides? It is doubly necessary to sift such loose statements on the part of those who profess to be teachers of Medical science.—I am, &c.

A CONSTANT READER.

INFLUENCE OF MERCURY IN CASES OF GOUT.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last report of the proceedings of the Medical Society, I observe that Dr. Garrod alludes to the increased susceptibility to the influence of mercury in gouty patients. There is now in this hospital a case which will tend to corroborate Dr. Garrod's opinion.

A strong, robust-looking man, was admitted about a fortnight ago. From his history and his state at that time, he appeared to have had an attack of pneumonia some weeks previous. As a part of the treatment, three grains of calomel twice a-day were prescribed for him.

On the third morning after he began to take the calomel, I was much alarmed to find him profusely salivated, although the morning before there were not the slightest symptoms of approaching salivation. I examined his urine, but could find no albumen, nor was there any evidence of kidney disease. In two days, however, after the salivation came on, he had a decided attack of gout, and on closer examination the patient states, that he has been very subject to gout for the last eight years.

I am, &c. WM. PRICE JONES.

Taunton and Somerset Hospital, January 16.

REPORTS OF SOCIETIES.

ROYAL MEDICAL CHIRURGICAL SOCIETY.

TUESDAY, JAN. 9, 1854.

Dr. COPELAND, President, in the Chair.

A paper was read on

THE JUVANTIA AND LÆDENTIA IN DIABETES.

By JOHN M. CAMPLIN, Esq., F.L.S.

(Communicated by Dr. BRIGHT.)

In this communication, the author, in a letter to Dr. Bright, desired to lay before the Profession some particulars of his own case, believing that the means which proved beneficial to himself may afford hints useful in the treatment of others. It was nearly ten years since the author was attacked with diabetes. The symptoms appeared to have been of unusual severity, and many of his professional friends viewed his case as all but hopeless. The principal interest of the paper consists in some modifications of diet, which, the author thinks, contributed most essentially to his recovery. In addition to the usual nitrogenous diet recommended to diabetic patients, and as a substitute for bread, he first tried a cake or biscuit made of washed flour and lard; but this article soon disagreed. He then tried gluten bread; but, after a year or two, it became so unpleasant as to be insupportable, and he abandoned it, and never resumed it. Dr. Prout recommended him a bran cake, but the coarse particles of the half-ground bran acted on the bowels, and could not be continued in that form. The author devised a hand-mill, by which he succeeded in grinding the bran into a very fine powder, and in making a kind of cake, the use of which he was enabled to continue for some years. The author gave a formula by which this cake may be made, and is the same in substance as the directions contained in a foot-note in Dr. Pereira's last edition of the "Materia Medica." The author believes that the bran cake greatly ministered to the prolongation of his life, and is desirous of stating his opinion, that some modification of this bran cake might be made on a large scale, and be used with equal success in our Hospitals. The use of fat meat and eggs the author found productive of biliary derangement, which, although they might have exercised some unfavourable effect on the constitution, did not appear to augment the diabetic symptoms. The author spoke of the propriety of using curds instead of butter, and the advantage he derived from this preparation from fresh cow's milk. With regard to vegetables, he limited himself at one period exclusively to the cruciferæ. In respect of tea and coffee, the author gave the preference to the former; and, as a beverage at dinner, very dilute brandy-and-water; or, if wine was employed, it should be claret, as he found other wines injurious. He alluded to the remedial influence of cold and tepid sponging of the surface of the body, and the effects of warm bathing, not omitting the benefit to be derived from efficient clothing. The author's experience of other cases, as well as from his own, led him to the conclusion that there was no specific for this disease; for the cases he had witnessed had improved under the use of various

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remedies, keeping in view the great principle of building up the system, promoting the action of the skin, regulating that of the liver, and, as much as possible, removing the causes which aggravate the disease. Among remedies, the citrate of ammonia in the effervescing form, combined with the citrate of iron, afforded him at one period of the attack very sensible relief. The author was inclined to class the disease among the neuroses, believing that exhaustion of nervous power existed in all cases. In his own person, two causes had been long at work; the wear and tear of a laborious profession, and an ill-regulated diet; but he was not desirous of raising any discussion on this point, as his aim in the present communication had been simply to relate the facts of his own case, and the results of actual experience.

Dr. Webster said, he had no doubt that in the case under consideration the efficacy of the bran cake was greatly increased by a more careful attention to the general diet. The best remedies which he (Dr. Webster) had known for diabetes were animal diet and opium. He had not before heard of the bran cake, but he would recommend it in any future case instead of bread; though, in the absence of any further evidence, he should not be disposed to trust entirely to it. Diabetes, he thought, was especially a disease of middle age, occurring, with less virulence, in more advanced life. This (though Mr. Camplin had not mentioned his age) might partly explain the improvement which had taken place.

Dr. Theophilus Thompson alluded to the ill effects of bread and ordinary vegetable diet in diabetes. He had himself recorded a case which was treated in a great variety of ways, and in which the use of ordinary bread always produced a marked aggravation of the symptoms. He had endeavoured to obtain a suitable kind of bread, but without success; the stomach, however, he believed was more impaired than in Mr. Camplin's case. Animal diet was of great advantage; and the ill effects, mentioned by Mr. Camplin, of a resolute adherence to that diet, might possibly be counteracted by active exercise. Mr. Darwen had mentioned certain tribes of huntsmen who almost restricted themselves to animal diet, and who suffered no inconvenience in consequence of their active habits and constant open-air exercise. He (Dr. Thompson) had found the use of cod-liver oil and cocoa-nut oil, especially the former, efficacious in reducing the quantity of the urine. Remedies should be selected according to the peculiarities of the case. Manganate of potash was, he believed, useful in some cases. It had been stated, that in diabetic patients there was a deficiency of phosphates in the blood, and he had himself, in one instance, given the sub-phosphate of soda, which was followed by a reduction in the quantity of daily urine from ten to four pints.

Dr. Garrod said Mr. Camplin had not mentioned whether he was at present diabetic. He (Dr. Garrod) had never found the urine of a patient who had once had thoroughly established diabetes entirely free from sugar, though the quantity was sometimes reduced almost to a minimum. Dr. Garrod then mentioned the case of a diabetic patient who was extremely benefitted by means of animal diet, with a few ounces of bread or biscuit. He had found no possible benefit from any medicines except small doses of opium, which had the effect of diminishing the quantity of sugar in the urine. He had tried iron with the opium, but with little or no effect. He had also tried sesquicarbonate of ammonia, five-grain doses three times a-day, and afterwards increased to ten grains every three hours, but with little perceptible effect. Under the administration of bi-carbonate of potash, the average quantity of sugar remained the same; but permanganate of potash had the effect of increasing the sugar from 6 to 8 or 10 ounces.

Dr. Schuloff mentioned that he had met with very few cases of diabetes in Italy and Turkey, and asked if there were any statistics showing in what countries the disorder was most prevalent.

Dr. Basham concurred with Dr. Garrod in believing per manganate of potash to have a very injurious effect on diabetic patients. His experience, however, was different from Dr. Garrod's in reference to the continued presence of sugar in the urine; for he had met with two cases in which, after the most careful examination, he had failed to detect the least quantity. In these cases, the disease might possibly occur again, and so present examples of the intermittent diabetes to which Dr. Bence Jones had directed attention. In reference to the use of alkalies, he was once of the same opinion as Dr. Garrod; but he now believed that if great care was taken as to the time and mode of administration, alkalies would be found beneficial. They should never be introduced on an empty stomach, but should be taken immediately after meals. Opium was no doubt useful in controlling nervous excitement; but, as any other than a palliative, his own experience had not shown it to be beneficial.

Dr. Sylvester said, that Dr. Williams had some years ago made experiments, the results of which were confirmatory of Mr. Camplin's observations as to the benefit to be derived from the use of the cruciferæ. One of the most powerful of these, the seed of the common coltsfoot, he (Dr. Sylvester) recommended to a clergyman who was diabetic, and it had the effect of reducing the quantity of sugar in the urine to a greater extent than any other means employed. The patient subsequently died under the influence of hydropathic treatment.

Dr. Webster asked the President if he could answer Dr. Schuloff's question as to the countries in which diabetes was most prevalent. He (Dr. Webster) believed that it was increasing in this country.

The President said he could not answer the question, but he did not think the disease was more prevalent in countries where vegetable diet was chiefly used than it was in this country and in more northern latitudes. Its supposed increasing prevalence in England was probably owing to the disease being more completely investigated; formerly it was left to reputed water doctors, but was now brought under the care of the regular members of the Profession. The worst case he had ever had was that of a married woman, some thirty years ago. In her case he ordered warm clothing, exercise in the open air, the bowels to be kept freely open by rhubarb with alkalies, the medicines being taken in the form of a dinner-pill. The patient was alive a few years ago. She had never menstruated, nor become pregnant. In another case, he had found advantage derived from creosote, taken with inspissated ox-gall and extract of aloes. In this case the patient married; after which he had the disease again in an aggravated form, and died. As a drink, in diabetes, tar-water was useful, or a decoction of recent tops of the spruce fir. As aperients, he had chiefly used citrate of magnesia, rhubarb, and preparations of aloes.

Dr. King alluded to the prevalence of diabetes in Edinburgh, which

Dr. Webster attributed to the drinking of whiskey.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

SATURDAY, JAN. 12.

E. HEADLAND, Esq., President, in the chair.

Dr. Burke Ryan mentioned a case of

POISONING BY ONE DRACHM OF SYRUP OF POPPIES.

A child, aged fifteen months, was given by his mother a little more than a drachm of syrup of poppies, on the night of Thursday, December 14, 1854. About two o'clock in the morning of Friday, the mother heard deceased snoring and making a rather unusual noise. His face was quite cold, and its paleness frightened her, and on raising him up he took no notice whatever. In the bath, his arms dropped by his side quite powerless. There were no convulsions. When taken out of the bath the child remained in the mother's arms motionless, and she did not know he was dead until her mother arrived, about a quarter to six o'clock, and told her. The mother believed the child opened its eyes slightly while in the bath, but did not otherwise move. The quantity given could not have been more than one drachm, which ordinarily could not have contained more than one-eighth of a grain of opium, unless, indeed, such syrup were prepared from tincture or infusion of opium, a process which, it is to be feared, is sometimes adopted by retail chemists, in which case its strength must be uncertain. *Autopsy Eighty-five Hours after Death.*—Pupils dilated and face placid. Discoloration on the back considerable, as well as on the sides and part of the front of the abdomen, but in the latter part especially it assumed a pink or rose colour. The vessels of the meninges were quite turgid, with dark blood, the brain itself appearing too large for the skull; soft, and showing no red points on cutting through its medullary portion. The sinuses were gorged with dark blood, which, in the lateral sinuses, was more coagulated than the blood generally, so that it could be drawn out by a forceps. Both lateral ventricles contained about three drachms of fluid, with a slight cherry-coloured tinge. The choroid plexuses had a dull, pale appearance, very different to that usually seen. The lungs were free from engorgement, without inflammation, and with very little frothy mucus in the bronchi. The heart was firm, and its right auricle and ventricle were full of semi-coagulated black blood, having a slight fibrinous deposit underneath; the veins emptying into

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this cavity were similarly disturbed. The pulmonary artery was also filled. The left auricle was empty, as was the left ventricle, with the exception of about a scruple of blood lying wholly unattached, semi-fluid, and of more intense black than that of the right side. There was no fibrinous deposit on the left side. The liver large, filling both hypochondria, was considerably gorged with blood, as was the spleen; the gall-bladder half full of bile. The stomach appeared healthy, with about 1½ oz. of fluid of a milky character and brownish tinge, this tinge being of a browner shade in the duodenum, the colouring matter of the lymph being carried on as digestion advanced. Semi-fluid matter in jejunum. The kidneys were firm, and appeared to contain more blood than usual. The arterial system seemed emptied of blood throughout. An inquest was held on the body by Mr. Brent, Deputy Coroner, and a verdict returned of "Accidental poisoning."

Mr. Richardson asked whether there was any evolution of heat.

Dr. Ryan replied in the negative.

Mr. Hunt asked if there was any sediment in the syrup of poppies. He believed the common method of making the preparation was to rub down extract of poppies with common syrup, in which case the extract would fall gradually and slowly to the bottom of the bottle. Thus if the chemist served his customer from the bottom of his bottle the syrup might be ten times the usual strength. Mothers should be warned of the extreme danger of purchasing syrup of poppies from common chemists. It was most difficult to obtain the preparation made as directed by the Pharmacopœia, and as prepared at Apothecaries' Hall.

Dr. Ryan said he had observed no sediment in the mixture.

Dr. O'Connor thought that, considering the age of the child and the quantity of the syrup taken, the effect was not extraordinary. He had seen fatal effects produced by less than a teaspoonful on a child 2½ years old.

Mr. Dendy said, that the fatal result mentioned by Dr. O'Connor, though *post hoc*, might not have been *propter hoc*. He fully concurred in the great necessity of careful trituration or shaking in the preparation of such medicines. They should, in general, be made in larger quantities; and the old precept, "When taken to be well shaken," should never be overlooked.

Dr. Snow, in referring to the verdict of the jury, said he thought that if any Medical man had prescribed the dose recommended by the druggist, and the child had died in consequence, he would not have been let off so easily.

The President said the value of Dr. Ryan's communication would have been greatly increased if the exact composition of the so-called syrup of poppies had been stated. There was no doubt that such mixtures differed greatly in different shops; and it was to be lamented that they were not always made as ordered by the London Pharmacopœia. With regard to the administration of common laudanum, the greatest care should be taken. If given safely to children, it should be in exceedingly small doses. If there was one point on which ordinary posological tables were in error, it was, he thought, in regard to the doses of opium that might be administered to young children.

Mr. Hogg stated that Dr. Andrew Clarke and himself had examined the diseased heart exhibited at the last meeting by Mr. Hinton, and found that it was a case of fatty degeneration.

Mr. J. Gay then read a paper on

SYPHILIS.

Mr. Gay does not believe in the existence of a variety of chancres, but thinks, that the apparent differences which are to be met with had other causes than differences in the character of the original virus; viz., situation, state of body, temperament, treatment, etc., etc. Nor does he believe the severity of the systemic disease to be in any way proportionate to the severity of the primary symptoms. Mr. Gay proceeded to inquire, by what particular channels the poison entered the system? at what particular time in the course of the local disease does the system become inoculated? and how its systemic manifestations are induced? He does not think that the absorbent ganglia are the channels of communication between the local sore and the system; since, out of 216 cases, these ganglia were unaffected in 89, simply engaged in 100, and suppurated in 27 cases. Did the poison reach the system through these glands? Such disturbances would in every instance indicate the fact of systemic infection, and, indeed, no such infection would take place without it. The poison of chancre is certainly transmitted, and this, in all probability, through an absorbent vessel to the gland, and there it appears to make an impression. It either produces simple engorgement of the gland or an abcess. In the first case, the swelling resolves itself; in the second, it either forms a lymphatic or simple abcess, or chancre. But, why has not the poison produced chancre in the course of its transit through the absorbent vessels? simply because it has not found a raw or inoculable surface which it sometimes meets with when the abscess bursts spontaneously; often when it is opened by the knife. On this account, Mr. Gay discontinues the practice of opening buboes, and prefers treating them by frequently applying nitrate of silver to the skin covering them. Mr. Gay believes, and brought forward observations in support of his view, that the period of local is the period of systemic inoculation, and that the poison is not absorbed, except by some accidental circumstance, such as by the creation of a raw or inoculable surface, after the excitation produced by the application of the virus has developed into ulceration or chancre. With respect to the mode of its operation, the author of the paper remarked that the poison of chancre differed from those poisons with which it has been allied, in one important respect, viz., that whereas arsenic, and the miasma of fever, and the virus of small-pox, pass through the human system, and may be collected, or eliminate themselves from it, without losing any of the powers which they possessed before they entered it, the virus of syphilis, or that which represents it in the systemic form of disease, has few or none of those qualities which it had at the period of inoculation. It follows, that either the virus itself must undergo a change in the system, or it must effect a change on the *materiel* of the living economy with which it comes into contact. Mr. Gay brought forward reasons for believing that it is by changing the character of the fluids of the body, and rendering them, to a certain extent, unfitted for the purposes of healthy nutrition, that the virus produces its results. Among these reasons Mr. Gay adduced the fact, that as soon as the system becomes contaminated, so soon does it show, sometimes in a very feeble, and others in a very severe degree, symptoms of inunction, evidenced by prostration of strength, wasting, and occasionally by the development of tuberculous and other severe forms of internal disease. Mr. Gay next entered upon what he termed the manifestations of "systemic" syphilis, maintaining, that these display themselves in certain groups which should be termed "primary," "secondary," or "tertiary," according to their order of succession. Mr. Gay then alluded to the doctrine of the "specific" treatment of syphilis by mercury; and, after giving his reasons for disbelieving in "specifics," not only for diseases generally, but for syphilis in particular, concluded by this remark,—That the treatment of systemic syphilis must be conducted on the most comprehensive principles in order to be successful, the main object being to restore the fluids of the system to a healthy condition through those organs which appear from the state of the tongue, urine, bowels, pulse, etc., etc., to be principally concerned in maintaining a state of disease; and that mercury is only useful as an ally. On the other hand, mercury, as well as any other agent capable of creating considerable disturbance of the system, when given to excess, appears to be capable of producing a train of new symptoms, which not only obscure the real disease, but render it in the end more severe and intractable.

Dr. Felix Richardson believed, that when the syphilitic poison was once introduced into the system it was never removed, however the local manifestations might disappear.

Mr. Milton concurred with Mr. Gay in believing that the violence of primary symptoms was in inverse ratio to the violence of systemic affections. He strongly condemned the indiscriminate use of mercury, as a medicine which he thought should be regarded as a very subordinate agent, and be used with the greatest caution. Iodide of potassium was, in many cases, little less destructive than mercury; and he believed that many syphilitic patients had been cured without the use of either of those agents.

Mr. Henry Lee did not concur in Mr. Gay's objection to the practice of opening buboes. The Surgeon would not open a bubo unless it suppurated; and, if syphilitic matter was conveyed to it, it would almost necessarily suppurate. The chances of affecting the system were but small. Where the glands were most affected, the system would probably be the least. He could not mention a single case in which a primary sore had evidently produced a suppurating bubo and secondary symptoms too. He did not participate in Mr. Gay's fear of artificial inoculation. If the severity of local sores was in inverse proportion to the effects on the system, there could be no great harm in increasing them. He had himself tried artificial inoculation with success. He had inoculated a girl at the Lock Hospital who had constitutional syphilis and a great number of primary sores,

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and was in such a state that he thought he could do her no harm. Within a month he found that the virus had nearly worn itself out, so that he could not inoculate her any further. In another case, a patient had a serpiginous sore in the groin for two years. He was in the Edinburgh Infirmary, but left it uncured. He (Mr. Lee) tried inoculation, and he found, though the process was very slow, that the sores became smaller and smaller, and ultimately the serpiginous sore healed up. As to mercury, he believed in its almost specific action in cases of syphilis. He had seen patients, emaciated and wretched to the last degree, fatten under it, when properly given, in a manner almost marvellous.

Mr. Rogers Harrison believed that secondary symptoms were never cured without the use of mercury. Patients might be apparently cured without it, but the disease remained in the system, and re-appeared afterwards in still more aggravated forms.

Dr. Snow believed that general syphilis was specific; but it did not follow, because a disease was specific, that its treatment must be specific likewise, as was instanced in the case of measles, scarlatina, and other diseases.

Mr. Hunt believed with the author that the system became affected immediately on the inoculation of the subject by the syphilitic poison, as in the case of hydrophobia and vaccination. If a child was properly vaccinated it was protected from future attacks in five minutes, or perhaps in one minute. He believed he had seen systemic affection after a suppurating bubo. He thought the disease required a specific remedy, and that that was nearly always mercury. It was, he thought, necessary that there should be failing health before there could be secondary or tertiary symptoms; and that the only persons who were cured without mercury were those whose general health was strong enough to enable them to resist the poison. Mercury, however, should be given in short courses; long courses only aggravated the disease. He believed that hereditary syphilis was rapidly increasing, because mercury was so frequently neglected.

Mr. De Méric urged the necessity of Medical men comparing each other's experience, rather than relying upon their own individual practice, with a view to the formation of truthful theories.

Mr. Dendy protested against the doctrine of systemic contamination without local sores.

Mr. Gay then replied, and the Society adjourned.

PHYSIOLOGICAL SECTION.

MONDAY, JAN. 8, 1855.

E. HEADLAND, Esq., President, in the Chair.

Dr. Crisp exhibited the

ŒSOPHAGUS OF A LARGE CROCODILE,

for the purpose of showing its great extensibility in a lateral direction. When moderately distended with air it measured fourteen inches in circumference.

Dr. Crisp showed

A LIVING TADPOLE OF THE FROG,

which, with many others, he had taken in September last. These tadpoles, with those of the water newt, (T. *cristatus,*) had been kept in a room without a fire, and exposed to the light. No progress had been made in their development, the branchiæ being still present, and the fore extremities absent. Did the frog deposit its eggs more than once in the year? and what became of the tadpoles hatched at this period? were the questions asked.

ON THE CHANGE OF VOICE IN THE SINGING MOUSE (SO CALLED).

Dr. Crisp said, he had dissected one of these mice soon after death, and he found a large *Tænia crassicollis* in the liver close to the draphragm. Among six others recently taken and kept in the same cage, one of these was a vocalist. Three were accidentally killed soon after they were captured. The singing mouse was not recognised, but one of the six had the same worm in the liver. Nothing abnormal was observed in the lungs and air passages. Was it probable that this worm was the cause of the alteration of the voice?

Mr. Law, of Camden-town, to whom the mice belonged, exhibited a living specimen at the meeting.

Dr. Snow said, that if Dr. Crisp's suggestion were correct, the sound emitted would be the animal's cough.

Mr. Hunt thought the sound appeared somewhat asthmatic, resembling the passage of air through a contracted larynx.

Dr. Crisp stated, that the mouse, when "singing," appeared to be in a state of agitation, and sat like a squirrel.

Dr. Snow, referring to Dr. Crisp's specimen of the undeveloped tadpole, stated, that he had recently seen in the country after a heavy shower, a large number of small frogs just emerged from the tadpole state leaping about the ground. From their being wet with the rain, they might, he thought, to a careless observer, appear to have come down with the shower, the truth, no doubt, being, that they had been washed out of some ditch where they had been developed into the road. This, he thought, would be found to be the explanation of the strange accounts of showers of young frogs which had been occasionally published. The non-development of Dr. Crisp's specimens was probably to be explained by the general physiological law that animal life could not go on at a temperature much below 50°. Animals in which development continued throughout the winter had a power of generating heat of their own; those that had not that power remained torpid. Dr. Sibson, in performing an experiment with a small fish, put some snow into the water in which it was swimming, and as the water cooled all movement in the body ceased, and ultimately the motion of the gills was stopped; but as the water was again warmed the fish resumed motion.

The President reminded Dr. Snow that Dr. Crisp's tadpoles were taken in September, when the temperature could not be very low.

Dr. Crisp said, as tadpoles were seen plentifully in autumn as well as in the spring, it would be worth inquiring whether frogs, like birds, deposited their ova more than once in a year.

Dr. Cogswell referred to the observations of Dr. Edwards with regard to the influence of cold, and of the absence of light in arresting the development of the tadpole, and agreed with Dr. Crisp concerning the value of such researches in elucidating the causes of physiological phenomena in the human subject. They could also be resorted to with advantage in pathology, as exemplified by the following experiment:—Some tadpoles derived from the same parcel of spawn were divided into two sets; one half he had kept in a glass vessel of water which was changed every day, and well exposed to the light; the other half were kept in an earthen vessel, the water being only changed once or twice a-week. Both received daily a fresh supply of watercress. The former set became developed in about the usual time, while the others were several weeks later in turning to frogs, and early exhibited the appearance characteristic of marasmus. One which survived the rest had lateral distortion of the spine. Here was a demonstration in the lower animals of the influence of certain external circumstances in producing a particular form of disease. In reply to a remark of Dr. Crisp, that, according to Professor Bell, tadpoles would thrive best among decaying vegetable matter, he stated his belief, that this led to an inference which could not be admitted without close investigation. Water might contain certain foreign matters without being unwholesome if they were merely mechanically suspended; but the case was different if it held in solution the products of animal or vegetable decomposition.

Dr. Thudichum then read a paper on the emptiness of the arteries after death.

The author referred to a paper lately read by Dr. Richardson on the same subject, supporting the Harveian theory. He contended that that theory did not account for the phenomena which had been observed in reference to the state of the arteries after death. He argued that the arteries have a contractile power of their own, explained how he thought that power was exercised, and entered at some length into the experiments and opinions of eminent Medical authorities on the subject. He referred, also, to the power of the capillaries in assisting the flow of blood, and stated that he had scarcely ever seen an instance in which, after death, the arteries were full, an occurrence which Dr. Richardson and others appeared to consider by no means rare.

Dr. Crisp denied a statement made by Dr. Carpenter, and referred to by Dr. Thudichum, that there are no valves in the portal circulation, and called attention to the "suction power of the heart," which he thought the author had overlooked in his explanation. He also expressed an opinion, formed on experiment and observation, that the arteries possess no contractility whatever.

Dr. Richardson maintained the Harveian doctrine, as advocated by him in a recent paper read before the Society. He said, arteries were full after death more frequently than was imagined, and he had himself met with eight such cases in human subjects, and two or three in animals. He likewise stated, that all the vessels were equally full after death in the unformed fœtus.

Dr. Snow expressed his entire concurrence with the views of

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Dr. Thudichum, and referred to the influence of the capillaries in assisting the arteries to empty themselves after death. He denied the existence of any suction power of the heart except in a very limited degree; and mentioned an experiment he had performed on a guinea-pig which he killed by chloroform, and in which he felt the heart beat about two minutes after breathing had ceased.

Dr. Chowne alluded to the presence of vapour in the arteries after death, such vapour, he said, being readily evolved when the blood was expelled.

The author having replied, the Society adjourned.

PATHOLOGICAL SOCIETY OF LONDON.

JAN. 2, 1855.

Mr. PRESCOTT HEWETT, Vice-President, in the Chair.

This meeting was chiefly devoted to the election of officers, nd to receiving the report of the Council for the last year. The ollowing is a copy of

THE NINTH ANNUAL REPORT.

"The Report which the Council of the Pathological Society has the satisfaction to place before the members on this their Ninth General Meeting will be found equally gratifying and encouraging as any of its predecessors. The history of the Society is that of continued progress, not only in numbers, but in the value and importance of its transactions, and the growing reputation which it enjoys in this country and abroad. During the past session 24 gentlemen have joined the Society, and 5 have ceased to belong to it, either from death, change of residence, or resignation, so that the Society now numbers 236 members. The total amount of the funds at the close of the present session was 322*l.* 7s. 6d., and the expenditure has been 280*l.* 17s. 9d., leaving a balance in the hands of the treasurer of 41*l.* 9s. 9d. The accounts have been examined and certified in the usual manner by the Auditors, and will be found annexed to this Report. The session just concluded has been marked by the issue of the largest, most profusely illustrated, and most important volume of Transactions that the Society has yet published, and the Council heartily congratulate the contributors to it on the elaborate nature of their reports and the large addition thus made to the accumulation of pathological facts and inquiries. The demand for the past Volumes of the Transactions both on the part of new members and from foreign countries has long since almost entirely exhausted the stock of copies, and the Council feel that it will be necessary at no distant date to make arrangements for their reproduction. At the suggestion of the President, Dr. Babington, the Council has organised two Committees for the purpose of investigating obscure pathological subjects, and it entertains a strong conviction, that if the scheme be found to work well it will greatly extend the reputation and efficiency of the Society."

The Report having been received, Dr. C. B. Williams moved, and Mr. Pilcher seconded, a special vote of thanks to the Secretaries, on whom such a large share of the labour in carrying on the Society, and more especially in getting out the Volumes of Transactions, had devolved.

The Motion having been carried by acclamation, Dr. Quain rose, and, in behalf of himself and his colleague, acknowledged in some very appropriate remarks the compliment paid to them. Dr. Quain stated, that he felt much indebted to the Society and to its first founders for the many opportunities for acquiring knowledge which it had been the means of affording. He took a deep interest in its proceedings, and would assure the members, that as long as he had health and strength he should continue to devote his attention to the forwarding of its objects, fully convinced that in so doing he was forwarding the interests of a Profession which he dearly loved, and the duties of which he always practised with pleasure. (Applause.)

The President having announced that the urn would during the next hour remain on the table for the reception of ballotting-papers, the exhibition of specimens was proceeded with.

Mr. Henry Thompson showed drawings illustrative of the condition of parts in a case of

EXTROVERSION OF THE BLADDER.

The following are the particulars of the case:—J. G., aged 21, a healthy stout young man. Has worked for some time as a navigator, and has not come under Medical notice before, until his admission at the Marylebone Infirmary. The bladder forms a tumour three inches in diameter just above the pubic symphysis, projecting not much except when the patient coughs. Umbilical projection immediately above. Surface of tumour red, vascular—resembling mucous membrane. Near to the lower border were two small projections, the orifices of the ureters, from which urine is continually escaping. Close beneath is a rudimentary penis, two inches long, flat, as if cleft down to the floor of the urethra. In the fissure between its root and the bladder are the openings of the ejaculatory and prostatic ducts. A prepuce unites the end of the penis with a large scrotal mass beneath, which contains the testis and two large congenital herniæ, one of which only is reducible, and that only partially so. The scrotal mass is liable to excoriation from the passage of urine over it. He is the subject of sexual desires, but avoids all society, from a strong consciousness of inaptitude for it. He is occasionally subject to involuntary emissions of seminal fluid, which generally occur during sleep. In disposition he inclines to be morose. He has rarely suffered from indisposition, and his health appears to be remarkably good. Mr. Thompson stated, that he thought the case beyond the reach of Surgical interference, but hoped that by mechanical contrivances he should be able much to relieve the patient's distressing condition.

Dr. Williams observed in rising, that he did not do so in order to suggest any remedial measures for these lamentable deformities, which must rank, he supposed, as posers for Surgeons. He wished to ask, however, whether it were not possible to employ some remedy for the prevention of the disagreeable urinous smell which always attended the sufferers. It was not only in these but in all others in which from any cause urine became extravasated externally, that it was much to be desired that we were in possession of some antidote, chemical or otherwise, for the odour attending it.

Dr. Ogier Ward stated, that in some of the cases alluded to he had used a lotion of vinegar with advantage. The principle of its efficiency consisted in the conversion of the ammonia into an acetate. It was, however, itself irritating, and liable to stain the clothes, which constituted great objections to its use.

Dr. Robert Taylor next exhibited an

OSSIFIED MASS FORMED IN THE EYE.

The specimen had been procured by Dr. Kirk, in the dead-house of the Edinburgh Infirmary, from the body of a man, aged 50, of strumous and syphilitic habit. He had lost the eye thirty years previously, from an injury, and it was atrophied and irregular in form. The cornea was opaque; the structure of the sclerotica unaltered; the choroid adhered to a shell of osseous matter, which occupied the position of the hyaloid membrane. Up the interior of this shell ran a tube, continuous posteriorly with the central artery of the retina, and opening in front against the posterior capsule of the lens. Between this central pillar and the outer wall were numerous spiculæ of bone. The central bone and the spaces between the spiculæ were filled with cholesterine. The capsule of the lens was free from calcareous deposit, though considerably thickened both anteriorly and posteriorly. The greater part of the lens was intensely hard; externally it was composed of fibres, arranged parallel to each other. The mineral matter was interpersed among these fibres, and was, for the most part, of a distinctly crystalline nature. Under the microscope, the spicula from the hyaloid membrane, and also that from the central portion of the lens, presented numerous lacunæ and canaliculæ, which were in several instances arranged concentrically around circular spaces resembling Haversian canals. Dr. Taylor said that he agreed with his friend Dr. Kirk in believing the specimen conclusively an instance of the ossification of a deposit within the eye. As such it was an extremely interesting and rare preparation. The great frequency of calcareous deposits in the different parts of the eye was of course familiar to all, but that such might ever exhibit the characters of true bone the present specimen was perhaps the first to prove.

The specimen in question having been placed under the microscope, and examined by many members, some discussion upon it followed.

Mr. Pollock suggested, that the construction of Haversian canals in any structure formed within the lens was very difficult of comprehension, since those canals were vascular channels, while no vessels passed into the lens.

Dr. Taylor replied, that the same objection had suggested itself to him. He could, however, only ask Mr. Pollock to examine the microscopic demonstration of the fact now before the Society.

Dr. Handfield Jones mentioned, that he had once in the ossified centre of a loose cartilage removed from the knee-joint found numerous lacunæ like those of bone, but no Haversian canals.

The President inquired if the cartilage was detached.

Dr. Handfield Jones: Yes.

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Mr. Pollock considered, that there was a material difference between a loose cartilage in a joint and a deposit in the substance of the lens, inasmuch as the former was acknowledged to be a new formation, and possessed of self-organising powers.

Mr. Haynes Walton had examined a great many specimens of the so-called "ossified lens," but had always found them to be merely unorganised calcareous deposit. He had recently, with Professor Quekett, gone through the rich series of specimens of this class in the Museum of the Royal College of Surgeons, and had not found a single example of true bone. He had about a year ago read in the *Edinburgh Monthly Journal* an account of the specimen now before the Society. It was, as far as he knew, unique, and he was much gratified at now having the opportunity of examining it.

Mr. Pollock inquired, whether calcareous deposits in the eye ever took place in organs which had not hopelessly lost their function. He had never met with them under other conditions.

Dr. Taylor had never seen them excepting in disorganised eyes.

Mr. Walton gave the brief particulars of the case, the only one he had ever seen, in which he had removed a chalky mass from an eye which still possessed visional power.

Dr. Gibb had examined some of these formations as to chemical constitution, and found them to consist of carbonate and phosphate of lime.

Mr. Brooke stated, that he had just looked at the specimen under the microscope, and was prepared to admit the existence of numerous lacunæ, but doubted as to the presence of Haversian canals. The structure, he thought, much resembled that of some examples of exostosis.

Some difference of opinion prevailing respecting it, the specimen was finally referred, with Dr. Kirk's permission, to Dr. Handfield Jones and Mr. Henry Gray for further examination.

Dr. Handfield Jones next showed a specimen of

FATTY DEGENERATION OF THE PANCREAS.

The mass handed round was of a greyish colour, soft and flabby, and to the naked eye certainly did not present any characters by which it might have been recognised. Dr. H. Jones stated, he had recently been engaged in examining the condition of the pancreas in all cases where he had the opportunity for doing so, without regard to the disease from which the patient had died. The present specimen only represented the state of the gland as he had met with it in very numerous cases. The entire gland structure was destroyed by fatty degeneration. Out of fifteen or sixteen specimens taken indiscriminately, this state of things had been found in one-third. The pancreas being believed to possess important functions, Dr. H. Jones could not but suppose that its degeneration must be of consequence to the health of the patient. He was unable to connect the lesion with any particular forms of disease, or to state any symptoms which attended it.

Dr. Ogier Ward inquired as to the ages of the patients who had furnished the specimens.

Dr. H. Jones replied, that it had been various. In the present case the patient was aged 34, and had died of cirrhosed liver and granular disease of the kidney.

The President inquired, if the whole gland were in the condition of the portion shown.

Dr. H. Jones: Yes. To the unassisted eye the most marked features of a fatty condition of the gland were as shown in the part sent round,—flaccidity, loss of crispness, and deficient lobulation.

The next business consisted in announcing the result of the election of officers for the coming year. The following are the lists of names:—*President.*—James Manceiff Arnott, Esq., F.R.S. *Vice-Presidents.*—James Copland, M.D., F.R.S.; Thomas B. Peacock, M.D.; H. Bence Jones, M.D., F.R.S.; B. S. Babington, M.D.; William Fergusson, Esq., F.R.S.; Edward Stanley, Esq., F.R.S.; Prescott G. Hewett, Esq.; John Simon, Esq., F.R.S. *Treasurer.*—Alexander Shaw, Esq. *Council.*—C. J. B. Williams, M.D., F.R.S.; C. Handfield Jones, M.D., F.R.S.; E. H. Sieveking, M.D.; James Bird, M.D.; William Baly, M.D., F.R.S.; J. S. Bristowe, M.B.; W. H. O. Sankey, M.B.; George M. Fincham, M.D.; J. W. Ogle, M.D.; Samuel O. Habershon, M.D.; James Dixon, Esq.; Charles Brooke, Esq., F.R.S.; Joseph Hodgson, Esq., F.R.S.; George Pollock, Esq.; Henry Gray, Esq., F.R.S.; George Pilcher, Esq.; Sir John Liddell, C.B., M.D., F.R.S.; William Bowman, Esq., F.R.S.; Henry Haynes Walton, Esq.; Henry Obré, Esq. *Honorary Secretaries.*—Richard Quain, M.D.; Mitchell Henry, Esq.

Special votes of thanks to the retiring Council and to the President were subsequently carried; and, after some remarks from the Chair, the meeting adjourned.

EAST INDIA COMPANY'S MEDICAL SERVICE.

EXAMINATIONS FOR ASSISTANT-SURGEONS.

COMPARATIVE ANATOMY—ZOOLOGY—BOTANY.

Tuesday, 2 to 5 o'clock.—January 9, 1855.

Dr. HOOKER.

1. COMPARATIVE ANATOMY.

[Answer one (or more) of the following questions.]

1. State the typical condition of the heart and of the circulation, in the different classes of vertebrate animals.

2. Describe the circulatory and generative apparatus in helix or any other pulmonary gasteropod.

3. Describe the digestive apparatus and process in the ruminantia.

2. ZOOLOGY.

[Two (or more) of the questions in zoology should be answered.]

1. Enumerate the prime divisions of the vertebrate subkingdom, and the orders of the class mammalia.

2. How are the monkeys of the Old World in general distinguished from those of the New?

3. What are the distinctive characters of the orders rodentia, ruminantia, and insectivora?

4. What are the principal orders of the molluscous subkingdom? and name an instance of each.

3. BOTANY.

[Any five (or more) of the following questions should be answered.]

1. Give examples of medicinal plants in the natural order *euphorbiaceæ*.

2. Define a bulb and a tuber, and give examples.

3. What are the properties of solanaceæ? and give examples.

4. What are the most conspicuous characters of the natural order rubiaceæ? and state some medicinal plants belonging to it.

5. Define the classes monocotyledons, dicotyledons, and acotyledons, by the general characters of their stems, seeds, and mode of germination.

6. Describe in general terms the structure of grasses.

7. What are the chief peculiarities of coniferæ; and where do their properties reside?

8. Distinguish a grass from a sedge.

9. What, in general terms, are the properties of those *umbelliferæ* that grow in dry places, as contra-distinguished from those that grow in marshes?

10. Give examples of natural orders that are most prevalent in tropical countries, and of others that are more abundant in temperate latitudes.

11. State in general terms the distribution of the seven principal kinds of grasses cultivated for food in different quarters of the globe.

12. Give examples of natural orders of dicotyledonous plants which abound in nutritive principles, and of others that are noxious.

13. What is the form under which starch is generally found, and what are its chemical constituents?

14. In what parts of plants is starch most frequently found?

15. In what natural orders of plants do volatile oils most abound, and in what parts of any plants?

16. State some natural orders of plants in which gum is frequently produced, and the parts from which it is secreted.

17. Give examples of some natural orders of plants that yield fixed oils abundantly, and the parts of the plants from which the oils are generally derived.

18. What are the elementary tissues of plants?

19. What are the simplest forms of plants, and why are they considered such?

20. Describe in general terms the process of assimilation in plants.

21. Describe in general terms the process of impregnation in phænogamous plants.

22. Define the terms thalamiflorous, calyciflorous, and corolliflorous.

23. Define the terms Epigynous, Perigynous, and Hypogynous.

24. Distinguish *colchicum* from *crocus*.

25. In what natural orders does a milky juice abound? In which of these is it poisonous, and in which nutritious?

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Weeks of Cholera...		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1. Total Deaths from all Causes	1849	1131	1448	1345	1208	1187	1196	1225	1191	1138	1047	1083	1048	1241	994	1066	1089	1058	986	905	1033	897	895
	1854	1444	1492	1195	1178	1204	1178	1154	1334	1135	1348	1188	1200	1489	1149	1087	1193	1211	1263	1093	1188	1143	1090
2. Total Deaths from Cholera	1849	61	94	62	45	37	55	49	40	35	15	9	10	4	5	2	1	1	4	3	1	5	9
	1854	2	2	1	...	1	1	...	...	...	...	...	...	...	...	2	2	...	...	...	2	...	2
3. Deaths deducting Cholera	1849	1070	1354	1283	1163	1100	1141	1176	1151	1103	1032	1074	1038	1236	989	1064	1088	1057	982	902	1032	892	886
	1854	1442	1490	1194	1178	1203	1177	1154	1334	1135	1343	1188	1200	1489	1149	1085	1191	1211	1263	1093	1186	1143	1089
4. Total Births	1849	1312	1421	1528	1576	1443	1673	1497	1490	1547	1544	1521	1445	1621	1225	1346	1348	1528	1522	1479	1398	1311	1354
	1854	1373	1768	1700	1662	1655	1797	1539	1795	1739	1800	1764	1805	1948	1742	1573	1789	1566	1885	1872	1789	1647	1524
5. Births over Deaths*	1849	181	— 27	183	368	306	477	272	299	409	494	438	397	381	231	280	259	470	536	574	365	414	459
	1854	71	276	505	484	451	619	385	461	604	457	576	605	459	593	486	596	355	622	779	601	504	434
6. Deaths from Cholera in the West Districts...	1849	1	3	[6	6	13	6	2	...	6	4	1	...	...	2	...	...	...	...	1	...	2	3
	1854	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
North Districts ...	1849	2	8	9	4	7	15	5	...	2	...	...	1	2	1	1	...	...	2	...	1	3	...
	1854	...	...	1	...	...	1	...	...	..	...	...	...	...	...	1	2	...	...	...	...	...	...
Central Districts ...	1849	...	...	3	13	4	2	...	2	...	...	...	...	...	...	...	...	...	...	1	...	...	1
	1854	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
East Districts... ...	1849	4	2	4	3	6	18	25	34	24	8	3	9	2	...	1	1	1	1	1	...	...	2
	1854	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2
South Districts ...	1849	54	81	40	19	7	14	17	4	3	3	5	...	...	2	...	...	...	1	...	...	...	3
	1854	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
7. Deaths from Cholera from the age of 0 to 15	1849	53	80	45	14	20	17	10	9	12	2	2	1	3	1	1	...	1	2	...	1	2	1
	1854	1	2	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...
8. Deaths from Cholera from the age of 15 to 60	1849	8	10	13	27	17	28	34	28	17	4	3	4	1	4	1	1	...	2	2	...	3	4
	1854	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	1
9. Deaths from Cholera from the age of 60 and upwards	1849	...	4	4	4	...	10	5	3	6	9	4	5	...	...	...	...	...	...	1	...	...	1
	1854	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10. Difference between Mean. Temp. of each Week and same Week on Aver. of 38 years	1849	— 6·6	+ 3·8	+ 9·7	+ 8·5	+ 4·8	+ 11·9	+ 4·0	+ 5·8	+ 2·7	+ 3·9	+ 4·1	— 3·6	+ 2·9	+ 0·6	— 2·7	— 9·4	— 3·7	+ 3·2	— 6·7	+ 2·6	+ 1·9	+ 1·1
	1854	— 5·6	+ 2·3	+ 5·8	+ 5.3	+ 4·3	+ 3·7	— 3·7	+ 1·5	+ 1·1	+ 3·7	+ 5·7	— 2·1	+ 4·0	+ 5·7	+ 2·7	+ 5·8	+ 5·8	— 2·5	— 2·2	— 0·9	+ 3·3	+ 4·1
Weeks...		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

* Where the *minus* sign is used above the figures, it signifies that the Deaths were over the Births.

RESULTS OF THE CHOLERA EPIDEMIC—1854.

[Continued from page 652, Vol. XXX.]

In pursuing the subject of the general statistics of the epidemic of 1854, we have given a Table in another part of this paper, in which the facts as to 1849 and 1854 are placed in such a position as admits of easy comparison of the two outbreaks.

Rich and Poor.—The districts in which the poorer classes abound generally suffered most. But the rich, living on low ground, in houses supplied with impure water, are in great danger during a cholera epidemic; while the artizan, living on simple diet, in houses not overcrowded, and with cleanly habits, supplied with pure water, on high ground, have little to fear from cholera in England. Among such, when premonitory diarrhœa has been attended to, the mortality is inconsiderable.

We pass now to an analysis of 1000 cases, taken indiscriminately at four different dates during the epidemic, but including about half of the number which occurred in the fated district of St. James (Golden Square), etc. It is a curious fact, that, notwithstanding the peculiarity of the outbreak, there is great similarity as to all its phenomena with those observed in other parts of London,—the only fact striking the attention being that it was in a marked measure confined to the *home* population, and so marking the *locality* as the hot-bed of the disease.

Sex.—In 1000 cases, 477 occur among males and 523 among females. In 1849 the respective numbers were 489 and 511. Of the males, 159 were children, and 318 men in occupations; of the females, 140 were children, 201 wives, 73 widows, and 109 in occupations, of whom 41 were servants. In 1849, of the males, 209 were children, and 280 in occupations; and of the females, 180 were children, 116 wives, 82 widows, and 133 in occupations.

Age.—Among children, there were, of males, 117 from 0 to 10 years of age, and 42 from 10 and upwards; of females, 85 from 0 to 10, and 55 from 10 and upwards. In males engaged in occupations the ages were as follow:—

Not stated	... 1	50 to 60	... 43
10 to 20	... 18	60 to 70	... 27
20 to 30	... 67	70 to 80	... 13
30 to 40	... 80	80 to 90	... 3
40 to 50	... 66		

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TRASTED.—METROPOLIS.

25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
985	1217	1070	1369	1741	1931	1967	1909	2230	2456	2796	3183	2865	1981	1611	1290	1075	1028	902	837	893	878	892	931	1053	1002	1043	1053
1153	1290	984	1015	1008	1219	1456	1832	1833	2039	2515	3413	2836	2504	2216	1632	1394	1321	1228	1252	1160	1309	1262	1350	1331	1300	1291	1508
49	124	152	339	678	783	926	823	1230	1272	1663	2026	1682	839	434	288	110	41	25	11	6	8	2	1	...	..	1	...
1	...	1	5	26	133	399	644	729	847	1287	2050	1549	1284	754	411	249	163	66	31	23	12	8	7	5	2	8	2
936	1093	918	1030	1063	1148	1041	1086	1000	1184	1138	1157	1183	1142	1177	1002	965	987	877	826	887	870	890	930	1053	1002	1042	1053
1152	1290	983	1010	982	1086	1057	1188	1104	1192	1228	1363	1287	1220	1462	1121	1145	1158	1162	1221	1137	1297	1254	1343	1326	1328	1288	1637
1255	1551	1277	1226	1213	1313	1393	1259	1334	1317	1227	1301	1302	1400	1526	1182	1271	1363	1328	1416	1413	1226	1457	1211	1338	1309	1353	1227
1632	1764	1470	1495	1597	1518	1503	1662	1569	1638	1625	1606	1505	1628	1769	1402	1542	1408	1447	1575	1566	1293	1593	1610	1546	1599	1474	1639
270	334	207	143	528	618	574	650	896	1140	1569	1882	1563	581	85	108	196	335	426	579	520	348	565	360	285	307	310	173
479	474	486	480	589	299	47	170	264	401	890	1807	1331	876	447	130	148	87	219	323	406	16	331	260	215	299	183	131
3	14	7	29	46	43	58	54	81	103	169	181	172	68	72	39	15	4	1	3	...	1	1					
...	...	1	1	2	8	23	68	184	179	300	545	248	216	113	59	46	26	10	4	3	2	1					
7	7	7	17	7	25	27	45	71	114	123	157	121	71	37	27	7	1	4	1	1	1	1					
...	...	...	...	2	8	12	39	38	53	99	208	115	70	50	26	14	17	3	3	6	4	0					
5	35	31	55	72	97	93	116	167	185	194	227	213	95	51	25	10	6	1	3	...	2	...					
...	...	...	...	2	11	14	31	32	36	69	117	106	77	62	31	24	7	11	4	1	1	1					
13	23	14	46	110	104	127	132	357	393	447	390	330	183	113	91	32	17	15	3	1	...	...					
...	...	...	3	12	35	60	60	105	119	149	208	224	197	146	95	50	20	12	4	...	2	3					
21	45	93	192	443	514	621	476	554	477	730	1071	846	422	161	106	46	13	4	1	4	4	...					
1	...	...	3	8	71	290	446	370	460	670	972	856	724	383	200	115	93	92	16	14	3	3					
11	26	49	102	223	217	280	240	317	313	425	530		234	106	91	27	13	9	3	3	2	1	...	1	...	...	...
...	...	1	1	6	42	145	208	214	277	377	614	443	373	223	118	71	56	25	9	8	3	3	4	4	...	2	...
32	88	88	192	363	456	522	463	719	751	974	1168		471	259	148	65	23	13	7	3	4	1	1	...	...	...	...
1	...	...	4	17	78	213	347	426	458	759	1146	901	698	409	236	140	89	32	16	9	7	3	2	...	2	1	2
6	10	13	45	92	110	124	119	191	212	264	327		134	68	49	18	5	3	1	...	2	...	...	...	1	1	...
...	...	...	...	3	13	41	89	88	111	144	287	208	212	121	57	38	18	9	6	6	2	2	1	1	...	...	...
—	+	+	+	—	—	—	+	—	+	+	+	—	—	+	—	—	+	+	+	+	+	—	—	+	+	+	—
1·4	0·3	1·2	5·4	0·3	2·2	1·9	4·9	1·1	2·6	3·7	5·3	3·2	1·2	5·4	1·8	4·7	3·6	9·6	4·1	4·1	1·0	0·2	9·1	1·4	0·4	2·5	5·1
—	—	—	—	+	+	—	—	—	+	+	+	+	+	+	+	+	—	—	—	+	—	—	—	+	+	+	+
1·5	3·5	5·1	5·5	1·3	2·9	3·7	1·7	1·2	1·1	5·9	1·1	3.8	1·5	1·0	1·0	0·1	3·0	3·1	3·4	2·5	2·1	5·3	3·4	1·0	2·6	1·6	2·3
25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52

The 1st week is that ending Jan. 7; the 14th that ending April 8; the 27th that ending July 8; the 40th that ending Oct. 7; and the 52nd that ending Dec. 30.

And of females (not children), in their various classes, the following are the particulars:—

Widows.		Wives.	
Not stated	1	Not stated	1
20 to 30	3	10 to 20	2
30 to 40	2	20 to 30	27
40 to 50	17	30 to 40	61
50 to 60	17	40 to 50	50
60 to 70	23	50 to 60	40
70 to 80	10	60 to 70	17
		70 to 80	3

These facts show that the law stated by the Registrar-General for 1849 still holds as to the disease, viz.:—"It may be fairly inferred that men of the age 25—35 are in a cholera epidemic twice as likely to die as men 10 years younger, 15—25, and that from this period the danger increases with age," and "the relative greatest effect is attained at the age 35—45, when the mortality from cholera is equal to 33 per cent. of the mortality from all ordinary causes. At the advanced ages, when the absolute mortality from cholera is highest, its relative effect is least, for the mortality from other diseases increases much faster than the mortality from that malady."

Occupation.—The males (not children) are thus distributed:—Gentlemen, 6; labourers, 33; butchers, 7; porters, 15; shoemakers, 27; tailors, 41; and 189 others, distributed among 58 other occupations, or 3·6 to each.

Diarrhœa.—1854.—During the prevalence of cholera, 3174 deaths occurred from diarrhœa. The disease took its rise, arrived at its maximum, and fell simultaneously with the cholera. The following are the number of deaths from this disease from 1848:—

1848.	1849.	1850.	1851.	1852.	1853.	1854.
1913	3463	1884	2271	2164	2310	3174

Other Zymotic Diseases During the Prevalence of Cholera.—It may be interesting to note the progress of other

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epidemic diseases during the progress of cholera. The following are the particulars from 1847 :—

	1847.	1848.	1849.	1850.	1851.	1852.	1853.	1854.
Cholera.....	117	652	14125	127	213	162	881	10745
Typhus.....	3184	3569	2479	1923	2346	2164	2649	2527
All Zymotic Dis. except Cholera	14922	17461	14188	9748	12439	11942	12671	15039
Zymotic Diseases except Cholera and Diarrhœa..	1976	1913	3468	1884	2271	2164	2310	3174
	12946	15548*	10725	7864	10168	9778	10361	11865

* Small-pox and Scarlatina were very prevalent in 1848.

DURATION OF CHOLERA ATTACK.—By calculations made from the phenomena of the disease in 1849, it was found that the mean duration of cholera attacks in 1849 was 2·081 days. In 1854 the following are the respective periods in 1000 cases :—

Hours.	Number of Deaths.	Hours.	Number of Deaths.	Hours.	Number of Deaths.	Hours.	Number of Deaths.
2	4	25	12	48	68	71	0
3	6	26	12	49	7	72	0
4	10	27	14	50	4	73	0
5	8	28	8	51	4	74	2
6	20	29	14	52	6	75	0
7	18	30	40	53	0	76	2
8	22	31	2	54	2	77	2
9	18	32	10	55	0	78	0
10	44	33	2	56	0	79	0
11	36	34	2	57	2	80	0
12	110	35	2	58	2	81	0
13	24	36	36	59	0	82	0
14	40	37	1	60	8	83	0
15	24	38	5	61	0	84	2
16	40	39	1	62	0	85	0
17	20	40	5	63	0	86	0
18	34	41	2	64	0	96	30
19	22	42	2	65	1	120	20
20	34	43	5	66	1	144	8
21	6	44	2	67	1	168	10
22	4	45	2	68	0	192	8
23	4	46	0	69	0	216	4
24	74	47	2	70	1		

The result of this analysis is, that 296 died within 12 hours, 326 within 12 and 24 hours; 154 within 24 and 36 hours; 97 within 36 and 48; 35 within 48 and 60; 4 within 60 and 72; and 88 from 72 and upwards; the longest duration having been 216 hours.

Since the above was in type, Mr. Simon, the Health officer of the City of London, has published an admirable Report on the cholera as it affected the city. We shall hereafter direct the attention of our readers to various topics suggested by this Report.

NOTE.—In our remarks on the effects of the water supply of London, we should have stated that Dr. Snow directed attention to the water supply of London in relation to cholera before the epidemic of 1849 had reached its height, and consequently before the effect of the new water supply of Exeter could have been ascertained.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—At a meeting of the Council, on the 11th inst., the following members were admitted to the Fellowship :—

BROADBENT, EDWARD FARR, Lincoln; Diploma of Membership dated July 22, 1836.

CROZIER, ALEXANDER W., Bengal Army; May 24, 1839.

OBRE, HENRY, Melcombe-place, Dorset-square; Aug. 3, 1838.

SLEMAN, RICHARD, Tavistock; May 23, 1832.

At the same meeting,

KIRKWOOD, JOHN, Hamilton's-place, King's-cross,

a Licentiate of the Faculty of Physicians and Surgeons of Glasgow, was admitted an *ad eundem* member of the College.

VACANCIES.

BIRMINGHAM AND MIDLAND COUNTIES LYING-IN HOSPITAL AND DISPENSARY.—There is a vacancy for a Resident Surgeon. Election Jan. 29.

CHARING CROSS HOSPITAL.—An additional Assistant-Physician is to be appointed to this Hospital. The death of Dr. Rowland made one vacancy, so that there are now two vacancies, which it is expected will be filled by Drs. Willshire and Salter.

CONSUMPTION HOSPITAL.—The enlargement of this Hospital will lead to the appointment of two additional Assistant-Physicians. Drs. Hale, Pollock, Roscow, and Edward Smith are candidates.

DEATHS.

BATT.—Dec. 31, at Clifton, Frederick Collins Batt, Esq., Surgeon, of Abergavenny, aged 44, M.R.C.S. Eng. 1835, F.R.C.S. 1853, L.S.A. 1831.

HAWKER.—Jan. 11, at 17, Rodney Street, Liverpool, Wm. Hawker, Esq., M.D., formerly of South Audley Street, London.

FENWICK.—Jan. 11, at Durham, John Ralph Fenwick, Esq., M.D., aged 93.

ROBERTSON.—Jan. 7, at St. Andrew's, N.B., Dr. J. Argyll Robertson, F.R.S.E., late President of the Royal College of Surgeons, Edinburgh.

TURLEY.—Jan. 9, suddenly, of disease of the heart, at Ivy House, Worcester, Edward Astbury Turley, Esq., L.R.C.P., M.R.C.S. Eng. 1826, L.S.A. 1825, Fell. Ethnol. Soc.; Author of "A Biographical Sketch of the late Dr. Gall," Paris; of Lectures "On Hybernation of Animals;" "On Medical Statistics;" "On the Human Skeleton;" of a Course of Fifteen Lectures "On the Anatomy, Human and Comparative, of the Brain and Nervous System;" "First Lines of Education, Mental and Physical;" Contrib. a Series of Letters "On Asiatic Cholera, and the Saline Treatment," *Med. Times.*

THE LONDON HOSPITAL COLLEGIATE SOCIETY.—We are glad to learn that a Students' Society, under the above name, has lately been organised in connexion with the now flourishing school of the London Hospital. It has commenced under good auspices, and is likely to be vigorously kept up. To exaggerate the importance of well-conducted Societies of this class as means of Medical education, is scarcely possible.

SAMARITAN HOSPITAL.—On Sunday last two sermons were preached at Quebec Chapel, Portman Square, in aid of the funds of this Charity, by the Rev. H. Alford, Honorary Chaplain of the Hospital, and the Rev. C. T. Woods, one of its Honorary Secretaries. Upwards of 130*l.* were collected at the doors, and many members of the congregation added their names to the list of annual subscribers.

BRITISH ORPHAN ASYLUM.—We regret to state that the Surgeon's orphan, a candidate for admission into this Asylum, on behalf of whom we solicited the exertions of our subscribers, was not successful at the last election. We know that many Medical men exerted themselves on his behalf, and have reason to believe that some were induced to do so by the paragraph in our last number. We would earnestly urge the claims of this poor child on the Profession, and entreat our brethren to do their utmost for him at the next election, and also for his younger brother, who has already stood two elections at St. Anne's Society unsuccessfully. The next election for orphans at St. Anne's Society takes place in February next, so that much may be done in the mean time. The case is a most melancholy one; the father, a Surgeon to an emigrant ship, died of rheumatic inflammation of the heart, at sea, in the Mozambique Channel, in March 1853, the mother dying of choleraic diarrhœa and debility the subsequent November.

CHOLERA IN SCOTLAND.—Within the past fortnight ten or twelve cases of cholera have occurred at Gorebridge, Mid-Lothian, most of which have proved fatal. Three of the patients have been brought into the Cholera Hospital, Edinburgh.

THE FRENCH ACADEMY OF SCIENCES.—At the annual sitting on Tuesday week, the prize for Experimental Physiology was awarded to M. Davainne, for his inquiries into the reproduction and development of molluscæ. The Cuvier prize fell to M. Müller, author of a valuable work on the development of

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echinoderms. Several prizes were also awarded for improvements in Surgical instruments, and for works on Medical science.

THE MEDICAL STAFF AT SCUTARI.—The Rev. S. G. Osborne, writing to the *Times*, says :—"So far as my observation went, nothing could exceed the personal activity of the Medical Staff at the Hospitals at Scutari. They were at times so overworked that they might well have become patients themselves. The operations were skilfully performed; and I had often opportunity of observing, on the part of particular Surgeons, acts of no common kindness to the patients. To particularise would be invidious; all, I believe, did their best, and that under difficulties scarcely to be conceived."

HOSPITALS AT SCUTARI.—The following are extracts from a letter written by the Rev. J. E. Sabin, a chaplain at Scutari. It will be seen that our disbelief of the story of eleven men dying in one night from want of wine has been justified, the nurse who wrote the letter having confessed her untruth :—"A walk through our vast corridors now, crowded as they are in every part, fills me with lively satisfaction, for I see how much has been done, and how rapidly, for the welfare of our soldiers. One corridor alone contains 225 beds, every one occupied, and the wards leading out of the same corridor contain 313 beds. The whole of this corridor has been repaved, and every ward had new floors and windows within the last month, and now it is occupied from end to end. Surgeries are built on the wide staircases, boilers for hot water are erected at intervals, stoves are kept constantly burning in each ward and down the corridor, which, to lessen the cold, is divided by wooden partitions; large tin baths are standing at the corners and entrances ready for use, and every man has a wooden bedstead and comfortable bed and bedding. Our numbers now amount to 4,200 sick and convalescents; distributed in barrack hospitals, 2500; in general hospital, 1000; on the two hulks, 700. Besides this, some 850 have been sent to Abydos. The Medical Staff seems now very efficient, and the number considerable—I should suppose nearly 100; and Dr. MacGregor, who has so ably and energetically worked the Barrack Hospital, is still at his post, and active as ever. You may well suppose, from our vast number, the severe cases are many. The deaths during the last few days have been on an average 30 per diem; but this is not an excessive number (sad as it is) when the vast number here is considered. But amid all these scenes of suffering and death, I cannot tell you what a load is off my mind when I know that all are cared for and none neglected, and that we have such an efficient band of nurses, Medical officers, and clergy. We see with pain the grievous untruths in many letters, especially of eleven men dying in one night for want of wine, which has since been declared untrue by the writer."

HOSPITAL AT SCUTARI.—The total number of patients in Hospital at Scutari on the last day of 1854, was 4079, of whom 48 were officers, and 4031 non-commissioned officers or privates.

NEW MILITARY HOSPITAL.—Lord Stratford de Redcliffe has obtained the permission of the Porte to get up an Hospital for convalescents in the Island of Rhodes.

GERMAN SURGEONS ENGAGED BY RUSSIA.—Encouragement is given by the Prussian Government to its subjects to enter into the service of the Czar, and facilities are afforded to Physicians and Surgeons to offer themselves as Medical officers for the Russian army. By the conditions offered to the German Physicians and Surgeons by the Russian Government, they undertake, during the continuance of the present War against the Allies and Turkey, the office of Physician, or Surgeon, to the Imperial Russian Government, and subject themselves, during the continuance of their services, to the jurisdiction of the Russian Government, and take an oath of fidelity to the Emperor of Russia; but are, on the day of the expiration of the contract, absolved from the oath. After the end of the War it will be optional to them to enter completely into the military or civil service of the Russian Emperor, after fulfilling the necessary conditions. They are bound to commence the journey to the place of destination forthwith, and to proceed thither without any interruption or delay; the Imperial Government reserving to itself the right to fix the place or district where they are to be occupied during the War; but they will be stationed and employed at the Hospitals near the seat of War, particularly in the Crimea.

THE "ONLY INDEPENDENT AND CONSISTENT" JOURNAL.—Last week we published the following remarks from our Edinburgh correspondent, in allusion to a paragraph attacking Dr. Begbie which had appeared in the *Monthly Journal* —"The same paragraph has been repeated, even more offensively, in last week's *Lancet*. It is said, that Mr. Syme has written to the Editor of that Journal to say that his connexion with it must cease, unless that paragraph is disavowed in the next Number. The event will decide how far this is the case."—Page 43. It may now be amusing to compare the opinion of the Editor of the "only independent and consistent" Journal before and after Mr. Syme's letter.

BEFORE.

"*College of Physicians, Edinburgh.*—At the last election for President to this body, Dr. Begbie was unexpectedly placed at the top of the poll, over 18 Senior Fellows. The more distinguished Senior Fellows, it is said, disapprove of the proceedings, which are intended merely to continue undue nepotism in the College, and protract indefinitely the subject of Medical reform."

Lancet, Jan. 6, 1855.

AFTER.

"Dr. Begbie is a gentleman of the highest respectability and influence. He is Physician Extraordinary to the Queen in Scotland, and his election as President of the College of Physicians of Edinburgh cannot fail to give general satisfaction to the Profession in Scotland."

Lancet, Jan. 13, 1855.

MORTALITY NOTABILIA.—The population of London now suffers a high rate of mortality. Last week the deaths of 1466 persons (743 males and 723 females) were registered, showing an increase on the previous week, in which the number was 1404. In the ten corresponding weeks of the years 1845—54, the average number was 1203, which, with an allowance for increase of population, shows the deaths of last week 143 in excess. Out of 300 deaths from zymotic diseases, 19 are referred to small-pox, 25 to measles, 63 to scarlatina, and 65 to hooping-cough. Influenza is on the increase, and 18 persons died of it in the week. Bronchitis is also fatal, and numbers 178 cases, which are thus distributed over different periods of life: 35 occurred under 20 years, 21 in the period 20—40, 31 in 40—60 years, 78 in the next twenty years, and 13 at 80 years of age and upwards. Pneumonia carried off 139 persons, 91 of whom were less than 20 years old; while consumption carried off 150, of whom nearly half were 20 years of age and under 40. The excess of mortality runs through all periods of life, but is chiefly remarkable at the more advanced ages.

Births.—The births of 881 boys and 825 girls,—1706 children, were registered; average, 1446.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	0	1	9	8	5	9
North	490,396	8	8	11	17	5	12
Central ..	392,256	1	1	15	17	1	8
East.....	485,522	8	10	15	10	5	11
South	616,635	7	10	13	13	4	12
Total..	2,362,236	19	25	63	65	20	47

MORTALITY IN PUBLIC INSTITUTIONS for the weeks ending January 6 and January 13 :—

	In the Week ending January 6.			In the Week ending January 13.		
	Males	Females.	Total.	Males.	Females.	Total.
Workhouses	62	104	166	76	106	182
Military and Naval Asylums	10	—	10	8	—	8
General Hospitals	38	14	52	24	13	37
Hospitals for Special Diseases.....	4	2	6	4	4	8
Lying-in Hospitals....	1	1	2	—	—	—
Lunatic Asylums	9	2	11	5	5	10
Military and Naval Hospitals	9	—	9	1	—	1
Hospitals and Asylums for Foreigners	—	1	1	2	—	2
Prisons	—	—	—	—	—	—
Total.....	133	124	257	120	128	248

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TO CORRESPONDENTS.

Dr. Walker.—We are already in treaty for such a course of lectures as that suggested by our Correspondent. Each Volume is supplied with its own Index. Medical men are not entitled to remuneration under the Registration Act for certificates of the cause of death.

Mr. Hacocks.—The case shall appear. Please send the name of the surgeon under whose care the patient was admitted.

Mr. Cleveland's case shall be published next week if possible.

Mr. Walton's lecture on the use of chloroform in operations on the eye shall appear next week.

Mr. Hinton.—We cannot refuse insertion to letters from members of the Association, because they do not think the Journal the chief object of the Association. Were their own Journal open to them we might do so. As it is, we are equally ready to admit the statements of those who entertain opposite opinions.

R. S. A. could obtain the degree he requires as easily at St. Andrews's or Aberdeen, as in any Foreign University.

Mr. Jones.—If 500 subscribers at half-a-guinea could be obtained, we should be happy to publish a general index of the last ten years; but doubt the probability of obtaining any such number.

M.R.C.S.—By writing to the colonel of any of the regiments.

L. K. R.—1. No. 2. We do not know.

A Constant Reader.—We will make inquiry, and reply next week.

[To the Editor of the Medical Times and Gazette.]

SIR, — Mr. Williams, the Sub-Librarian of the Medico-Chirurgical Society, being about to resign his office, owing to ill-health, allow me to suggest, that the Council should engage his successor with the understanding, that the library should be opened daily, from Seven to Nine p.m., as well as from One to Five. It is needless to point out the great convenience this would be to many Fellows,

January 17. I am, &c. MEDICO-CHIRURGUS.

The Sydenham Society's Edition of Rokitanski.—Many complaints have reached us respecting the very inaccessible condition of the stores of information contained in the Sydenham Society's translation of Rokitanski's great work. The volumes have been published without indices and with mere tables of contents of a most unsatisfactory kind. The concluding volume is yet to appear, and we should be glad if the Secretary of the Society would enable us to assure our Correspondents that it will have appended a good general index to the whole. Without such an addition the book will be comparatively useless.

TREATMENT OF TOOTHACHE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Permit me to call the attention of the Profession to Balsam of Capivi for toothache. After collodion, ol. of origanum, creosote, opium, and liquor ammonias had all failed, by placing a little in the aching tooth a few times relief has been obtained; and, when we remember its efficacy in tenesmus and for certain inflamed states of the tonsils, palate, and uvula, it is not surprising it should be found of service for toothache, a dolorous and often intractable disease.

I am, &c., JOSEPH BELL.

Gateshead, December 29, 1854.

N.B.—*Cystorrhœa.*—This obstinate disease by the following compound, in one instance, I have found surprisingly relieved (and have been told of more cases) by linseed oil, oil of turpentine, balsam, sulphur, and Barbadoes tar in equal proportions, mixed. Dose, 3ss. twice a-day, in simarouba bark infusion.

COMMUNICATIONS have been received from—

Dr. TAYLOR; Dr. FRANK, Malta; Mr. JONES; Dr. CORFE; Dr. MOORE; Dr. RYAN; Dr. CRISP; Mr. STRAKER; Mr. TURNER; Mr. HINTON; Mr. WALTON; Mr. HUGHES; Mr. EVERARD; Dr. WALKER; Mr. TOYNBEE; Mr. I. B. BROWN; Dr. CHADWICK; Mr. ORMEROD; Mr. AKINSON; Mr. POWELL.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, January* 13, 1855.

CAUSES OF DEATH.	In the week ending Saturday, Jan. 18, 1856. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temp	39·3						38·8
ALL CAUSES	1466	680	193	226	288	63	1202·8
SPECIFIED CAUSES	1446	677	193	225	288	63	1197·6
DISEASES:—							
1. Zymotic Class	300	236	28	18	16	2	245·8
2. Dropsy, Cancer, and others of uncertain seat	63	8	7	28	16	4	48·4
3. Tubercular Class	207	87	60	41	10	..	187·5
4. Of Brain, Nerves, etc.	137	66	6	22	39	4	133·2
5. Of Heart, etc.	64	7	10	25	21	1	50·0
6. Of Respiratory Organs	373	141	45	61	111	15	287·5
7. Of Digestive Organs	75	32	12	15	15	1	64·6
8. Of Kidneys, etc.	13	4	2	3	2	2	14·0
9. Of Uterus; viz. — Puerperal Disease, etc.	7	..	4	2	1	..	10·6
10. Of Joints, Bones; viz.— Rheumatism, etc.	11	4	3	3	1	..	10·4
11. Of Skin, etc.	2	..	1	1	..	..	2·6
12. Malformations	7	6	1	..	..	..	4·2
13. Debility from Premature Birth, etc.	37	36	..	1	..	..	24·8
14. Atrophy	47	34	..	..	13	..	19·4
15. Age	71	..	..	..	38	33	64·6
16 Sudden	3	2	1	..	..	..	6·8
17. Violence, Privation, etc.	29	14	4	5	5	1	23·2

Meteorology.—The mean height of the barometer was 30·362 in. On Friday it rose to 30·459 in. By 9 h. p.m. on the same day the reading had increased to 30·48 in. The mean temperature of the air in the week was 39·3°, which is 4·1° above the average of the same week in 38 years. The highest temperature in the week occurred on Sunday, and was 49·3°; the lowest on Thursday, and was 25·5°. The mean temperature of the Thames was 43·9°. The mean dew-point was 36·5°, between which and the mean temperature of the air the difference is 2·8°. Wind south-west and calm. Rain 0·09 in.

APPOINTMENTS FOR THE WEEK.

JANUARY.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
20. SATURDAY	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m. Cambridge.—Exam. (of Questionists) for B.A. degrees.	*Royal Institution*, 3 p.m.: Dr. J. H. Gladstone, "On the Principles of Chemistry." *Pathological Society of Dublin*, 4 p.m. *Medical Society of London*, 8 p.m.: Dr. W. Burke Ryan, "On Spurious Pregnancy."
22. MONDAY	Operations at Charing-cross, 2 p.m. Cambridge.—Continued Exam. (of Questionists) for B.A. degrees.	
23. TUESDAY	Operations at Guy's, 1 p.m.	*Royal Medical and Chirurgical Society*, 8½ p.m.: Mr. S. Maclean, "On the Systematic Removal of the First Four Molars at an early period in a large majority of cases, when Incipient Caries is present in them." *Zoological Society*, 9 p.m. *Meteorological Society*, 7 p.m. *Royal Institution*, 3 p.m.: Professor Tyndall, "On Magnetism."
24. WEDNESDAY	Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Westminster Ophthalmic, 2 p.m.	*North London Medical Society*, 7½ p.m. *Microscopical Society*, 8 p.m. *Royal Society of Literature*, 4½ p.m.
25. THURSDAY	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	*Royal Society*, 8½ p.m. *Royal Institution*, 3 p.m.: Mr. W. B. Donne, "On English Literature."
26. FRIDAY	Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m.	*Royal Institution*, 3½ p.m.: Professor Tyndall, "On the Nature of the Force by which Bodies are repelled from the Poles of a Magnet."

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LATEST TESTIMONIALS:—

ARTHUR H. HASSALL, M.D., F.L.S.,

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS, PHYSICIAN TO THE ROYAL FREE HOSPITAL, AUTHOR OF "FOOD AND ITS ADULTERATIONS," etc. etc.

"DEAR SIR,—I beg to return my acknowledgments for the copy of your Work on Cod-liver Oil, with which you have favoured me. I was already acquainted with it, and had perused it some time previously with considerable gratification, especially the chapter devoted to the consideration of the aduiteration of Cod-liver Oil.

"I have paid, as you are aware, much attention to the subject of the adulteration of drugs. Among the articles examined, I have not overlooked one so important as Cod-liver Oil, and this more particularly, since it is a very favourite remedy with me, and is, moreover, so liable to deterioration by admixture with other, especially inferior, Fish Oils. I may state, that I have more than once, at different times, subjected your Light-brown Oil to chemical analysis, and this unknown to yourself, and I have always found it to be free from all impurity, and rich in the constituents of bile.

"So great is my confidence in the article, that I usually prescribe it in preference to any other, in order to make sure of obtaining the remedy in its purest and best condition.

"I remain yours faithfully,
(Signed) "ARTHUR H. HASSALL, M.D.

"To Dr. de Jongh, the Hague." "Bennett-street, St. James's-street, December 1, 1854."

Extract from "THE DUBLIN MEDICAL PRESS," *December* 13, 1854.

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the name "Respirator" for various discreditable and defective imitations of Mr. JEFFREYS' Instruments, the value of which, in Medical Practice, has given a wide reputation to the name, can only mislead unwary persons not acting under Professional advice. City Office for the Respirator, 25, Bucklersbury; West-end Depôt, 25, Holles-street, Oxford-street, London. In London and all Towns, the principal Chemists and Surgical Instrument Makers are Agents for Mr. Jeffreys' Respirators.

Abstract, regarding Economy in

CLOTHES, from the "Times," October 30:—"EVERY YARD of CLOTH SOLD at the LONDON CLOTH ESTABLISHMENT is Sold at the WHOLESALE PRICE.—Gentlemen Purchasing Cloth at the London Cloth Establishment (if they wish) have it made up on the Premises, at the expense of only the Workman's Wages, in addition to the price of the Trimmings." *The Economy of this system is proved* by the saving of from Thirty to Fifty per cent. in the price of every garment; in addition to the very obvious advantage of selection from such a stock, and the guarantee of a Superior Fit, Good Taste, and the Best Work.

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EXTRACT FROM "THE LANCET," JANUARY 13, 1855.

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EXTRACT FROM THE "MEDICAL TIMES AND GAZETTE," DEC. 16TH, 1854.

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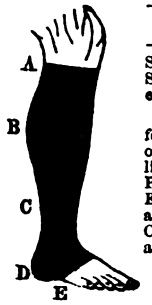

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LUMLEIAN LECTURES.—Dr. COPLAND. February 23, 28. March 2. Of the Metamorphosis and Waste of Blood Globules, and of the Depuration of the Blood in Disease.

LECTURES ON MATERIA MEDICA.—Dr. BENCE JONES. March 7, 9, 14, 16, 21, 23.—LECTURES 1, 2, 3, 4.—On Electricity as a Means of Diagnosis and Treatment.

LECTURE 5.—On Cinchona Barks.

LECTURE 6.—On the Curiosities of the Animal Materia Medica of the Last Century.

By order of the President.

February, 1855. ROBT. L. RAWES.

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LECTURE XIX.

CETYL SERIES.—AMYL SERIES.—ELECTROLYSIS OF VALERIC ACID.

THE establishment of the alcoholic nature of pyroxylic spirit, and the recognition of the analogy between the ethyl- and methyl-compounds, were the first steps of a series of discoveries which have materially promoted, and are still advancing, the progress of organic chemistry. It may with truth be stated, that the light which is now beginning to illuminate the chaotic intricacies of this science has chiefly proceeded from these discoveries; and it was far more on account of their general bearing than on account of their special interest that I deemed it desirable to bring under your notice a somewhat detailed history of the methyl-compounds. The discovery of the alcohol-like nature of pyroxylic spirit could not long remain an isolated fact. Soon after the completion of their researches on the methyl-series, Dumas and Peligot pointed out the existence of a third body, analogous to alcohol, in its chemical deportment, although considerably differing from it in physical properties. This body, in combination with several fatty acids, is present in spermaceti, from which it may be separated by treatment with a concentrated alcoholic solution of an alkali. On addition of water, the alcohol separates in the form of a white crystalline mass, which fuses at 48° C. (118·4° F.), and may be distilled without decomposition. Spermaceti-alcohol was originally designated by the term *ethal*, for which subsequently, after its chemical relations had been more fully made out, the name cetyl-alcohol, or hydrated oxide of cetyl, was substituted. Cetyl-alcohol contains

$$C_{32}\,H_{34}\,O_2 = C_{32}\,H_{33}\,O,\,HO = CeO,\,HO.$$

In this substance there is obviously the same amount of oxygen which is present in ordinary and in methyl-alcohol. It however differs from the former by containing twenty-eight—and from the latter by containing thirty—equivalents of carbon and hydrogen in addition; or, in other words, assuming common alcohol to be derived from methyl-alcohol by two equivalents of carbon and hydrogen being added to the latter; then, by adding fourteen times this quantity of carbon and hydrogen to ethyl-alcohol, we arrive at the composition of spermaceti-alcohol. This striking difference between the composition of ethyl and cetyl-alcohol readily accounts for the discrepancy observed in the properties of these bodies. But although the alcoholic nature of this body is far less evident, it may, nevertheless, be readily and unmistakably discerned. Under the influence of agents capable of absorbing water, (*e. g.*, on distillation with anhydrous phosphoric acid,) cetyl-alcohol loses two equivalents of water, and yields an oily hydro-carbon cetene, $C_{32}\,H_{32}$, which corresponds to the olefiant gas (ethylene) of the ethyl-series. Fused with potassium, cetyl-alcohol disengages hydrogen, a crystalline substance being formed, which is cetyl-alcohol, having an equivalent of hydrogen replaced by potassium,

$$C_{32}\,H_{33}\,O,\,KO = Ce\,O,\,KO;$$

this is, in fact, potassium-cetyl-alcohol, the compound corresponding to potassium-alcohol, which I had so frequently to mention to you. Treated with a mixture of iodine and phosphorus, cetyl-alcohol is converted into iodide of cetyl, a crystalline substance fusing at 22° C. (71·6° F.),

$$C_{32}\,H_{33}\,I = Ce\,I,$$

the change which occurs being perfectly analogous to the reaction which I have described at some length when speaking of iodide of ethyl (Lecture XIV.)

The action of iodide of cetyl upon the potassium-compound gives rise to the formation of the ether of the cetyl-series—

$$Ce\,I + Ce\,O,\,KO = KI + Ce\,O,\,Ce\,O,$$

which is likewise crystalline, fusing at 55° C. (131 F.) Cetyl-alcohol, when treated with concentrated sulphuric acid, yields an acid corresponding to sulphovinic acid, which forms a crystalline salt when neutralised with potassa. This acid may be viewed as ethyl-alcohol, the oxygen of which is replaced by the sulphuric acid radical, $CeSO_4$, HSO_4.

Cetyl-alcohol, lastly, when submitted to oxidising agents, furnishes an acid corresponding to acetic acid, which is palmitic acid; the same acid in combination with which this alcohol occurs in spermaceti. The oxidation of cetylic alcohol proceeds with far greater difficulty than that of common alcohol; in fact, the most powerful agents of oxidation at our disposal, such as hydrate of potassa at a high temperature, are requisite for this purpose. The conversion of cetylic alcohol into palmitic acid is represented by the equation—

$$\underbrace{C_{32}\,H_{34}\,O_2}_{\text{Cetylic alcohol.}} + 4\,O \qquad \underbrace{C_{32}\,H_{32}\,O_4}_{\text{Palmitic acid.}} + 2\,HO$$

In the following table the members of the cetyl-group are placed in juxtaposition with the corresponding terms of the ethyl group:—

Alcohol	EO, HO	Cetyl-alcohol	CeO, HO
Potassium-alcohol	EO, KO	Potassium cetyl-alcohol	CeO, KO
Iodide of ethyl	EI	Iodide of cetyl	CeI
Ethyl-ether	EO, EO	Cetyl-ether	CeO, CeO
Sulphovinic acid	ESO_4, HSO_4	Sulpho-cetylic acid	$CeSO_4$, HSO_4
Acetic acid	$C_4\,H_4\,O_4$	Palmitic acid	$C_{32}\,H_{32}\,O_4$

Soon after the researches made by Dumas and Peligot on the cetyl-series, M. Cahours, a pupil of Dumas, examined an oily substance, which is obtained as a secondary product in the alcoholic fermentation of saccharine liquids, and known in distilleries by the term fusel-oil or fousel-oil. The result of this examination was the discovery of a fourth alcohol, which has been designated as

Amyl-Alcohol, or Hydrated Oxide of Amyl.—When the spirit obtained from fermented grain or potatoes is in course of rectification, there appears in the last stage of the operation an oily liquid, consisting of several substances, of which amyl-alcohol and common spirit of wine are the principal. The latter may be readily removed by two or three washings with water, in which amyl-alcohol is but slightly soluble. The oily layer which floats upon the surface of the water is then digested with an alkali, in order to remove acid products, which are generally present, and is then submitted to rectification. It begins to boil a few degrees above 100° C. (212° F.); but the boiling point rapidly rises to 132° C. (269·6 F.), at which temperature the thermometer remains stationary almost to the end of the operation. The liquid boiling at 132° C. (269·6 F.) is pure amyl-alcohol; it is a colourless oil, of a persistently disagreeable odour, which solidifies to a crystalline mass at —23° C. (—9·4° F.) It produces a fatty stain upon paper, which disappears, however, after some time, owing to the volatility of the body. Amyl-alcohol mixes in all proportions with alcohol and ether, but is, as I have stated already, insoluble in water. The composition of this substance is represented by the expression

$$C_{10}\,H_{12}\,O_2.$$

If it be assumed that there exists in this body a radical amyl $C_{10}\,H_{11}$ = Ayl similar to ethyl, its constitution may be written analogous to that of ethyl-alcohol, by the formula

$$C_{10}\,H_{11}\,O,\,HO = Ayl\,O,\,HO.$$

The following table will render the analogy of the several alcohol formulæ more conspicuous:—

Methyl-alcohol	$C_2\,H_4\,O_2$				
Ethyl-alcohol	$C_4\,H_6\,O_2$	=	$C_2\,H_4\,O_2$	+	$C_2\,H_2$.
Amyl-alcohol	$C_{10}\,H_{12}\,O_2$	=	$C_2\,H_4\,O_2$	+	$4\,C_2\,H_4$.
Cetyl-alcohol	$C_{32}\,H_{34}\,O_2$	=	$C_2\,H_4\,O_2$	+	$15\,C_2\,H_2$.

Amyl-alcohol, when submitted to the different processes to which I have repeatedly called your attention when speaking of methyl-, ethyl-, and cetyl-alcohol, furnishes a series of derivatives, which are likewise perfectly analogous to the compounds ob-

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tained from the other alcohols. The olefiant gas term of this series, $C_{10}H_{10}$, amylene, a liquid boiling at 39° C. (102·2° F.); the amyl-ether, $C_{10}H_{11}O$ or $C_{20}H_{22}O_2 = AylO, AylO$; and, lastly, sulphamylic acid, $AylSO_4, HSO_4$, are formed by the action of larger or smaller quantities of oil of vitriol. There exists a chloride, a bromide, and an iodide of amyl (Ayl Cl, Ayl Br, Ayl I), which are procured by the processes I have repeatedly mentioned, amyl-alcohol being substituted for methylic and ethylic alcohols. Even amyl itself, $C_{10}H_{11} = Ayl$ has been isolated. I will not detain you by detailing the physical properties of these bodies, or enlarging on their chemical deportment. But I must not omit to draw your attention more particularly to one member of this group, which has been the subject of a remarkable series of experiments. I am speaking of the acetic acid term of the amyl-series, of valerianic acid, and of the beautiful researches of Dr. Kolbe on the metamorphosis of this substance under the influence of the voltaic current.

When exposed to the action of oxygen gas in the presence of platinum-black, or when treated with hydrate of potassa, or, lastly, when boiled with the oxidising mixture of bichromate of potassa and sulphuric acid, amyl-alcohol absorbs four equivalents of oxygen, and is converted into valerianic or valeric acid.

$$\underbrace{C_{10}H_{12}O_2}_{\text{Amyl-alcohol.}} + 4\,O = \underbrace{C_{10}H_{10}O_4}_{\text{Valeric acid.}} + 2\,HO$$

This acid had been known for some time as the characteristic constituent of a plant, *valeriana officinalis*, when M. Dumas first succeeded in producing it from fusel-oil. It is also found in *angelica root*, and the bark of *viburnum opulus*. The same acid has since been found in the oil of several marine animals, of the *delphinus globiceps* for instance, and among the products of oxidation of several albuminous substances. Small quantities of valeric acid are formed, moreover, in the putrefaction of most animal bodies. The acidity of the liquid which collects in the cavities of Swiss cheese is due chiefly to the presence of valeric acid.

Valeric acid was formerly procured from valerian root, by boiling it out with an alkali, and submitting the alkaline valerate to distillation with dilute sulphuric acid. This process is no longer followed; since its formation from amyl-alcohol was discovered, fusel-oil being easily procured at a cheap rate. Valeric acid is now always obtained by the oxidation of amyl-alcohol, which is invariably carried out by means of bichromate of potassa and sulphuric acid. This process is by no means as successful as could be wished; and it is rather remarkable that a better one should not yet have been prepared, since valeric acid is now an article of commerce, the acid itself, and several of its salts, being used in pharmacy. The following plan has been found convenient:—Four parts of powdered bichromate of potassa are mixed with six parts of concentrated sulphuric acid and eight parts of water, in a capacious retort, through the tubulated neck of which passes a funnel tube, which admits of adding the fusel-oil in small quantities at a time. A most violent re-action takes place on each fresh addition, which must be allowed to subside, or be moderated by plunging the retort into cold water. The above proportions of bichromate and sulphuric acid are not capable of oxidising more than one part of fusel-oil. On submitting the deep-green liquid obtained after the addition of this amount of amyl-alcohol to distillation, a distillate is obtained, which, on treatment with an alkali, splits into an aqueous layer of valerate of potassa, and an oily liquid floating on its surface. This oil contains a variety of products, but chiefly a compound of amylic alcohol and valeric acid, and small quantities of a liquid, $C_{10}H_{10}O_2$, which, you perceive at once, represents the aldehyde of the amyl series.

	Ethyl-compounds.	Amyl-compounds.
Alcohols	$C_4H_6O_2$	$C_{10}H_{12}O_2$
Aldehydes	$C_4H_4O_2$	$C_{10}H_{10}O_2$
Acids	$C_4H_4O_4$	$C_{10}H_{10}O_4$

The valerate of potassa yields its acid easily by distillation with dilute sulphuric acid. The aqueous distillate is a solution of valeric acid in water; the oily layer is a combination of valeric acid with water, $C_{10}H_{10}O_4 + 2HO$, from which it may be separated by distillation with anhydrous phosphoric acid.

Valeric acid, when perfectly pure, is a transparent, colourless oil, of 0·914 specific gravity, and boiling at 175° C. (347° F.) Its odour is aromatic, but highly offensive. Valeric acid is but slightly soluble in water, one part requiring thirty parts. With the metallic oxides it forms the valerates $C_{10}(H_9M)O_4$, which are mostly soluble in water, and difficultly crystallisable. The zinc-salt, which is perhaps the most crystalline of the salts, and the quinine-salts, are used in medicine.

Valeric acid, being analogous to acetic acid, the views entertained at different periods with regard to the constitution of the latter were held to be applicable to valeric acid. Without entering into details, I will give you the formulæ which represent these various views:—

$$\begin{array}{ll} C_{10}H_9 & O_3, HO. \\ (C_{10}H_9) & O_3, HO. \\ C_8H_9, & HO, C_2O_3. \\ (C_{10}H_9O_2) & O, HO. \end{array}$$

According to the third of these formulæ, valeric acid is considered to be a combination of oxalic acid, with a radical C_8H_9, which we will call *butyl*. Exactly as acetic acid was regarded as methyl-oxalic acid, valeric acid becomes butyl-oxalic acid. This view, originally derived from the deportment of the ammonia-compounds of these acids when treated with dehydrating agents, which I have repeatedly brought under your notice on former occasions (Lectures XVI. and XVII.), was remarkably supported in the case of valeric acid, by the deportment of this acid under the influence of voltaic electricity. The electrolysis of valeric acid has been the subject of an extensive but scarcely complete investigation by Dr. Kolbe, from whose memoir I have collected the following facts.

Kolbe effected the electrolytic decomposition of valeric acid by sending the current of four of Bunsen's zinco-carbon elements into a concentrated solution of valerate of potassa, the electrodes dipping into the solution being plates of platinum. The solution was surrounded by cold water, so as to prevent any rise of temperature. A lively evolution of gas ensued; while a slowly-augmenting oily layer collected on the surface of the valerate; analysis showed that the gas evolved at the negative pole of the battery is pure hydrogen, exactly as in the decomposition of water; on the other hand, at the positive pole, a mixture is liberated, consisting of carbonic acid and a hydrocarbon, which has the same composition as olefiant gas, but of twice its density, and which, accordingly, is represented by the formula C_8H_8. Moreover, the oily substance which I have already mentioned likewise proceeds from the positive pole of the battery. The re-action is, therefore, essentially a process of oxidation. The oily liquid produced is a mixture of various bodies; and it can be scarcely said that its composition is fully made out; but one of the constituents, if not the chief constituent, is an oil, of an agreeable ethereal odour, which boils at 108° C. (226·4° F.), and contains carbon and hydrogen in the proportion of C_8H_9. Kolbe described this body originally by the name of *valyl*, which has been changed by general consent into *butyl*. It is evident that we have to deal here with several contemporaneous re-actions. The principal re-action, however, appears to consist in the conversion of valeric acid into carbonic acid and butyl. If this be the case, and if we recollect, moreover, that oxalate of potassa, when submitted to electrolysis, furnishes hydrogen and carbonate of potassa, the deportment of valeric acid is certainly in perfect accordance with the view which sees in this acid a butyl-oxalic acid. The butyl is liberated, while oxalic acid furnishes its usual products of decomposition, hydrogen and carbonic acid.

$$HO, C_2O_3 + HO = 2\,HO + H + 2\,CO_2$$
$$C_8H_9.HO, C_2O_3 + HO = 2\,HO + H + 2\,CO_2 + C_8H_9$$

The hydrocarbon C_8H_8 (the name *butylene* has been given to this substance, which is also procured from several other sources) would then be the result of a secondary oxidation of the butyl, which, by the removal of an equivalent of hydrogen, would be converted into butylene.

The support given by the electrolysis of valeric acid to the oxalic acid theory is, however, only apparent. It is never safe to draw conclusions as to the molecular construction of a substance from one or two isolated re-actions. A good theory must collect under a general view all the facts elicited by science up to the moment of its birth; nay more, it must be capable of being modified into more and more general expressions, so as still to represent correctly the facts brought to light by succeeding discoveries. The oxalic acid theory has not stood this test. The discovery of the anhydrous acids—anhydrous-valeric acid is procured by a process perfectly analogous to that of anhydrous acetic acid (Lecture XVII.)—is not accounted for by this theory. The view which assumes that the constitution of valeric acid is analogous to amyl-alcohol, the amyl being replaced by an oxygenated radical $C_{10}H_9O_2$, which might be termed omyl = Oyl, gives at present, perhaps, the most satisfactory expression of the constitution of the acid; but it is doubtful whether it will be confirmed by the progress of science, whose gigantic strides at this moment, perhaps more than at any previous period, demand sweeping reforms and alterations.

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THE EMPLOYMENT OF CHLOROFORM
IN
OPERATIONS ON THE EYE-BALL.

DELIVERED AT

The Central London Ophthalmic Hospital.

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GENTLEMEN,—Although you are in the habit of seeing chloroform employed frequently at this institution to produce insensibility during operations on the eye in general, I shall address to you a few practical remarks respecting its use in operations on the eye-ball, and especially in that for the removal of a cataract by extraction. Let me at once apprise you of my intention of avoiding the discussion as to the properties and merits of different anæsthetics, of the method of administering them, of the general indications for abstaining from their use, or of the boon which their discovery has afforded to suffering humanity. I shall, on the contrary, narrow my consideration to the circumscribed compass of discussing the amount of assistance that chloroform is capable of affording to an operator, and the mode in which it may enable him to obtain a more successful result; how far that assistance is really needed, and when it is judicious to dispense with it.

By this method I shall be the better enabled to state concisely my present views on a question about which there are, both in and out of the Profession, many anxious inquiries.

Most unquestionably, in infancy, chloroform does afford very great assistance; for, without it, resistance on the part of the little patient is certain. You must have witnessed repeatedly the difficulty there is, in certain diseases, in unclosing the eye of an infant so as to obtain a satisfactory view; and surely you cannot forget the little battle that ensues, and the terrible screams that accompany and follow the attempt. The very diminutiveness of the organ, whereby there is much less room for the use of the fingers and for instruments, together with the great delicacy of the parts, demand the utmost exposure of the surface of the eye-ball, with the greatest steadiness. In former years, the operation for congenital cataract was frequently postponed, because these desiderata could not be commanded; and I believe that occasionally in the present day their acquisition is considered impossible, and an operation delayed to the great detriment of the patient. I strongly suspect that the reason why the posterior operation for "solution" has been so frequently advised in infancy, is because of the greater nicety required to perform the anterior one; and you will at once understand, that, without the paralysing effect of chloroform, to retract the palpebræ, introduce a needle in cornea near the circumference, direct the point in the manner desired against the capsule of the crystalline lens and the lens itself, without touching the iris, or using injurious force, is no easy matter, or, at least, it may not be easy. True it is, that a modern lid retractor, of silver wire, or steel, removes some of the difficulty, but only a part, for the difficulty of securing the child, as well as other obstacles, still remain.

Again, from what I hear, and indeed from what I see, it would appear that, before the use of the anæsthetic agent, the operation for congenital cataract was not unfrequently left unfinished. The capsule which blocked up the pupil was not always removed; and the operation, in any given case, was more often repeated, not merely from the erroneous idea that then existed, and unfortunately still does exist, about repeating needle operations; but also on account of the difficulty that frequently prevented the Surgeon from carrying out his previous intentions.

With children, and young persons in general, even when an operation is painless, there is an expectation of something worse than what is actually felt, and generally a deficiency of resolution, that renders it impossible for them to be sufficiently quiet without violent resistance, or the employment of mechanical restraint; and failures and mishaps are more commonly due than could be supposed, to the unsteadiness of the eye. If I had noted down all the instances that I have witnessed of foiled endeavours, they would form a large page in my note-book.

I have alluded to the necessity of mechanical restraint to subdue the resistance of a refractory patient, and this is frequently very distressing to the friends. The public are becoming alive to the disadvantages of the plan, and frequently demand the use of chloroform. A lady called on me recently to make an arrangement for an operation on her child's eye, and at once asked if I used chloroform in such cases. I answered that I did, and, on requesting her reason for the question, she said, "I have just left the house of Mr. ———, who has declined to employ it; he declared that, by rolling up my child in a table-cloth, and with the aid of two strong assistants, he could manage her, or the most unruly young lady. I told him that her timidity and highly nervous susceptibility made me dread the effect of such an ordeal on her mind."

Although there is no necessity to quit my own experience to furnish examples of the difficulty that there may be in operating when opposition is to be encountered, I shall borrow one which occurred to Mr. Wardrop, who had the disadvantage of practising when a calm sleep could not be exchanged for the violent struggles of a refractory patient. The quotation is from Dr. Mackenzie's work. "A boy fifteen years of age, blind and deaf, at first yielded readily, and allowed himself to be placed and held on the table. The uneasiness, however, occasioned by the pressure necessary to keep the eye-ball steady and the lids open seemed to overcome his resolution; and his exertions became so violent, that it was quite impossible to secure even his head. A second attempt was made the day following, more precautions being taken to secure him; but so violent were his exertions and cries, and so irascible did he become, that all present were glad to relinquish their posts. Some days after, a wooden box, the sides of which moved on hinges, was folded round his body, and fixed by circular ropes, and in this way, notwithstanding a powerful resistance, he was placed on a table and kept quite steady. Much difficulty was found in holding open the lids, and keeping the globe of the eye steady. As soon, however, as the needles touched the eye, he remained quite still, and his screaming ceased." Mr. Wardrop and others have bled persons till they fainted, in order to obtain a passive state.

I now pass to those operations on the adult eye, in which we may receive considerable assistance from the insensibilty of the patient. It is evident that here there should be a distinction between such cases as require chloroform merely because of lack of moral courage, and those in which it is of positive advantage under any condition; as in the one, we may leave the choice to the patient, in the other, it is our duty to recommend it; as it is a fact that, with the fullest consent and greatest determination on the part of a patient, indeed, with a resolution that could endure a limb to be severed from the body without a groan or a cry, and with every desire to assist the operator, there are cases in which anæsthetic sleep may be advantageous. The majority of operations for artificial pupil, especially where the proceeding is complicated, and requires the use of more than one, or the re-introduction of the same instrument, falls under the latter category. An eye, for the most part, that requires this aid, is much damaged; the parts with which we have to deal are altered, and the vitreous humour is too frequently disorganized; so that we need the greatest steadiness of the eye-ball, with long continuance of a given position, and an absence of much pressure. Now, the movements of the eye-ball may be quite involuntary, and the eyelids will twitch, in spite of the most resolute will. But not the least disadvantage of consciousness is the compression that the straight and oblique muscles can and do exercise in such operations. When acting violently, they exert considerable influence; and the effect of such an agency, at such a time, is always hazardous, in several ways. Again, in many operations of general surgery, the sooner the manipulation ends, and the instruments are out of the body, the more certain is the result; this is doubly true of the eye-ball. These remarks may be said to apply, in the main, when the eye-ball is to be opened for the extraction of any body, be it capsule, animalcule, or any particle driven into it from without, when decided difficulty or intricacy is apprehended.

I have purposely delayed till now to refer particularly to the formation of an artificial pupil in an infant or a child, because, after what I have said, you may the better appreciate the difficulty attending the execution of such a task, and the better recognise the assistance to be derived from a perfectly passive state. An infant that has lost its pupil from purulent ophthalmia, or any other cause, is not now doomed to darkness till the adult period, or, at least, need not be, as in past years. We can operate on the smallest eye, and the consent of the patient is not necessary.

The extraction of a cataract may undoubtedly be better per-

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formed under the influence of chloroform, both when there is a certain deficiency of moral courage, and when there exist conformations of the eye that render the operation peculiarly difficult, and requiring more than usual dexterity. But as it is after the meridian of life, and often in the very aged, that extraction is needed, we should be careful not to use chloroform needlessly. In the early period of our existence, the risk of a fatal termination is exceedingly small. Not so, however, in the old and enfeebled, in whom the heart is so often diseased by being degenerated,—a state which the most rigid scrutiny during life may fail to detect. Disease of the heart, however, has not been always found in those who have been killed by chloroform. Remember, too, that the operation is unattended with pain when well executed. Therefore, you should not use such an agent as a matter of routine, but withhold it when it may be dispensed with; and whenever you intend to employ it, exercise the most searching scrutiny as to its admissibility. We should not lightly place an aged person in a state so closely resembling apoplexy, that the most astute Physician could not, at the moment, point out the difference.

Timidity, and the accompanying restlessness of a patient, may render it impossible to operate successfully. I have seen this over and over, even under the hands of operators who have not been surpassed in this kingdom for self-possession and brilliancy in execution. On each occasion, the eye was either lost or much damaged, from the unavoidable results of operating against the patient's resistance. Here chloroform removes all difficulty. I cannot give a case more to the point than the following, which is reported from this Hospital in the "London Practice of Medicine and Surgery," in the *Medical Times and Gazette*.

"A man, 65 years of age, with hard cataract in each eye, was brought up to the operating-room, for extraction to be performed on one of his eyes, but so great was his fright and agitation, that he could not be induced to keep quiet enough to allow his eye to be sufficiently open for the operation. He almost fainted when ascending the stairs, and required to be lifted by the porter. This was from sheer mental emotion, for he was neither feeble nor infirm. As there was no probability of his ever having self-command enough, Mr. Walton determined to give him chloroform. It was decided, however, not to do it on that day, for he had recently taken food, but on the following morning, when his stomach should be empty. This was carried into effect on Friday, and the operation was then easily and successfully performed."

It remains for me to mention those physical peculiarities of the eye which impede extraction, and which may be surmounted by the aid of chloroform. They are mainly those that present impediments to exposing and steadying the eye-ball sufficiently to enable the cornea to be divided in an ample manner, such as a sunken eye, a narrow palpebral aperture, unusual prominence of the orbital ridge. In any of these states, more pressure with the fingers is generally equired than the eye will bear. During stupor, the eyelids can be more widely extended, and the eye-ball fixed with a lightness of touch that would, on account of the peculiarities, be insufficient during sensibility; there being, in fact, all the difference between involuntary resistance, however slight, and absolute quiet. Beyond this chloroform does not assist us.

When a patient has tolerable fortitude, at all events whatever be his mental emotion, so long as he remains master of his will, and can direct his eye to the position desired, and there are not impediments to exposing his eyeball to the required extent, I would rather that he retain his senses during the operation, for then I believe that the crystalline lens is better started from its position, that it escapes more readily, and that the pupil is the more quickly restored to its natural state, and the iris less liable to prolapse after the terrible stretching it has received. Even supposing this not to be the case, and things are equal, is it not far better to save an aged person, if only from all the formality and distress of an inhalation. Is it not better to see a patient rise and walk to his bed or couch, rational and thankful, than for him to be removed, half-conscious, sick, miserable, and requiring careful and anxious attention, both on account of the constitutional effects of the chloroform, and the injury he might inflict on his eye. At a meeting of the Royal Medical and Chirurgical Society, on the 14th November, when a paper on an ophthalmic subject was read, Mr. Fergusson asked to what extent chloroform was employed in operations on the eye, meaning the eyeball, and with what success. Mr. Dixon said that a patient might not vomit soon after the inhalation of chloroform, but he might remain twelve or twenty-four hours in a sickly, squeamish state, with but little appetite for food. This was more injurious than vomiting, for it was of the greatest importance, especially in old persons, that the nutrition of the patient should be well maintained, and the eye kept perfectly at rest.

I have several times calmed the fears of elderly persons on whom I was about to perform extraction, and dissuaded them from inhaling chloroform, and in every instance I have been thanked for my advice. I have been asked repeatedly, even by patients, if the anæsthetic sleep does not give confidence to the operator, and enable the operation to be the better done. I can only say, that if, in any given instance, this is likely to be true, the timid Surgeon had better avail himself of every admissible assistance that is likely to restore sight to his patient. He had better narcotise him, and, if needs be, stimulate himself.

I shall not enter into the details of preparing a patient for taking chloroform, the mode of giving it, nor the after treatment. This I have dwelt on elsewhere; but I will tell you,—be certain of insuring complete insensibility before you begin to operate, that all the steps of the operation may be over before the patient is sensible, for you can have no greater misfortune than for him to awake before the termination, and to commence struggling. There is a particular point in the after treatment that must be attended to, the neglect of which has cost several eyes; and this has induced me to say in my work on the Eye: "Except the operation for the extraction of cataract, or the division of the cornea to a like or nearly equal extent, for any other purpose, there is no operation on the eye in which well-founded objections exist to the previous use of chloroform or ether as anæsthetic agents. In the exceptions mentioned, the objection arises from fear of vomiting, and the loss of the vitreous humour. It is true, that vomiting is but an occasional effect of the use of these agents, and it can nearly always be prevented by emptiness of the stomach previous to inhalation, and which is secured by enjoining a strict fast for four or five previous hours; but, after every precaution, vomiting may occur, or severe retching, which is equally injurious."

I wrote this from instances that had come under my notice, and I dreaded to employ the chloroform. Subsequent experience convinced me that all necessary precautions had not been used. If the eyelids are carefully retained together with court-plaster, there is little if any ground for misapprehension, except there be that degree of vomiting which could perhaps arise only under an absence of those preliminary precautions to which I have alluded. In the case above quoted from "The London Practice of Medicine and Surgery," delirium tremens came on, and, in spite of the violent agitation of the man, during which the head was tossed much about, the success of the operation was not interfered with, because the eyelids were plastered together, and the eyeball protected by a guard made of wire and cloth.

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EXTRACTS FROM A REPORT ON THE CHOLERA WHICH ATTACKED THE FLEET IN THE BLACK SEA IN AUGUST, 1854,

MORE PARTICULARLY AS RELATES TO HER MAJESTY'S SHIPS BRITANNIA, ALBION, AND TRAFALGAR.

By Sir WILLIAM BURNETT, M.D., K.C.B.
Director-General of the Medical Department of the Navy.

(Concluded from page 54.)

Vesuvius.—One day later than in the preceding vessel, the disease declared itself in the Vesuvius. She had been employed during the greater part of the month of July, blockading the Sulina mouth of the Danube; and up to the 5th of August, when she arrived at Baljick, there had been no appearance of cholera or any other sickness among her crew.

While at Baljick, the boats' crews had communication with the shore, where both the disease and, it is to be presumed, its exciting cause, existed at the time; consequently, on the evening of the 11th, six days after her arrival, diarrhœa broke out on board; and, on the following day, when she again sailed for Sulina, the first case of decided cholera occurred. Fresh cases made their appearance occasionally afterwards until the 20th, then a few scattered diarrhœal attacks until the 22nd, when the poison appears to have been exhausted.

The total number of cases amounted to twelve of diarrhœa, and six of cholera, of which three terminated in death. The

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Surgeon has mentioned that boats' crews, namely, the men who had been exposed on shore at Baljick, suffered more than the rest of the ship's company, and the marines less than the seamen and stokers. None of the officers had cholera, but some of them were attacked by diarrhœa.

Vengeance.—The epidemic broke out in the Vengeance on the 8th of August; but whether at Varna or Baljick, I am unable to state, as the Quarterly Return for July, August, and September has not been received. Eighteen of her men, however, fell victims to the disease between the 9th and 29th of August.

Retribution and Sidon.—The next vessels attacked were the Retribution and Sidon; the former lay at anchor with the Fleet at Baljick from the 30th of July to the 12th of August; she then went to sea, probably in consequence of the prevalence of diarrhœa among her crew. On the following day one of these latter cases degenerated into cholera, and the man died. What influence the sea air had on the health of the crew is not stated; but it is to be inferred that it checked the progress of the disease; for, although the vessel returned to Baljick, and afterwards visited Odessa, Varna, and Constantinople, no other case occurred until the 8th of September, the day after she left Baljick for the Crimea.

On the same day, the 13th of August, the crew of the Sidon were attacked; and, between that date and the 21st, eight men were carried off. The clothes and bedding left by the dead were buried, that is, thrown overboard, and the decks were plentifully sprinkled with the solution of the chloride of zinc.

Terrible.—Though this vessel appears to have been exposed, during the first two weeks in August, to precisely the same epidemic influences as the other vessels anchored at Baljick, her crew suffered but little from the prevailing scourge. Diarrhœal complaints were of frequent occurrence among them during the month of July, while passing to and fro between the Sulina mouth of the Danube and Sebastopol, and between the latter and Odessa; but they were of a bilious character, the diarrhœa, in fact, already noticed as being peculiar to these regions during the summer months. In August, however, no sooner had she anchored at Baljick than diarrhœal attacks of a truly choleraic nature became prevalent, and one case terminated fatally on the 14th.

Subsequently, in September, there were two other deaths; but both persons seem to have contracted the disease on shore at Varna, where they had been employed for several days, assisting to embark the troops, horses, and military stores destined for the Crimea.

In like manner, the crew of the Firebrand suffered but little, in consequence of her having been kept constantly moving about from one port to another. A few cases of diarrhœa and one of cholera occurred in August, but where contracted is not stated. On the 7th of September there was a second case of cholera, which terminated in death. The man belonged to the gig's crew, and, being frequently on shore, he had eaten largely of unwholesome fruit and other indigestible matters. On the night previous to the attack, though suffering from diarrhœa at the time, he ate voraciously of raw onions and vinegar.

The Triton forms another instance of immunity from the more fatal form of the disease, in consequence of her being almost constantly employed at sea, although in the immediate vicinity of Baljick and Varna when it was at its worst. She even remained four days at anchor off Baljick; but, between the 4th and the 21st of August, she was running frequently between these places, passing alternately into the infected atmosphere which was supposed to be present in each; yet, with the exception of about twenty cases of diarrhœa, her crew entirely escaped.

The Highflyer is another case in point; she had been employed off the Sulina mouth of the Danube, some fifty or sixty miles to the northward of Baljick, from the 1st to the 8th of August. She anchored at the last-named port on the 9th, and on the 11th sailed for the Bosphorus. A number of cases of diarrhœa afterwards made their appearance, but there was not one of them deserving the name of cholera. It is worthy to be remarked, that, when at Sulina, the men were sent on shore in a most unhealthy locality, to procure wood for the squadron, yet they did not suffer in consequence, not even from fever. Quinine wine was given to them while thus employed, and may have had some effect in counteracting the febrific poison.

It appears that, as the crew of the Britannia amounted to 1040 men when the disease broke out, the mortality was in the ratio of 13 per cent.; in the Albion it was 9; in the Furious, 8; in the Trafalgar, 4; but much less in all the other vessels.

From all that has been stated respecting the eruption of the disease in the respective vessels of the Fleet, it is sufficiently evident that it was contracted only at Baljick and Varna. There is, in fact, no proof in any of the Medical returns of its having prevailed in an epidemic form at any other anchorage or seaport in the Black Sea.

As to why one ship suffered more than another, it would be difficult to explain, were we to adopt the theory almost universally entertained, that it originated from purely atmospheric or meteoric agencies. There were a number of vessels, for instance, the Britannia, Albion, Trafalgar, Rodney, and others, which anchored off Baljick on the same day, with their crews in a perfectly healthy condition. There is no evidence to show, nor is there any reason to believe, that the men of one ship were more frequently on shore than the men of another; they were all, in fact, nearly equally exposed to the influence of atmospheric and to any meteoric changes which might be supposed to be taking place; consequently, they ought to have suffered somewhat nearly in the same ratio; yet the crews of the Britannia and Albion were at least ten times more severely attacked than were those of the London and Rodney, though they lay side by side with them at Baljick, and afterwards sailed with them during the short but eventful cruise between the 12th and 19th of August.

If, however, it be admitted that the disease has a reproductive power in itself—that it can, through the instrumentality of a specific personal virus, be communicated from one person to another, in the same manner as small-pox and measles, there is no difficulty in understanding why it proved more destructive in one ship than another. If the ventilation were bad, the virus or infection would accumulate, and increase in proportion to the number and severity of the cases; there is not, therefore, I apprehend, any way of accounting for the destructive virulence of the disease in the Britannia, Albion, and Furious, unless it be supposed that it arose from the greater abundance, and, consequently, the greater force, of the exciting cause, namely, an infectious emanation from the bodies of the sick.

Various modes of treatment were adopted; but, I regret to say, with no very satisfactory results, especially in the more advanced stages of the disease, or in those cases in which collapse suddenly supervened. Calomel, in large and small doses, appears to have had no influence whatever on the system; it did not alleviate the suffering, or break the chain of morbid action, which was rapidly hurrying the victim to his end. Dilute sulphuric acid, which had gained a temporary place on the list of empirical remedies, was also tried, but with no better effect; and the same may be said with respect to the exhibition of opium, either alone or in combination with other medicines. Brandy, ether, ammonia, turpentine, and even champagne, were given to rouse the flagging energies of life, but to little purpose; they were generally thrown from the stomach as soon as swallowed; and draughts containing creosote, chloroform, and camphor, shared the same fate. The stomach had, as it were, lost the power of ministering to the wants of the system.

Warm baths were used to restore heat, and to moderate the force of muscular spasm; and bottles filled with hot water were applied to the back and feet to equalise the circulation; but the means were inadequate to the ends.

Sinapisms, turpentine, and strong liniments were applied to the surface; but it may be fairly doubted whether they did not add to the patient's suffering.

In the vessels which lost many men, the mode of treatment adopted appears to have been as judicious as it was in those that lost but few; the rate of mortality being influenced, apparently, much more by the virulence or concentration of the exciting poison than by any other cause. It is satisfactory to observe that no remedies of an heroic, of a dangerous, or of a purely empirical nature, were employed, with the exception of such of the latter as had been sanctioned by previous use. The results on the whole, as regards the Medical treatment, were not satisfactory, but they were not more disastrous than generally happens from similar visitations.

In the less severe forms, however, and in the diarrhœal affections which arise from the true choleraic cause, Medical treatment was of essential service. The purging, in most cases, readily yielded to mixtures containing prepared chalk, opium, and carminatives. Astringents, such as kino, catechu, and acetate of lead, were also thought to be useful when the more simple mixtures failed. By these means, by suitable diet, warmth, and by confining the men to their hammocks, there can be little doubt that many patients were rescued from the more malignant form of the disease. The means that were taken to detect men who were unconsciously labouring under diarrhœa, or other premonitory symptoms of cholera, or who, though conscious of the nature of the affection, yet affected to despise it, had also their good effects; as the more early the remedial means were put in practice, the more likely were they to succeed.

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CASE OF POISONING BY LIQUOR OPII SEDATIVUS.

By W. F. CLEVELAND, Esq.

The sedative solution of opium being a private preparation, the points in which it differs from the tincture of opium of the London Pharmacopœia are not exactly known. It is, however, generally considered that there is less meconic acid in the former than in the latter.

Dr. Pereira states, that Mr. Battley assured him that the only ingredients used in his preparation were opium, water, and heat.

In a letter I have received from Mr. T. Herring, of the firm Herring Brothers, of Aldersgate-street, he states, that their sedative solution is made of exactly the same strength as the tincture, but "the mode of manipulation he considers a secret." I have, however, the best authority for stating, that the preparation in question is made by treating purified extract of opium with acetic acid, instead of spirit; and that, in order to make it as nearly as possible of an uniform strength, the greatest care is requisite, not only in preparing the extract, but having the acid as pure as possible, and that the relative proportions of each be strictly maintained.

The uncertain strength of the solution, as generally met with, depends, in great measure, on the various modes in which it is prepared, each druggist (and I am told it is now made by many) having his own particular formula.

It is well known that no two samples of crude opium, though of the same kind, contain exactly the same quantity of morphia in each, and for this reason it would appear only probable that the strength of the tincture, if even prepared with the greatest care, is liable to considerable variation, although, practically, the consequences are not sufficient to excite much attention.

When, however, we have to deal with such preparations as black drop and some of the preparations of sedative solution, which are advisedly made of greater strength than the tincture, it is clear that, without due consideration for the purity of the opium used, and the proportion of morphia contained in it, what might be a harmless dose in one preparation might be almost a poisonous one in another, though each shall have been prepared in the same laboratory and according to the same formula.

I apprehend this must mainly be the explanation of such small doses as one drachm and a-half, and, again, twenty minims, destroying life, as mentioned by Dr. Alfred Taylor. When, however, a poisonous dose of sedative solution is taken, the symptoms and *post-mortem* appearances, cæteris paribus, do not differ materially from those produced by the other preparations of opium.

The following case has recently come under my notice:—

G. E., aged 23, strong and healthy, a chemist and druggist's assistant, after having absented himself from home three days, returned at 3 a.m. on the 28th of December, 1854.

He was depressed in spirits, and, after conversing a short time with some members of his family, retired to rest. He took leave of his younger brother, a lad who slept with him, and then swallowed two ounces of liquor opii sedativus which he had procured from Messrs. Herrings, of Aldersgate-street, several months previously, and which, according to the label on the bottle, was equal in strength to the tincture of opium of the London Pharmacopœia.

About half-an-hour elapsed, when his brother was awoke by hearing him groan, and, finding him quite insensible, he aroused his father, also a chemist and druggist, who, discovering what he had taken, tried to administer an emetic of sulphate of zinc; but it is doubtful if any of it reached the stomach.

At 4 a.m., Mr. Whaley, Surgeon, of Kilburn, applied the stomach-pump, but did not succeed in drawing off any contents.

He then washed out the stomach several times with warm water, and removed a few small portions of raisins, and what appeared like pieces of undigested celery.

The water after being used for this purpose had a spirituous smell rather than one of opium; but it was faint and undecided.

At 5 a.m., I found the patient sitting up in bed supported by assistants. The tube of the stomach-pump had not then been removed. The face was pale, lips livid, eyes closed, pupils turned upwards and outwards, contracted to the size of a pin's head, and perfectly insensible to light; breathing stertorous; pulse about 90, full, regular; skin cool; extremities disposed to be cold; total insensibility.

As there was not likely to be any further benefit from the use of the stomach-pump, it was removed, and endeavours were made to rouse him by making him walk between two assistants; but he had not the slightest muscular power. He was, therefore, again placed in bed in the sitting posture, and, after assiduously shaking him, putting his hands into hot mustard-and-water, occasionally blowing strongly with a pair of bellows on his face, previously moistened with ether, pinching him, shouting in his ear, etc., and subsequently injecting strong coffee into his stomach, and keeping up artificial respiration for a time,—all these means having failed to make any impression, the case was considered hopeless.

The pulse gradually became smaller, more frequent, and irregular; the respiration more laborious, and drawn at longer intervals; the congestion of the surface, especially about the neck and chest, increased; the expression of the countenance was ghastly, and he died at a few minutes after nine, or about six hours after taking the draught.

It was curious to observe how, in the act of dying, the cerebral nervous force became extinct, as shown by the usual cadaveric dilatation of the pupil, even some moments prior to the one or two last gasping efforts of respiration he was observed to make.

Post-Mortem Examination.—Owing to delay in acquainting the Coroner, the body was not examined until seventy-eight hours after death. There were marks of general decomposition; the vessels of the scalp were turgid, and on removing the calvarium, the surface of the brain and the sinuses were found highly congested with dark fluid blood, resembling thin treacle. The puncta vasculosa were more conspicuous than usual. The lateral ventricles contained scarcely any fluid. On removing the sternum, the lungs were found greatly congested, and the heart was enlarged and distended with blood, similar in character to that above described; there were one or two portions of feeble coagulum in the left ventricle. There was considerable thickening of the aortic valves, and the left ventricle was hypertrophied and dilated. The abdominal organs were much decomposed. The stomach contained only a very few portions of raisins, etc., similar to those removed by the stomach-pump. The small intestines contained only air; the large a few scybala. There was about an ounce and a-half of urine in the bladder. The surface of the left kidney was speckled with strumous deposit.

Remarks.—It may be thought somewhat singular that so large a dose as two ounces did not produce vomiting in my patient; but it must be remembered that he had probably fasted for some considerable time, as shown by the empty condition of the stomach and small intestines, and that under such circumstances the poison must have been absorbed with great rapidity. Indeed, he seems to have been comatose half an hour after he had swallowed the draught, and, as his brother was asleep, it cannot be said in how much shorter a period the ordinary symptoms of narcotism came on. When it is borne in mind that about fifty grains of opium were taken, that the stomach-pump apparently failed to extract any of the poison, although, in estimating the presence of sedative solution in an organic mixture it must not be forgotten that in its concentrated form it does not possess the peculiar pungent smell of the tincture; and that no impression could be made on the nervous system, or, in other words, as a part of the mode of dying—viz., by coma—that he was already partly dead,—no other than a fatal result could have been anticipated. As regards the *post-mortem* appearances, it is to be regretted that the effects of decomposition had to be cautiously considered; but still there was nothing observed but what is usual in poisoning by opium, if, perhaps, we except the comparatively dry state of the ventricles of the brain, serous effusion into them, or between the membranes being, according to Dr. Taylor, more common. Dr. Taylor does, however, record a case which terminated fatally in fifteen hours, and in which this condition appears to have been noted; but he offers no explanation regarding it. I would ask, is it not only a part of the general arrest of secretion that occurs, when such a large dose is taken that no reaction is established? In the case I have related there was no perspiration, and very little urine was found in the bladder after death.

Beaufort-terrace, Maida Vale.

ON SYPHILITIC CONSTRICTION OF THE RECTUM AND OF THE VAGINA.

By HOLMES COOTE, F.R.C.S.
Assistant-Surgeon to St. Bartholomew's Hospital.

In the year 1849, I found, upon examining the body of a subject brought to St. Bartholomew's Hospital for dissection, a singular morbid condition of the rectum. The canal was narrowed;

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and, upon opening the bowel, it was seen that a large patch of mucous membrane, equal in extent to the open hand of a man, and involving the whole circumference, had been destroyed by ulceration, leaving a firm and unyielding cicatrix, with irregular borders, and smooth, reddish, or brownish surface, across which passed lines or seams. The surrounding parts were slightly thickened towards the anus, but otherwise not altered in structure. Those who saw the specimen were struck with the resemblance it offered to the cicatrix of a phagedænic ulcer, as seen upon the external integument; and both I and others discussed the possibility of the syphilitic nature of the disease.

In a report upon syphilis, published December 7, in the *Medical Times and Gazette*, I alluded to the possibility of syphilitic constriction of the vagina, and mentioned the case of a girl, under the care of Mr. Lawrence, in whom it was found, after the removal of hypertrophied labiæ and nymphæ, that there was not sufficient space to insert the little finger towards the os uteri. The mucous membrane seemed affected with a warty and granular degeneration in its whole circumference.

Mr. Lawrence informed me that there were at the same time two other patients under his care, suffering from a somewhat similar condition of the mucous membrane of the rectum. Both were females in whom a syphilitic origin of the disease was quite possible, and, indeed, probable; and, as no very accurate information appeared to have been hitherto gained upon the matter, I searched some of the foreign Journals, in the hope of finding similar cases.

M. Gosselin has lately had the opportunity of examining, in the Hôpital Cochin, the body of a patient affected with syphilitic constriction of the rectum, who died under his care. The particulars of the case are as follow:—A girl, aged 18, had been a patient in the Hôtel Dieu, under the late Professor Roux, for an arthritic affection of the right knee. In the month of September following, M. Gosselin, charged with the service *ad interim*, noticed that the patient had, besides hypertrophy of the right labium, condylomata about the anus, habitual suppuration from the rectum, colic, and frequent diarrhœa. The girl, who, it is positively affirmed, had preserved all the signs of virginity, stated, that the disease commenced at the age of eight or nine years, when she used to sleep with her parents, both of whom were suffering from venereal disease. She had had no congenital defect, nor had she ever suffered from dysentery. The opinion formed by M. Gosselin was, that chancres had at one time existed about the anus; that a special inflammation had been developed and propagated upwards along the intestine; and that, consequently, the rectitis and the constriction constituted a local malady, and not an affection dependent upon general syphilitic diathesis. Incisions were made into the rectum, for the purpose of effecting the dilatation of the organ; for the patient's health was suffering considerably, and, at one time, she had regularly of a morning two evacuations, one purulent, the other fæcal. Her condition improved under judicious treatment; but, on the 3rd of December, symptoms of peritonitis supervened, under which the patient sank. At the autopsy, it was found, upon making an incision into the rectum, that the constriction was much less marked than during life,—an observation often made before, in reference to strictures of the urethra. At the depth of an inch and a-half there was no longer seen the hard fibrous tissue which had been incised some months before; but, above this point, and to an extent of 2—3 inches, the walls of the rectum were sensibly thickened, less extensible, and more contracted than ordinary; there was obvious hypertrophy of the circular muscular fibres. Upon this part of the intestine the mucous membrane was ulcerated and deprived of epithelium, red in some parts, black or slate-coloured in others. The ulceration occupied the whole circumference of the bowel, and was separated from the healthy structures by a raised ring or border.

No one can fail to be struck with the similarity of appearances in these two cases (namely, that related by M. Gosselin and that by myself) where there was the possibility of making a *post-mortem* examination and investigating the condition of the mucous lining of the rectum. We cannot, however, yet with accuracy pronounce upon the character of the morbid changes which precede those of constriction. Do they commence in inflammatory thickening, in granular degeneration, and thence proceed to ulceration? or, is the disease ulcerative from its commencement? and, if so, is it a primary or secondary affection?

Taking into consideration the case of granular thickening of the mucous membrane of the vagina, associated with active hypertrophy of the labia, and the other two cases of constriction of the rectum under Mr. Lawrence, all of which presented strong marks of resemblance; tracing, also, the stages of the disease in M. Gosselin's case, where there was noticed hypertrophy of the labium, condylomata, and suppuration from the anus, I am inclined to the first opinion, and to regard the affection as allied to those so common in the vagina of women of the town, in whom a constant state of excitement leads to granular thickening, to active hypertrophy, and to ulcerations, often tedious from the contact of mucous surfaces, and unheeded from want of more complete surgical examinations.

I am informed by Dr. Turner, from Massachusetts, that he has frequently seen cases of syphilitic contractions of the rectum among the male patients in the Quarantine Hospital, Deer Island, Boston, U.S. The ulcer, seen by the aid of the speculum, usually extended from the anus, an inch to an inch and a-half within the intestine. The mucous membrane was thickened and contracted; the surrounding tissues were hardened; there was profuse puriform and bloody discharge; mucous tubercles; and fissures about the anus. The patients experienced a frequent desire to go to stool, and were subject to frequent and exhausting attacks of diarrhœa. Medicine seemed of little avail. But it must be remembered, that the men were sailors of the lowest class, and of all nations, with constitutions impaired by intemperance and exposure.

M. Gosselin found but partial benefit result from incision of the thickened and contracted part. The administration of mercury seemed of no avail. The dilatation of the organ by bougies, however, has been attended by benefit; but further observations are required before we can lay down rules for a correct line of treatment.

Queen-square, Jan. 15, 1855.

ON THE TREATMENT OF SCIATICA.

By PEYTON BLAKISTON, M.D., F.R.S.

It may be gathered from a discussion which took place at the London Medical Society, that there exists a great diversity of opinion concerning the treatment of sciatica. It is proposed, therefore, to give some particulars of a plan of treatment which has been practised by the writer during the last twenty years. He believes he first saw it carried out at Paris in 1833. At any rate, it did not originate with him; and, consequently, he claims no merit whatever in respect to it, his sole object being to record his experience of its efficacy.

A blister, about the size of a crown piece, is placed over the chief seat of pain, which is usually the flattened part of the buttock. After it has risen well, and the cuticle has been thoroughly removed, the raw surface is sprinkled with a powder, consisting of one grain of acetate of morphia on an average, and a little white sugar. This dressing is repeated for six successive days, the surface of the blister being kept in a raw state, if requisite, by cantharides or savine cerate, or else by Albespeyres' plaster. This suffices for a very mild case; but, in severe cases of old standing, the pain will now be found to have left its original seat, and to have seized on the knee of the affected side. The same treatment is then applied to the ham; and, after six dressings, the pain will have generally disappeared, and the patient will rapidly recover. By this mode of treatment, eighty-three cases of uncomplicated sciatica have been cured, without a failure having come to the knowledge of the writer. This number might have been greatly augmented had it included the results arrived at by such of his friends and former pupils as had employed it at his suggestion, and which have been no less successful than those which occurred in his practice; but he is desirous of recording such only as have come under his own immediate notice, and for the accuracy of which he consequently can hold himself responsible.

In the great majority of these cases, no other drug was administered; but, in a few, some laxative medicine or injection was given to remove constipation.

In two or three cases, there was a tendency to double sciatica, and then the pain passed from the sciatic region first treated to that of the opposite side, and from thence down to the knee of this last side, but never attacked the knee of the side first affected.

It is right to mention, that in Hospital practice three cases were placed under the writer's care, which he considered more than doubtful, and they were therefore treated under protest, so to speak. They all turned out cases of hip disease, and therefore they are not included in those above enumerated.

The difference in the sensations felt by the patients on the first application of the morphia was remarkable; and, without

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any attempt to generalise, it may be stated that a close connexion was observed between the sensations felt and the previous state of health. Thus the effect produced on three persons in robust health—a blacksmith, a gamekeeper, and a lady—was most intense; an extraordinary thrilling was felt over the whole body, particularly at the extremities, with great nausea, and a tendency to faint. The lady vomited incessantly for twelve hours, so that it was found advisable to reduce the quantity of morphia in the powders to half-a-grain. On the other hand, a gentleman, who had been much reduced by over-work and by long suffering, felt no effect whatever from the application of the powders, and yet he recovered in an equally short time with the others. A lady, also, who had been taking considerable doses of opium, hardly felt the application of morphia until it was increased to two grains; but this case has been excluded, because, although the sciatica was removed by the treatment, there remained an incurable disease, which eventually destroyed her.

One lady, 26 years of age, in whom the disease was not of long standing, obstinately refused to have a second powder applied; but, happily, the one application sufficed to effect a cure. In six cases the disease recurred after an interval of from five to eighteen months; and, in two of these, it recurred twice; but each attack was less severe than the one which preceded it, and yielded readily to the same treatment. It is possible, however, that relapses might have more frequently taken place without having come under the notice of the writer; but he thinks this cannot have happened very often.

Some other forms of neuralgia were also benefited by this mode of treatment. Thus, a very distressing case of neuralgia of the scalp yielded at once; and shooting pains, which frequently accompany cancer of the stomach, were sometimes much relieved by it.

St. Leonard's-on-Sea, January, 1855.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT
OF THE PRINCIPAL OPERATIONS PERFORMED DURING DECEMBER.

The subjoined report includes, as usual, the following Hospitals:—University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, Charing Cross, St. Mary's, the Metropolitan Free, the Marylebone, the Hospital for Sick Children, the Samaritan Hospital, and the City Hospital for Diseases of the Chest.

LITHOTOMY.

The patient in *Case* 7 of last month's report, then under treatment, has since recovered.

Number of cases, 7; recovered, 5; died, 2.

Case 1.—A large, corpulent man, aged 62, under the care of Mr. Fergusson, in King's College Hospital. He had suffered severely from symptoms of stone for two years. A large lithic acid calculus was removed without difficulty by the usual operation. On the second day afterwards, typhoid symptoms, with low delirium, supervened, and on the third day death took place. *Case* 2.—A man, aged 54, but whose aspect was more like that of 70, under the care of Mr. Birkett, in King's College Hospital. He had suffered severely from the stone for upwards of two years and a-half. A stone of moderate size was removed. Not much blood was lost during the operation; but, in the following night, hæmorrhage to the extent probably of about six ounces occurred. For two days he appeared to be doing fairly, but subsequently sank into a low state, and died on the sixth day. At the autopsy there was found acute inflammation of the left kidney, suppuration and complete disorganisation of the right, a collection of pus between the left vesicula seminalis and the bladder, and lobular pneumonia of both lungs. The cause of these lesions had doubtless been pyæmia. *Case* 3.—A delicate boy, aged 3, under the care of Mr. Quain, in University College Hospital. There was a perineal fistula, through which the urine escaped. The stone was very small; and, in its extraction, Mr. Quain did not find it necessary to incise the prostate. The boy recovered well; he had previously suffered severely. *Case* 4.—An unhealthy boy, aged 2½, under the care of Mr. South, in St. Thomas's Hospital. The usual operation was performed, and the boy recovered very well. *Case* 5.—A boy, aged 8, in fair health, under the care of Mr. Charles Guthrie, in the Westminster Hospital. The usual operation was performed, and a mulberry calculus removed. Recovered. *Case* 6.—A very delicate boy, aged 8, under the care of Mr. Athol Johnson, in the Hospital for Sick Children. Recovered. *Case* 7.—A boy, aged 5, under the care of Mr. Athol Johnson, in the Hospital for Sick Children. Recovered. Some troublesome secondary hæmorrhage, probably venous, occurred; it was arrested by large doses of gallic acid.

HERNIOTOMY.

Number of cases, 16; recovered, 6; died, 10.

Case 1.—A woman, aged 46, under the care of Mr. Callaway, in Guy's Hospital. Hernia femoral; strangulated five days; symptoms severe. The taxis had been abused before admission. The reduction was very easily effected without opening of the sac, and the vomiting afterwards ceased. Some hours after the operation, however, the patient began to sink, and death took place on the following day. No autopsy was permitted; but Mr. Callaway opened the sac of the hernia from the wound, and found it much inflamed, and containing a portion of adherent omentum. A part of bowel, which was dragged down, was extremely congested. *Case* 2.—A very fat woman, aged 67, under the care of Mr. Birkett, in Guy's Hospital. The hernia was femoral, of old standing, and had been strangulated fifty-five hours. The sac was opened, and the bowel, although much inflamed, was deemed recoverable, and accordingly returned. On the third day the bowels acted spontaneously; but, on the 5th, the gut gave way into the wound, and fæces escaped. The artificial anus continued open ever afterwards, and the fæces passing in part by it and in part by the natural passage. Death, with symptoms of exhaustion, occurred on the 25th day. At the *post-mortem* the gut was found firmly united by adhesions to the sac, the opening in it being about capable of admitting a quill. There was a large collection of matter behind the peritonæum. *Case* 3.—A woman, aged 68, admitted in an all but hopeless state, under the care of Mr. Fergusson, into King's College Hospital. The hernia was femoral, and had been irreducible for three months. The history given was, that for six days she had suffered from severe symptoms of strangulated bowel, during the whole of which time she had been attended by a Surgeon's assistant, who had proposed nothing efficient for her relief. There had been obstinate constipation and continued vomiting, which latter had at length become of stercoraceous character. The tumour was about the size of a bantam's egg, and livid. Mr. Fergusson immediately operated. The sac having been opened, a portion of intestine, in an advanced state of decomposition, was found, which smelt most offensively, and beneath it lay a very small knuckle of deeply congested intestine. The stricture was very tight. The omentum was cut away with scissors, and the bowel returned. The patient survived only nine hours. At the autopsy, about an inch of the ileum was found in a gangrenous state; and, although not actually perforated, broke down readily under the finger. There was a good deal of adhesion from recently effused lymph, and some pus lay here and there in spots over the highly congested coils of bowel. The obturator artery rose from the epigastric, and crossed the neck of the sac; it had not, however, been injured. *Case* 4.—A woman, aged 75, admitted into St. Bartholomew's Hospital, under the care of Mr. Stanley, suffering from a femoral hernia, which had been strangulated four days. The taxis had been much abused before admission. The sac having been opened, the intestine was found gangrenous, and fæces had escaped. The stricture was divided, and the gut laid open. The patient sank from peritonitis on the fourth day. At the autopsy the evidences of extensive peritonitis were found. *Case* 5.—A woman, aged 48, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia femoral; strangulated forty-eight hours. Much force in attempts at taxis had been employed, and the patient suffered from acute peritonitis at the time of the operation. The sac was not opened. The peritonitis continued to increase in spite of treatment after the operation, and the patient died on the fourth day. The *post-mortem* showed extensive peritonitis. *Case* 6.—A woman, aged 48, under the care of Mr. Lawrence, in St. Bartholomew's Hospital. She was in very feeble health, and had been badly fed. There was a femoral hernia on the right side, nearly as large as a walnut. Strangulation had existed for ninety-six hours, during which time there had been extreme pain and constant vomiting. The Surgeon in attendance had applied blisters to the abdomen, and exhibited calomel, the nature of the case not being discovered. Mr. Lawrence operated immediately. The sac was opened, and about ʒij. of dark-coloured serous fluid escaped. The intestine

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was very dark, and, in a small portion, felt soft and flaccid; it was, nevertheless, thought best to return it. Fæces escaped by the wound seventy-two hours after the operation, and continued to do so up to the time of death, which took place on the fifteenth day. There had been, during the whole time, discharge of fæces by the rectum also. Death appeared to be from exhaustion. At the autopsy the bowel, which had been down, was found to be a portion of the lower tract of the ileum. It adhered firmly to the neck of the sac; the aperture in it would about admit a quill. The bowel above the seat of disease was distended with flatus; that below was empty and collapsed. There was no peritonitis. *Case* 7.—A man, aged 69, under the care of Mr. Lawrence, in St. Bartholomew's Hospital. Hernia scrotal, as large as two fists; strangulated three hours; sac not opened. The man had bronchitis before the operation, and afterwards was in a critical condition from congestive pneumonia; he, however, with this exception, recovered well. *Case* 8.—A woman, aged 30, under the care of Mr. Ward, in the London Hospital. Hernia femoral; strangulated forty-eight hours. The operation was by the small incision over the inner side of the neck of the sac, the sac being, of course, not opened. The symptoms were severe before the operation, but the patient did uninterruptedly well afterwards. Opium in half-grain doses twice daily was exhibited during the six days following the operation. *Case* 9.—A woman, aged 50, under the care of Mr. Adams, in the London Hospital. Hernia femoral; strangulated four hours. There were almost no symptoms of strangulation present; but, as the tumour was tense and irreducible, Mr. Adams deemed it best to relieve it. Sac not opened. Recovered without a bad symptom. This woman had been operated on on the same side two years previously by Mr. Adams. There was nothing in the condition of the parts to reveal this circumstance, the scar being imperceptible; the fact was, indeed, not known until after the second operation. In the first, the incision had been a very small one, and the sac not opened. *Case* 10.—A very fat woman, aged 58, under the care of Mr. Solly, in St. Thomas's Hospital. Hernia umbilical, as large as a fist; strangulated twenty-four hours. Sac opened, and found to contain a knuckle of bowel, and a large mass of omentum. The intestine was returned, and the omentum left in sac. For several days the patient was sunken and extremely ill; she ultimately, however, recovered. *Case* 11.—A man, aged 48, under the care of Mr. Simon, in St. Thomas's Hospital. Hernia femoral; strangulated thirty hours; sac not opened. Recovered without a bad symptom. *Case* 12.—A woman, aged 70, admitted moribund, under the care of Mr. Cock, into Guy's Hospital. She had suffered from strangulated femoral hernia for at least sixty hours, and was in an extremely weak condition. Some brandy was given; and, by a small incision over the neck of the sac, Mr. Cock succeeded very easily in effecting the return of the bowel, the sac not being opened. The operation was done as the patient lay on the bed, and without chloroform, her condition being such that the incision was scarcely felt. Death took place about six hours afterwards. *Case* 13.—A woman, aged 70, admitted moribund into St. George's Hospital, under the care of Mr. Cutler. Hernia femoral; strangulated eight days; sac opened. Death from collapse two hours afterwards. *Case* 14.—A woman, aged 60, admitted into St. George's Hospital, under the care of Mr. Hawkins. Hernia femoral; strangulated three days; sac opened. The patient had peritonitis at the time of the operation, and the intestine in the sac was covered with lymph. Death from peritonitis followed on the fourth day. *Case* 15.—A woman, aged 60, under the care of Mr. Pollock, in St. George's Hospital. Hernia femoral; strangulated two days; sac opened. Recovered. *Case* 16.—A woman, aged 43, under the care of Mr. Canton, in the Charing Cross Hospital. Hernia femoral; strangulated upwards of three days; sac opened. The woman was extremely ill, and had stercoraceous vomiting. A few days before, she had had the gut strangulated; but it was then reduced by taxis. Death from peritonitis followed twenty-eight hours after the operation. At the autopsy the strangulated portion of bowel was found to have almost completely recovered itself. There was very extensive peritonitis, and much effusion of lymph, with a considerable quantity of fluid also. There were fibrous tumours in the uterus, and cysts in the ovary.

OVARIOTOMY (EXPLORATION.)

An unmarried woman, aged 22, in excellent health, florid, and moderately stout, from the country, was admitted into St. Bartholomew's Hospital, under the care of Dr. West, on account of a large ovarian cyst. Her health and youth being considered, it was deemed very desirable to attempt a radical cure of the disease. The tumour was supposed to arise from the right side, but it had considerably passed the median line, and now filled the lower part of the abdomen. At Dr. West's request, Mr. Paget proceeded to attempt the removal of the cyst. An incision about two inches long was made for the purpose of exploration, a little to the right of the median line, midway between the umbilicus and pubes. The finger being introduced, it was found that the cyst adhered in all directions, and though perhaps not so firmly as to have been inseparable, it was thought best not to proceed with the operation. A puncture having accordingly been made, and a large quantity of fluid removed, the wound was closed. The wound afterwards re-opened, and there has been suppuration from the interior of the cyst. The patient has been extremely ill, and reduced to a state of severe hectic; the suppuration is, however, now fast decreasing in quantity, and her condition is improving. It is nearly two months since the operation.

TREPHINING OF THE SKULL.

Case 1.—A man, aged 50, was admitted into the London Hospital, having sustained a fracture of the skull, from falling into a ship's hold. There was depression of bone near the anterior inferior angle of the right parietal, but not to a great extent. The symptoms of compression continuing severe, it was, on the second day, determined to cut down and examine the spot. By means of Hey's saw, and an elevator, Mr. Luke removed the depressed portion of the bone, and then, with a spatula, took out a large mass of blood, which extended between the dura mater and the skull downwards towards the base of the brain. The dura mater was not torn. No benefit resulted from the operation, but the man lived two days afterwards. An autopsy was not permitted by his friends, but it was very probable that the base of the skull had been fractured. *Case* 2.—A sailor lad, aged 16, was admitted, under Mr. Ward's care, into the London Hospital, having fallen from the mast of a ship. There was a fracture of the frontal bone, which extended downwards from the left eminence into each orbital plate. No symptoms of compression were present during the first three days; on the fourth they supervened, and Mr. Ward accordingly proceeded to remove the depressed bone. A portion, of wedge shape, being quite detached, was easily extracted, and the elevation of the rest was then accomplished without its being needful to use either the trephine or Hey's saw. The fracture appeared to be very extensive, and the dura mater was much lacerated. Death occurred on the day following the operation. *Case* 3.—A man, aged 49, was admitted, under the care of Mr. Hilton, into Guy's Hospital, having sustained a compound fracture of the skull from the fall of a brickbat on to his head. Paralysis of the left arm was his only symptom, the intellect being unimpaired. That symptom persisting, the elevation of the bone was performed on the second day. The dura mater was not originally lacerated, but it subsequently sloughed, and a fungus of the brain appeared. Rigors afterwards occurred, and the man sank into the condition characteristic of pyæmia. Death took place on the fourteenth day. At the *post-mortem*, the veins of the diploe were found filled with pus, and there were many insulated spots in the lungs in a state of acute pneumonia. The injury to the brain had affected the right optic thalamus. *Case* 4.—A man, aged 35, was admitted, under Mr. Birkett's care, into Guy's Hospital, having, with intention of suicide, discharged a pistol loaded with a single ball close to his right temple. The ball had not entered the skull, but had been divided by the bone into two halves, which lay embedded in the soft parts. A portion of the frontal bone had been driven in, and was supposed to be the cause of the symptoms of cerebral compression which were present. Mr. Birkett used the trephine, and removed from the dura mater some spiculæ of bone which had been driven into it; the dura mater itself was lacerated. The patient survived the injury for six days. At the autopsy there was found extensive contusion and laceration of the right cerebral hemisphere, which had probably been caused by the force of the explosion. *Case* 5.—A man, aged 42, under the care of Mr. Erichsen, in University College Hospital. The bone was extensively injured, depressed, and comminuted; but there were no symptoms of compression of the brain. The man has done well since the operation, and the wound is fast healing.

AMPUTATIONS.

Two of the cases mentioned last month, and left under treatment, have recovered; the other two are yet under care.

Number of cases, 30; recovered, 11; under treatment, 13; died, 7.

Of the Thigh.—*Case* 1.—A man, aged 60, under the care of Mr. Hancock, in the Charing-cross Hospital, for great deformity of the leg, consequent on old standing disease and repeated fractures. He was in very feeble health, but recovered well

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after the amputation. *Case* 2.—A man, aged 38, under the care of Mr. Hancock, in the Charing-cross Hospital, for diseased knee-joint. He was hectic and much exhausted. A small portion of bone exfoliated during the healing of the stump, but with this exception the recovery was uninterrupted. *Case* 3.—A man, aged 28, admitted under the care of Mr. Hilton into Guy's Hospital, with a compound fracture involving the knee. Primary amputation was performed, but the man sank on the third day. No *post-mortem* was permitted, but the man had passed blood by the urethra, and it was believed that he had sustained a rupture of the kidney. *Case* 4.—A man, aged 25, under the care of Mr. Callaway, in Guy's Hospital. Ligature of the femoral artery had been performed on account of a diffused aneurism of the popliteal, and amputation had become necessary in consequence of gangrene of the leg. The man was extremely reduced. Death from exhaustion followed. *Case* 5.—A man, aged 19, under the care of Mr. Stanley, in St. Bartholomew's Hospital, for diseased knee-joint. He was in very feeble health, but appeared to be doing well after the amputation until an attack of diarrhœa occurred, under which he sank. Death occurred on the seventh day. The diarrhœa was attributed to his having taken some oranges, of which, in order to escape detection, he had eaten rind and everything. *Case* 6.—A man, aged 37, under the care of Mr. Stanley, in St. Bartholomew's Hospital, for diseased knee-joint of eight months' duration, and following injury. Under treatment. *Case* 7.—A man, aged 28, in much reduced health, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, for disorganised knee-joint following rheumatism. Recovered. *Case* 8.—A boy, aged 6, under the care of Mr. Curling, in the London Hospital. He suffered from necrosis of the tibia, consequent on an injury, and the disease had extended into the knee-joint, involving the epiphysis. He was extremely feeble, having but just recovered from an attack of erysipelas. There had also been some symptoms of chest disease. The operation was one of absolute necessity. The boy did badly afterwards, and died of pneumonia towards the end of the second week. *Case* 9.—A man, aged 32, who had for some months been under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of an ununited compound fracture of the leg. The ends of the bones had been sawn off on two occasions, but without benefit, and by an attack of cellular erysipelas consequent on the last, the man, originally of strong constitution, had been reduced to extreme debility. The operation was one of necessity, and it was much doubted whether he would live through it. His progress has been uninterruptedly good ever since, and the stump is now nearly healed. Chloroform was given. *Case* 10.—A man, aged 45, under the care of Mr. South, in St. Thomas's Hospital, for diseased knee-joint. He was, at the time of the operation, in an exhausted, almost "typhoid" state, and died of exhaustion ten days afterwards. *Case* 11.—A woman, aged 26, under the care of Mr. Cæsar Hawkins, in St. George's Hospital, for diseased knee-joint. Death from pyæmia resulted on the eighteenth day. *Case* 12.—A man, aged 18, under the care of Mr. Cæsar Hawkins, in St. George's Hospital, on account of diseased knee-joint. Death from pyæmia on the 18th day. *Case* 13.—A man, aged 52, stout, but of bad constitution, who had suffered from diseased knee for upwards of twenty years. On the day following the operation, a most troublesome hiccough was present, and it persisted afterwards in spite of all expedients. No adhesion occurred between the flaps, nor was there the slightest suppuration. Gangrene ultimately attacked the stump and extended up to the groin. The man died on the sixth day after the operation. *Case* 14.—A girl, aged 10, under the care of Mr. Hancock, in Charing-cross Hospital, for diseased knee-joint. She was feeble and hectic. Recovered. *Case* 15.—A girl, aged 16, in very feeble health, and suffering from suspicious chest symptoms. The knee-joint was disorganised from inflammation following an accident. Recovered. *Case* 16.—A woman, aged 36, in feeble health. The amputation was done on account of diseased knee-joint, consequent on an accident. Recovered. *Case* 17.—A man, aged 28, stout and florid, under the care of Mr. Cock, in Guy's Hospital, on account of malignant disease affecting the left knee. The disease had existed twenty months, and proved after removal to be medullary cancer springing from the lower extremity of the femur. Since the operation the man has not done well, the flaps have been rather sloughy, and he has been very feeble. Under treatment.

Of the Leg.—*Case* 18.—A lad, aged 17, admitted with a severe compound fracture, under the care of Mr. Erichsen, into University College Hospital. Primary amputation was performed. Erysipelas subsequently occurred, but the lad is now doing well. *Case* 19.—A youth, aged 19, previously in good health, admitted, under the care of Mr. Critchett, into the London Hospital, having had his foot torn off at the ankle-joint by a rope. Primary amputation in the lower third of the leg was performed. Erysipelas and sloughing of the flaps followed, by which the ends of both bones have been exposed, and it is intended shortly to remove the projecting portions. The lad is now doing well.

Of the Foot.—*Case* 20.—A woman, aged 24, under the care of Mr. Birkett, in Guy's Hospital, on account of disease of the tarsal bones. A previous operation had been performed for the removal of the diseased portions of bone. (See Report for November, "Excision of Bones and Joints," Case 1.) The disease had since extended, and Mr. Birkett now performed a Chopart's amputation, sawing off also the articular facets of the astragalus and os calcis, which were carious. The patient was in moderately good health at the time of the amputation, and has since done well. *Case* 21.—A girl, aged 16, and previously of good health, was admitted, under Mr. Wordsworth's care, into the London Hospital, having sustained a severe crush of the foot. Primary amputation at the ankle-joint was performed, the malleoli being cut away with forceps, but the articular cartilage not interfered with. The stump has since done remarkably well. In addition to the crushed foot, the girl had sustained a most extensive laceration of the right side, the skin from the groin to the ribs having been completely torn away. The wound is looking well. *Case* 22.—A man, aged 32, under the care of Mr. Ure, in St. Mary's Hospital, on account of diseased ankle-joint. He was feeble, and much out of health. A modified amputation at the joint was performed. Under treatment. *Case* 23.—A woman, aged 44, under the care of Mr. Hancock, in Charing Cross Hospital, on account of diseased tarsus. She was in fair general health. Chopart's amputation was performed, and she has recovered with a good stump.

Of the Upper Extremity.—*Case* 24.—A steady and temperate cabman, aged 55, was admitted, under the care of Mr. Hilton, into Guy's Hospital, having sustained an injury to the elbow. The joint was not thought to have been opened, but erysipelatous inflammation subsequently occurred, and the joint became involved, and was quite disorganised. He sank into a very low state, and it became necessary to amputate the arm. The operation was performed three weeks after the accident, and death from exhaustion followed on the fourth day. *Case* 25.—A woman, aged 28, in moderate health, under the care of Mr. Birkett, in Guy's Hospital, for diseased wrist and carpus. Amputation through the forearm. Some slight sloughing of the flaps followed, but the stump has since healed by granulation. Recovered. *Case* 26.—A man, aged 27, admitted under Mr. Birkett's care, into Guy's Hospital, having had his left arm torn off by machinery. The humerus projected, and, having been further exposed and sawn through in its upper third, the torn integuments were then brought together and the stump dressed. A little sloughing followed. Doing well. *Case* 27.—A man, aged 27, in fair health, under the care of Mr. Erichsen, in University College Hospital, for diseased carpus. Amputation through the forearm. Recovered. *Case* 28.—A boy, aged 15, was admitted, under Mr. Stanley's care, into St. Bartholomew's Hospital, having had his forearm and elbow crushed between the rollers of a printing-machine. Primary amputation through the upper arm was performed. Recovered. *Case* 29.—A man, aged 50, of intemperate habits, was admitted, in a state of intoxication, into the London Hospital, under the care of Mr. Wordsworth. He was so uncontrollable, that, in spite of his condition, it was necessary to give chloroform previous to the operation. He had sustained a compound fracture of one arm and a fracture of one thigh, as well as severe contusions. Amputation through the upper arm was performed. He has since had a severe attack of delirium tremens, but is now recovering. *Case* 30.—A lad, aged 15, admitted, under the care of Mr. Wordsworth, into the London Hospital, with a crushed hand. Primary amputation through the forearm was performed. Recovered. *Case* 31.—A man, aged 31, admitted into St. Mary's Hospital, under the care of Mr. Ure, having had one hand very severely injured by a chaff-cutting machine. Primary amputation at the wrist joint was performed. Recovered.

LIGATURE OF ARTERIES.

Mr. Critchett's case of ligature of the carotid for aneurism by anastomosis in the orbit remains under care. There has been a slight attack of hæmorrhage from the seat of disease. (*Case* 1, of last Report.)

Case 1.—By Mr. Callaway, in Guy's Hospital, ligature of the femoral artery on account of a diffused aneurism of the popliteal,

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which had been punctured prior to the man's admission. The ligature came away on the fourteenth day, but gangrene of the limb rendered amputation through the thigh subsequently necessary. The man died after the latter operation. (See "Amputations," *Case* 4.

EXCISION OF BONES AND JOINTS.

In *Case* 1 of last month's report amputation has since been necessary. In *Case* 4, the patient has left the Hospital at his own wish; healing is not complete, and a fragment of bone will probably yet have to exfoliate. The other cases remain under treatment.

Case 1.—Excision of the knee-joint, by Mr. Fergusson, in King's College Hospital. A boy, 3¼ years old, had suffered from diseased knee-joint for eighteen months, and had two open fistulæ, one in front over the head of the tibia, the other in the popliteal space. Mr. Fergusson laid open the joint from before, cut away the condyles of the femur, and about three quarters of an inch of the head of the tibia. The patella was left. An abscess was found in the cancellous structure of the head of the tibia. The limb has since been confined in a Mackintyre's splint with sides. The boy is thus far (three weeks after the operation) doing well. *Case* 2.—A sailor, aged 32, the subject of constitutional syphilis, was admitted into Charing-cross Hospital, under the care of Mr. Hancock, suffering from carious disease of the left half of the body of the lower jaw. The disease was so extensive, that excision was necessary. Mr. Hancock cut the bone through with forceps, near the angle posteriorly, and near the symphysis in front, the intervening portion being entirely removed. The man recovered well.

REMOVAL OF NECROSED BONE.

Case 1.—A girl, aged 18, under the care of Mr. Curling, in the London Hospital. The whole of the second metatarsal bone of the left foot was removed. It was quite loose, and enclosed in a shell of new bone. Recovered. *Case* 2.—A man aged 32, under the care of Mr. M'Murdo, in St. Thomas's Hospital, having suffered from necrosis of the tibia for ten years. Some large fragments of bone were removed, and the wound is now granulating healthily. *Case* 3.—A man, aged 22, in a state of extreme exhaustion from old disease of the hip-joint. The femur was dislocated into the dorsum illi, and the great trochanter nearly protruded through the skin. It was hoped that there might be some necrosed bone, and with this view a free incision was made over the seat of disease. No loose bone was found, and the operation consequently consisted in exploration only. Very little blood was lost on the operating-table, but subsequently there was a slight hæmorrhage, from the effects of which the patient sank. Death took place on the seventh day. No *post-mortem* was permitted. *Case* 4.—A middle-aged woman, under the care of Mr. Coulson, in St. Mary's Hospital, for necrosis of tibia. A portion of dead bone was removed. Under treatment. *Case* 5.—A man, aged 34, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Several small portions of dead bone were removed from isolated cavities in the tibia. The cavities were lined by smooth villous membranes. The man was of strumous constitution, and had had syphilis. The wounds are now quite healed. *Case* 6.—A boy, aged 14, under the care of Mr. Paget, in St. Bartholomew's Hospital, with necrosis of the tibia. A large portion of bone removed. Doing well.

REMOVAL OF MALIGNANT TUMOURS.

The case left under care by last month's Report has recovered (*Case* 2.)

Number of cases, 10; recovered, 6; under treatment, 2; died, 2.

Case 1.—A woman, aged 40, under the care of Mr. Birkett, in Guy's Hospital, on account of a large ulcerated growth of medullary cancer from the left breast. The disease was of twelve years' duration, and had been ulcerated several weeks; in the axilla was a secondary growth. The operation of excision of the mammary growth was performed in order to mitigate the patient's intense sufferings. The wound healed most favourably. *Case* 2.—A woman, aged 56, under the care of Mr. Lane, in St. Mary's Hospital, on account of scirrhus of the breast. The gland was excised. Doing well. *Case* 3.—A woman, aged 80, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a melanotic growth, partly pendulous, springing from the lobule of the left ear. It had proceeded from a mole which had been accidentally scratched, and had been of six months' growth. It was superficially ulcerated, and bled on the slightest handling. Mr. Stanley removed with it a portion of the ear to which it was attached. There was no gland disease. Recovered. *Case* 4.—A chimney-sweep, of middle age, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of epithelial cancer of the scrotum. The disease was of nine months' duration. Excision was performed. Recovered. *Case* 5.—A married woman, aged 34, under the care of Mr. Spencer Wells, in the Samaritan Hospital. The right breast was excised on account of a malignant growth. The wound healed by the first intention, and the woman was discharged in a fortnight. Professor Quekett examined the structure of the growth, and described it as an epithelial cancer. The epithelial cancer cells were believed to have formed in the tubes, which had given way and the whole gland had become infiltrated with them. *Case* 6.—A man, aged 44, under the care of Mr. Cock, in Guy's Hospital, on account of a tumour over the parotid region. It had been noticed five years before, and had gradually increased, being now of the size of a chestnut, but flattened. A partial excision had been performed before his admission. Mr. Cock found the growth somewhat diffused and adherent closely to the surrounding tissue. It appeared to be of scirrhous nature. The wound healed well, with the exception of a small parotid fistula, which still remains.—See "Amputations," "Excision of the Testis," and "Removal of the Eyeball."

EXCISION OF THE TESTIS.

Case 1.—A tolerably healthy-looking man, aged 43, under the care of Mr. Partridge in the King's College Hospital. His right testis had been gradually enlarging for three years, and was the size of a closed fist, firm, and heavy. There was no cachexia, and the cord was not thickened. He complained only of a dull, dragging pain in the loins, and occasionally along the cord. Mr. Partridge extirpated the gland, which was afterwards found to consist of a mass of disease, in which traces either of tubules or of the epididymis could scarcely be found. Under the microscope vast quantities of cells, some of them being compound, were seen interspersed with a few fine fibres. The patient did well for the first week after the operation, when the wound was attacked by erysipelas, which, however, under a stimulant treatment, passed off in about four days. He was subsequently extremely troubled with flatulence, which also, to some extent, had been the case prior to the operation. The belly, however, became tympanitic, and his features assumed a sunken appearance. Death from exhaustion occurred on the eleventh day. At the autopsy, a mass of malignant disease, the size of an adult liver, was found in the lumbar region. It extended upwards as high as the pancreas, and downwards as low as the division of the aorta, while laterally it was in contact with both kidneys, those organs being, however, not involved. The chief mass of the tumour was firm and hard, but on each side were portions of a soft and almost gelatinous structure. The tumour having been dissected, the aorta was found to pass almost through its centre, and was contracted, just above its division, to about one-third of its calibre. The ascending vena cava was pushed away to a considerable distance from the artery, and just below the renal vein was so much contracted as to be almost obliterated. (There had been no œdema of the lower extremities during life.) The ureters were natural in size though they passed through the tumour. *Case* 2.—A man of middle age, under the care of Mr. Cutler in St. George's Hospital. The testis was excised on account of encephaloid disease. Death occurred on the seventh day. The autopsy showed evidences of peritonitis, and also of encephaloid disease of the lumbar glands.

REMOVAL OF THE EYEBALL.

In September last, Mr. Cock performed an operation in Guy's Hospital for the removal of a tumour which extended deeply into the upper half of the orbit of a healthy-looking boy, aged 10 (See report in this Journal for October 21, page 417.) The tumour had then been growing for ten months, and had previously been subjected to an incomplete excision by a Surgeon in the country. Mr. Cock found it quite circumscribed, and enclosed in a cellular capsule, and he believed that he had succeeded in removing the whole of it. The wound healed well, the eyeball sank back into its proper place, from which it had been protruded, and the lad was discharged, having perfect use of the organ. He remained well for nearly three months, when the tumour again began to grow, and in the course of a fortnight increased to five times its former bulk, protruding and disorganizing the eyeball by its pressure. In this condition the boy was re-admitted under Mr. Cock's care in December. Removal of the entire contents of the orbit was performed. The tumour was again found to be a circumscribed growth, and had no attachments to bone. It had, however, distended the upper lid, and adhered somewhat to the

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eyebrows. The boy has done remarkably well since the operation. The orbit has filled with granulations, and is covered by the upper lid. He is to be discharged in the course of a day or two. There is still some doubt as to whether the tumour should be deemed really cancerous, or only recurrent.

REMOVAL OF NON-MALIGNANT GROWTHS.

Case 1.—A woman, aged 27, under the care of Mr. Cock, in Guy's Hospital, for an encysted tumour the size of a walnut over the bridge of the nose. It was believed to have been of congenital origin. It was excised, and the wound soon healed. *Case* 2.—A boy, aged 12, under the care of Mr. Simon, in St. Thomas's Hospital, for an exostosis the size of a small egg growing from the upper and inner part of the humerus. It was removed. Recovered. *Cases* 3 and 4.—Removal of nasal polypi from patients at the Samaritan Hospital, under the care of Mr. Spencer Wells. In the first case, a common gelatinous polypus was extracted in the usual way from each nostril. In the second, Mr. Wells separated the growth from its attachments by passing his finger by the mouth into the posterior nares. The passages were completely freed in both cases. *Case* 5.—A woman, aged 33, under the care of Mr. Coulson in St. Mary's Hospital, had small mammary glandular tumours removed from each breast. Recovered. *Case* 6.—A woman, aged 20, under the care of Mr. Hancock in the Charing-cross Hospital, on account of an exostosis the size of a large pigeon's egg, springing from a little above the inner condyle of the femur.

TRACHEOTOMY.

A boy, aged 10, was admitted, under Dr. Todd's care, into King's College Hospital, having suffered from sore throat for about a week. He had great difficulty of breathing at the time of admission. There was no œdema of the epiglottis, nor any abnormal appearance in the pharynx or upper aperture of larynx. The cough was croupy, and the breathing stridulous. The dyspnœa, urgent from the first, became more and more so every hour, and twenty-four hours after admission became so extreme as to threaten immediate suffocation. Under these circumstances, Mr. Atkinson, the House-Surgeon, performed tracheotomy. Great relief was instantly given, but it was only temporary, and death occurred five hours later. At the *post-mortem*, a continuous coating of false membrane was found lining the trachea and bronchi, extending even into the smallest ramifications of the latter.

OPERATIONS FOR URETHRAL STRICTURE.

Case 1.—A man, aged 46, the subject of stricture for years, was admitted into King's College Hospital under the care of Mr. Lee, suffering from retention of urine. No instrument could be passed, but under the use of the warm bath, opium, etc., he was relieved. A week later, while yet in the House, and no instrument having been passed, retention again occurred, and did not, as before, yield to treatment. Under very urgent circumstances, Mr. Lee performed perineal section without a guide, and succeeded in dividing the stricture. A No. 9 catheter was introduced and retained. Hitherto (three weeks) the man has done well, and the result promises to be successful.

PUNCTURE OF THE BLADDER.

Case 1.—A man, aged 46, in much enfeebled health and of dissipated habits, was admitted into the London Hospital, under the care of Mr. Wordsworth, suffering from retention of urine. He had had stricture for upwards of fourteen years. All attempts at catheterism failed, and the warm-bath, opium, castor-oil, etc., gave no relief. On the following day he was evidently suffering from uræmic poisoning, and Mr. Wordsworth determined to puncture the bladder by the rectum. About sixty-five ounces of urine were drawn off. On the fifth day afterwards the canula was removed, but for near a fortnight subsequently the urine continued to escape into the rectum. Meanwhile, an abscess had formed in the perinæum, and after being opened urine escaped by the wound. The man's strength has been supported by the very free use of stimulants, etc., and he is now doing very well. The wound in the bladder is quite closed, only a small fistula remains in the perinæum, and a No. 8 catheter can be passed with ease by the urethra.

OPERATION FOR THE CURE OF UNUNITED FRACTURE.

A case in which ivory pegs have been introduced into the ends of the bone to secure union in a case of ununited fracture is under the care of Mr. Erichsen in the University College Hospital. We shall publish its full particulars at some furure time.

PLASTIC OPERATIONS.

The cases of rhino-plasty previously reported may be considered well. The patients have been discharged.

For Protrusion of the Testis.—A man aged 59, under the care of Mr. Simon, in St. Thomas's Hospital, on account of protrusion of the testis through an ulcerated opening in the scrotum. The edges of the ulcer were freely pared, and, having been dissected up from the sides of the gland, were united together by sutures over the latter. No union occurred, and the testis was again exposed in the course of a short time. By careful strapping, however, a good cure ultimately ensued, and the man has just left the Hospital with a sound scar.

For Cleft-palate.—A girl, aged 18, under the care of Mr. Fergusson, in King's College Hospital. The entire soft palate and uvula were cleft, and the fissure extended an inch forwards into the hard palate. Mr. Fergusson performed the usual operation, and united the soft palate, not attempting to close the aperture in the hard part. Excepting that the uvula remained bifid, the operation was quite successful.

For Hare-lip.—In a case of single hare-lip, in an infant ten weeks old, under the care of Mr. Hancock, in Charing-cross Hospital. Successful.

OPERATIONS FOR THE CURE OF NÆVUS.

In Mr. Cock's case, (*Case* 4, of last Report,) in which the perchloride of iron had been injected into a large nævus in the face of an infant, death has since ensued. The infant had diarrhœa, and, although the local condition was improving, it sank from exhaustion in the fourth week.

Case 1.—A boy, aged 12, under the care of Mr. Birkett, in Guy's Hospital, on account of a nævus in the tissues of the chin, which had slowly increased in size since the age of two years. It felt remarkably solid, and had a dead, black hue. Mr. Birkett excised the whole, and the wound quickly healed. *Case* 2.—A child, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, had a subcutaneous nævus, the size of a marble, on the end of the nose. Two injections of the perchloride of iron were practised. No suppuration followed either, and a firm, hard lump was all that remained when the child left the Hospital. *Cases* 3, 4, and 5 were treated by ligature in the Charing Cross Hospital, under the care of Mr. Hancock, and were all successful.

PARACENTESIS OF THE CHEST.

The case previously mentioned under Dr. Birkett's care at the City of London Hospital for Diseases of the Chest, has since ended fatally. (See Reports for October and November.) Pneumo-thorax had supervened on the operation, and the child sank under the hectic induced by the profuse suppuration.

INJECTION OF AN OVARIAN CYST WITH IODINE.

In the case of a woman, aged 35, under the care of Mr. Baker Brown, in St. Mary's Hospital, the injection of an ovarian cyst after evacuation by puncture was practised. The tincture of iodine of the Edinburgh Pharmacopœia was used. Very little pain was induced either during or after the operation. Evidences of iodine were detected soon after the injection, both in the urine and the sputa. The cyst is refilling.

EXCISION OF PORTION OF NERVE TRUNK.

A man, aged 47, has been for some time under the care of Mr. Hilton in Guy's Hospital, on account of a painful stump after amputation at the wrist-joint. Much relief had for a time been afforded by the use of an aconitine ointment, but as the pain always returned when the remedy was intermitted, the result was not satisfactory. The pain was not limited to any particular spot, but, as it chiefly affected the parts to which the ulnar nerve is distributed, Mr. Hilton determined to excise a portion of its trunk. This was done a little below the internal condyle, about an inch being removed. The wound healed well, and in a week or two the man had complete relief; more latterly, however, there has been pain in other parts of the stump. Under treatment.

OPERATION FOR BURSAL TUMOUR IN THE PALM.

A girl, aged 18, is under Mr. Hilton's care in Guy's Hospital, on account of effusion into the theca, passing under the anterior anular ligament of the wrist joint. The swelling presented both above and below that ligament, and the presence of small loose bodies could be easily detected. Mr. Hilton made an incision into the swelling above the wrist, squeezed out its contents, and removed a large number of melon-seed-like bodies. No division of the palmar ligament was practised. The case has done remarkably well, and healing is almost complete, without any undue inflammation having occurred.

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THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

LIVERPOOL ROYAL INFIRMARY.

ADDENDUM TO CASES OF ANEURISM.

[Reported by Mr. A. T. H. WATERS, House-Surgeon to the Infirmary.]

FORMATION OF DIFFUSE ANEURISM.—GANGRENE.—DEATH.

THE patient whose case was published last week in the *Medical Times and Gazette* has died. The following notes complete the report:—

Michael B., who was discharged on the 17th of November, was re-admitted on the 21st of December. He gave the following history:—He had continued quite well up to the night of the 12th of December, and had called at the Hospital on that day. There had been no return of pulsation nor of pain in the ham. On the night in question, while in bed, he found his knee had become suddenly enlarged, and painful. The swelling did not subside. He placed himself under the care of a Surgeon, who attended him at home. On the evening of the 18th December hæmorrhage to a considerable extent took place from the ham.

When admitted into the Infirmary, he presented the following appearance:—Face and body generally much emaciated; aspect ghastly; pulse very rapid; voice feeble. There was much enlargement about the left knee; the integuments were firm and stretched, and of a somewhat livid colour; the foot and lower part of the leg were cold and gangrenous. An opening existed in the ham, from which there was a discharge of blood. The integuments of the thigh were œdematous.

He was at once placed in bed, and stimulants were freely given. In the evening he had rallied considerably, and a consultation was held, when it was decided at once to amputate the thigh; to this, however, the patient would not consent. For several days subsequently he took large quantities of brandy and other stimulants, opium being also administered to procure rest. Under this treatment, after a few days, he began to improve slightly, the gangrene became arrested, and a line of demarcation was set up a few inches below the knee. Large clots of blood were discharged, from time to time, from the ham, and the structures in the ham became sloughy.

He now became anxious for the limb to be removed; and, on the 5th of January, his general condition being somewhat improved, the line of demarcation thoroughly established, and the integuments of the thigh more healthy, amputation of the thigh about the middle was performed. He rallied from the shock of the operation, but subsequently gradually sank. He died on the 11th of January.

On examining the limb after removal, the vessels being injected, it was found that the popliteal artery was pervious to nearly the level of the knee-joint, and there it had sloughed. The coats of the artery, throughout its length, were somewhat thickened, but no atheromatous deposit was apparent. The whole of the structures in the ham, from the point where the artery had given way, had sloughed, and the knee-joint was opened into. The leg and foot were black, and in a state of sphacelus.

From the disorganisation of parts in the ham, it is impossible to say positively whether the coats of the original aneurism gave way, or whether the rupture took place at some other point. The formation of the aneurism must have been sudden, and the rupture was no doubt extensive; and this will account for the great extravasation of blood, and the gangrene which so soon set in. The patient denied having made any great exertion on the night when the injury occurred; but this statement can scarcely be relied on, and probably some unusual exertion, which caused the rupture, had been made. It must be borne in mind, that for six weeks after pulsation in the original tumour had ceased, the man remained perfectly well, and the cure seemed to be complete. The formation of a diffuse aneurism after such an interval has not, that I am aware of, been previously reported; it would, however, be well if the subsequent history of cases treated by compression were made known to the Profession. The practical bearing of the above case, I think, is, to induce great caution in the use of the limb after a cure has been effected.

Medical Times & Gazette.

SATURDAY, JANUARY 27.

PROSPECTS OF MEDICAL REFORM.

Now that Parliament has re-assembled, we receive letters from numerous Correspondents inquiring into the prospects of Medical Reform, and the probable success or failure of the various Bills before the Profession. Our Edinburgh Correspondent sends a copy of a Bill emanating from the Professorial party in the University, which is supported, it is said, by a member of the Government. The Bill of the Association is perseveriugly urged upon the attention of the Home Secretary. The Draft of a Bill drawn up by Sir John Forbes has received very general approval from the Profession, and the measure will no doubt meet with the attention it merits, should it be brought forward in a more complete form. Mr. Brady's Registration Bill has not been given up, and the College of Physicians still hope to obtain their New Charter.

The proposal of so many different measures, conflicting as some of them are, has led to a very natural result; for we are authorised to announce, on unquestionable authority, that the Government has at last decided to appoint a Commission of Inquiry into the constitution of the Medical Profession, and the reforms which are needed or desired. We think all parties must agree that this is a most judicious mode of proceeding on the part of Lord Palmerston.

With regard to the composition of the Commission, we are not permitted to say more than that it will not contain a single member of the Profession. This also appears to be a wise decision; for it would be difficult to name any one of our Body, however impartial he might really be, whose opinions would not be suspected to be influenced by the Class or Corporate body to which he belonged. As it is, no such feeling of jealousy can be excited; and, if the Commission set themselves earnestly to work to reform the evils under which we labour, we may hope, at length, to see a comprehensive and effectual measure of Medical Reform carried through Parliament by the influence of Government.

We need hardly add, that the various Medical Bills must remain in abeyance until the report of the Commission has been received.

MEDICAL CERTIFICATES.

THE Medical Profession in Edinburgh has lately been excited by one of those legal disputes which are not uncommon in the Northern Metropolis. Mr. Glover, a Surgeon of Police, acting, as we presume, under the direction of superior authority, visited the Edinburgh Infirmary to examine the condition of a boy who was lying there, suffering from effects of a serious injury of the leg. Professor Syme, the well-known and distinguished Surgeon to the Infirmary, entertains, as we understand, considerable jealousy of the interference of the Police Surgeons in the surgical cases under his treatment; and he had strictly forbidden his assistants to afford any facilities to Mr. Glover in conducting a medical examination. Accordingly, when Mr. Glover arrived at the Infirmary for the purpose of giving a certificate in the case of the boy just alluded to, he was prevented from examining the injured limb by Mr. Syme's assistant; but, having ascertained from description the nature of the boy's injuries, and having felt his pulse and looked at his tongue, he forwarded to the Commissioners of Police a certificate, stating, "on soul and conscience," that he had "examined

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the patient; that he found him labouring under a large lacerated wound of the soft parts on the outer side of the left leg, and a fracture of the bone a little above the ankle; that his life was in danger; and that he was in a fit state to emit a declaration."

When this certificate had been delivered to the judicial authorities in Edinburgh, Mr. Syme appears to have taken extraordinary pains to prove that the facts which it alleged could not have been known to Mr. Glover, and, therefore, that the latter gentleman had granted a false certificate. Not only did Mr. Syme represent this view of the case to the Commissioners of Police, but, as was alleged on the trial, he caused two letters which he wrote on the subject to be printed in successive Numbers of the *Edinburgh Monthly Journal of Medical Science*, and wrote another letter of the same tendency, and signed with his own name, which was published in the *Scotsman* Edinburgh Newspaper. For the publication of these letters, alleging falsehood on the part of Mr. Glover, an action was brought against Mr. Syme, which terminated in a verdict against that gentleman, with 250*l.* damages.

With respect to Mr. Syme, it is not likely that he will meet with much sympathy on the part of the Medical Profession in the British Empire; for notwithstanding his great and acknowledged talents as a teacher and writer, he has been engaged in too many squabbles of a merely personal character to enlist much feeling on his behalf; in a pecuniary sense he cannot suffer much, and, in a Professional point of view, probably not at all. The trial will be regarded as a Medical squabble, in which the general public have no interest; and the Profession will judge of the matter according to their established estimates for or against Mr. Syme's personal character as a litigant or a peacemaker.

We shall only observe on this point, that it appears to us that Mr. Syme took unnecessary pains to expose Mr. Glover's conduct; and although we think he was quite justified, if he felt it necessary, to communicate with the Commissioners of Police upon a matter relating to one of his patients and to the management of the Infirmary, yet it was wholly superfluous to publish these communications in the Medical and other Journals In our own capital, we doubt whether any Surgeon of Mr. Syme's standing would have thought it worth while to publish such letters, or, if he had attempted it, whether any Journal would have assisted him in such an inglorious contest.

But there is a question springing out of this trial, which, apart from all personal feeling on either side, is deeply interesting to the Profession and to the public. The question is, whether a Medical man is justified in certifying, "on soul and conscience," to the existence of facts on which he cannot have any accurate knowledge. It is proved on one side, and admitted on the other, in this case, that Mr. Glover, although describing, with apparent accuracy, the injuries which the patient had received, had never seen those injuries at all, and there can be no doubt, therefore, that the certificate, given under such circumstances, was practically worthless.

Now, if it were once admitted as an established rule in our Profession, that a Medical man might testify, in writing, "on soul and conscience," or, in other words, might solemnly declare, the existence of facts which he had learned only by hearsay, either such certificates would be held in merited contempt by the Courts of Justice, or incalculable injury might be inflicted upon the public. In the one case, the Courts, knowing the loose manner in which such certificates were written, would cast them aside as pieces of waste paper; or, in the other human beings might be incarcerated in prison, or locked up in Lunatic Asylums, upon the strength of evidence which might turn out to have no real foundation. In the establishment of a case of insanity, the Medical attendant is very properly required, by our present humane legislation, not only to testify generally as to the insanity of the patient, but to specify the particular facts on which the proof of insanity is based; and we cannot for one moment admit, that a man is justified in testifying to the existence of lacerated wounds which he has never seen, or of fractured bones which he has never felt.

While disavowing, therefore, any leaning to one side or the other, in the case of "Glover *v.* Syme," we earnestly hope that the laxity which appears to have existed in the composition of the certificate written and signed by Mr. Glover will not be drawn into a precedent to guide the Profession in any future cases; but that, when Medical men grant certificates "on soul and conscience," such documents will be received as accurate descriptions of the facts which they profess to record, and founded on the personal knowledge of the writer. It is by such conscientious conduct alone that our Profession can retain the high respectability which they now enjoy, or that their opinions will receive their due weight in the Courts of Justice and in the general estimation of the public.

ORDER OF MERIT.

A letter from Dr. Macloughlin has been published, illustrating the advantage which might be derived from the establishment of an Order of Merit in this country analogous to the French Legion of Honour. The Doctor says,—

"After the Battle of Salamanca I was in charge of the Hospital at Coimbra, in Portugal, where about fifteen hundred sick and wounded prisoners of war were admitted. They received the same attention as our men,—they had, as our men, all that their cases required, whether food, comforts, or medicines.

"Years after, I was accidentally recognised in Paris by one of these *ci-devant* prisoners, which led to an application by the French Government to our Government, to allow me to accept the Cross of the Legion of Honour, which was granted.

"It is to be regretted that, in this country, no such Order exists.

"When any of our sick or wounded fell into the hands of the French, they received from the French Medical Staff the same humane treatment which the French sick and wounded received at Coimbra. Yet our Government has no means to mark their grateful sense for the favour conferred on their less fortunate countrymen but money, which, in such a case, could not be offered without offence."

We do not, however, in any way, advocate the establishment of an Order of Merit as a reward for Naval or Military Surgeons. The claims of these officers to *Military* distinctions have been, at last, acknowledged; and if any doubt had remained as to the justice of those claims, it would have been set at rest by the recent events in the Crimea. We have repeatedly shown, that at the Alma, at Inkermann, and before Sebastopol, our brethren have shared in all the dangers of their comrades; and to-day we publish a letter, among our Foreign Correspondence, from a Medical Officer employed in the Naval Brigade, which proves that the Medical Officers "are exposed to the same risks as the combatants." It is not for them, therefore, that a *Civil* Order can be needed. They have partaken of the risk and toil of the glorious army whose deeds are teaching us that the age of military chivalry has not passed away; and we hope, before long, to congratulate them on receiving medals and badges, as symbols of the admiration of a grateful country.

But there is another chivalry,—that of genius and science, of art and labour. How can this be rewarded? Not by a knighthood, which has lost so much of its value from indiscriminate bestowal, and which, in the spirit of its institution, cannot be a fitting acknowledgment of intellectual or scientific labour, or mechanical achievements. The country has nothing to offer to the men who create the greatness of our nation and adorn our age. Appropriate rewards are wanting; it is high time, there-

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fore, that a great extension should be made in the Civil Department of the Bath, or that an Order of Merit should be established worthy of the civilization of the nineteenth century.

TRANSPORT OF WOUNDED.

HAVING heard from various sources that the numbers of officers and men reported to have died in the transports from the Crimea to Scutari had been very much exaggerated by the public Press, it appeared to us desirable to ascertain the real state of the case. We accordingly applied at the Army Medical Department for such information upon the subject as the Profession have a right to expect from the Records, and now publish a copy of the returns, which will be found in another page. We also ascertained that a very large proportion of the men sent down were suffering from severe wounds, or from dysentery or cholera, and that in the Caduceus almost all the deaths were from cholera; which accounts for the much greater mortality than in any of the other transports.

Considering that all on board were very bad cases, and a large portion of them cholera, the amount of loss on the passage should not excite surprise, as it did not exceed 5·84 per cent. during an average passage of four days.

REVIEWS.

On the Mode of Communication of Cholera. By JOHN SNOW, M.D., Member of the Royal College of Physicians, &c. 2nd Edition, much enlarged. 8vo. Pp. 162. London: 1855.

A person suffering from cholera, being carried into a locality where no cholera previously existed, may be the medium of exciting an outbreak of the disease. The evidence on this point is pretty conclusive.

But *how* does cholera spread from individual to individual? The generally received opinion is, that a something is emitted from the sick which contaminates *the air* around, and then the healthy inhaling that air are infected with the disease.

Dr. Snow is an opponent of this opinion. He maintains that whenever cholera spreads from individual to individual, it does so in consequence of the healthy swallowing more or less of the alimentary excreta of the sick; and he maintains further, that the ordinary mode in which these excreta are carried to the healthy, is through the medium of water used for ordinary beverage. Dr. Snow has taken infinite pains to establish the doctrine he has propounded; and, although he now and then shows by his reasoning that he is more than a little prejudiced in favour of his own notion, yet he advances facts enough,—facts, too, very numerous, and very carefully observed,—to prove to the most sceptical, that the water-supply is one of the most efficient agents in determining the occurrence of an outbreak of cholera. Believing Dr. Snow's work to be one of the most important which has yet been published on Cholera, we shall offer our readers a pretty full abstract of it, taking care especially to point out the kind of proof which he offers in support of his theory.

Dr. Snow first shows that the circumstances known to be favourable to the spread of cholera are those which afford the greatest facilities for the ingestion of the cholera ejections and dejections by friends and neighbours of the sick. Want of personal cleanliness, and deficiency of light, by favouring this, are among the most commonly admitted determining causes of cholera.

"The bed linen nearly always becomes wetted by the cholera evacuations; and, as these are devoid of colour and odour, the hands of persons waiting on the patient become soiled without their knowing it." Supposing, as is the case in the houses of the poor, these persons cook and handle the food of the other members of the household, then the cholera evacuations may be administered to several in the same family. "Hence the thousands of instances in which, among this class of the population, a case of cholera in one member of the family is followed by other cases; while medical men and others, who merely visit the patients, generally escape."

The *post-mortem* inspection of those dead from cholera, is rarely if ever followed by the disease. Medical men are careful, under these circumstances, to wash their hands. Women engaged in laying out the dead often suffer; as a class, they are not remarkable for performing frequent ablutions. Those again "who attend the funeral, and have no connexion with the body, frequently contract the disease, in consequence, apparently, of partaking of food which has been prepared or handled by those having duties about the cholera patient or his linen and bedding."—P. 17.

In the houses of the rich, cholera rarely spreads. "The constant use of the hand-basin and towel, and the fact of the apartments for cooking and eating being distinct from the sick room, are the causes of this."—P. 18.

Cholera once introduced into a building appropriated to pauper children or pauper lunatics, spreads very rapidly. The children and the lunatics are closely packed. At Tooting, two or three children lay in one bed, and vomited over each other. Lunatics are not likely to be more cleanly in their habits. That both the children and the lunatics are, under these circumstances, very liable to swallow some of the cholera ejections, cannot be denied. "Lunatic patients generally suffer in a much greater proportion than the keepers and other attendants."—Page 19.

The mining population have suffered more from cholera than persons in other occupations. There are no privies in the mines. The workmen take food into the mines, and eat with unwashed hands, and without knife and fork.

To show the influence of water as a medium of spreading cholera, Dr. Snow has inquired into the conditions under which several outbreaks of cholera have occurred. "In Albion Terrace, Wandsworth Road, there was an extraordinary mortality from cholera in 1849, which was the more striking as there were no other cases at the time in the immediate neighbourhood." The houses in Albion Terrace are detached a few feet from each other; they are "the genteel suburban dwellings of a number of professionals and tradespeople." On the 26th of July, a storm occurred, the consequence of which was, that a drain burst and inundated the house No. 8, and the adjoining, No. 9, with fetid water. The water broke out of the drain again at No. 8, and overflowed the kitchens, during a heavy rain on August 2nd. The water tanks of all the houses in the terrace were so situated that any impurity getting into one tank would be imparted to the rest. The first cases of cholera in the terrace occurred on July 28. Subsequently more than half the inhabitants of the part of the terrace in which the cholera prevailed were attacked with it.

"There are no data for showing how the disease was communicated to the first patient, at No. 13, on July 28; but it was two or three days afterwards, when the evacuations from this patient must have entered the drains having a communication with the water supplied to all the houses, that other persons were attacked, and in two days more the disease prevailed to an alarming extent."—P. 28.

As to the opinion, that the mortality in Albion-terrace was due to the open sewer in Battersea Fields, it suffices to state, that this sewer is 400 feet to the north of the terrace, and that there are several streets and lines of houses, the inhabitants of which suffered scarcely, if at all, quite as much exposed to the emanations from the sewer as are those of Albion terrace, and, moreover, that there are several houses much nearer to the sewer than the terrace which escaped altogether.

In Charlotte-place, Rotherhithe, are seven houses; the inhabitants of six of these houses obtained their water from a ditch communicating with the Thames, which ditch, moreover, received the contents of the privies of all the seven houses. In these six houses, 25 cases of cholera occurred. The inhabitants of the seventh house obtained their water from a well on their own premises; one case only of cholera occurred in that house.

At Ilford, in Essex, the cholera visited every house but one in a certain row, in the main part of the town. The well used by the inhabitants of the row generally received the refuse which overflowed from the privies. The house in which no cholera happened "was inhabited by a woman who took linen to wash; and she, finding that the water gave the linen an offensive smell, paid a person to fetch water for her from the pump in the town, and this water she used for culinary purposes, as well as for washing."—P. 32.

The terrible outbreak of cholera which lately took place in the neighbourhood of Golden Square, and in which upwards of 500 fatal cases occurred in ten days, Dr. Snow attributes to "some contamination of the water of the much-frequented street-pump in Broad-street."

We cannot follow Dr. Snow through all the details he has

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collected to prove this position. The following facts are among the most striking:—

Of seventy workmen employed at the brewery of Mr. Huggins, not one had cholera. These men are beer-drinkers, and their master "is quite certain that the workmen never obtained water from the pump in the street." There is a deep pump on the premises.

At the percussion-cap manufactory, 37, Broad-street, about 200 workpeople are employed; "two tubs were kept on the premises always supplied with water from the pump in the street, for those to drink who wished;" 18 of these 200 workpeople died of cholera.

At 8 and 9, Broad-street, were 7 workmen employed in the manufactory of dentists' material; they were in the habit of drinking about half-a-pint of the water from the pump once or twice a-day; all seven died of cholera, while two persons who resided constantly on the premises, but did not drink the pump water, only had diarrhœa.

The following is a very remarkable case:—A lady died September 2, of cholera, at West End, Hampstead, a place singularly free from cholera. On inquiry, Dr. Snow found that this lady was in the habit of receiving, by the carrier's cart, a large bottle of water from the pump in Broad-street, as she preferred that water to any other. She received a bottle on August 31, drank of the water that night, and the following day was seized with cholera in the evening, and died on the 2nd September. "A niece, who was on a visit to this lady, also drank of the water; she returned to her residence in a high and healthy part of Islington, was attacked with cholera, and died."—P. 44. Only one other person partook of the water; she did not suffer.

Dr. Snow devotes a considerable part of his work to the consideration of the influence of the water supplied by various Water Companies on the spread of cholera.

Between 1849 and 1853, the Lambeth Water Company removed their waterworks from opposite Hungerford Market to Thames Ditton. During the late outbreak of cholera, the district supplied by this Company suffered much less than in 1849, and much less than the district supplied by the Companies that yet draw their supply from the London section of the Thames. In one of the Southern sub-districts some of the houses are supplied by the Southwark and Vauxhall Company (the water supplied by which is derived from the London section of the Thames) and some by the Lambeth Company. The pipes of each Company go down all the streets and into nearly all the courts and alleys. A few houses are supplied by one, and a few by the other Company; in many cases, a single house has a supply different from that on either side.

"As there is no difference whatever, either in the houses or the people receiving the supply of the two Water Companies, or in any of the physical conditions with which they are surrounded, it is obvious that no experiment could have been devised which would more thoroughly test the effect of water supply on the progress of cholera than this."—P. 75.

Dr. Snow caused an inquiry to be made respecting every death from cholera in a sub-district supplied by these two Companies, from July 8 to August 5. The result was, that, in every 10,000 houses supplied by the Southwark and Vauxhall Company, 71 deaths occurred; while, in the same number of houses supplied by the Lambeth Company, 5 deaths only occurred.

The length at which we have noticed Dr. Snow's work shows the importance we attach to it. We trust that other labourers will enter on the same field, in order that the question he has raised—one of the most important that has ever been raised on the subject—may be absolutely answered. We strongly recommend Dr. Snow's work to the careful perusal of all those interested in the subject of epidemic diseases.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

STATE OF AFFAIRS IN CONSTANTINOPLE.

The cholera has completely ceased, both in the Crimea and here; the last cases appeared in individuals debilitated by long suffering, chronic dysentery, or intermittent fever. We have attended a great many patients reduced to the state of marasmus, in whom cholera showed itself with alarming symptoms; but it yielded readily to a stimulating plan of treatment. Thus, the extremities blue and icy, characteristic vomiting, and diarrhœa, cramps, hiccough, after having lasted two or three days, disappeared rapidly under the administration of warm infusions of aniseed, chamomile, etc., with the application of warm bottles to the feet and thighs. For fifteen days the cholera has ceased, and other diseases, which, from whatever source they came, or of whatever variety they were, assumed during these stages something of the choleraform type, have resumed their normal characteristics. But, alas for the human race! the cholera, in quitting us, has but made way for other and equally severe affections. Thus, the cholera has gone; dysentery, though still among us, is diminishing; but they yield place to the typhoid element, which, for just fifteen days, has been dominant, and now pursues a progressive march, which makes us fear it will assume the characteristics of a general epidemic. Typhoid fevers abound; cerebral symptoms predominate; simple congestions soon assume a marked inflammatory character, and the individual dies from meningitis. The greater number of victims has been among the sailors. We have noticed petechiæ, sudamina, and the rosy rash. These circumstances merit attention, for for eight years they have been noticed among soldiers depressed by exposure, insufficient food, or prolonged moral sufferings. In ordinary times, typhoid fever is rare at Constantinople compared with France; and it usually presents abdominal characteristics, such as fluidity of the blood, etc. No exanthemata have yet appeared; but the season for their occurrence approaches.

The aspect of the Hospital at this moment is peculiar. We see only exhausted, fatigued, anæmic men. Dysentery has furrowed their cheeks, and given to their physiognomy a wan, ghastly look. The fevers give this pallid aspect, this face of clay. Nostalgia impresses its specific seal, and finishes by giving rise to scurvy; for I am persuaded that scurvy is sooner produced by moral affections than by bad air or insufficient nourishment. The sailors especially are attacked by nostalgia; for whole years they have sighed for the bright sky of France.

The cases of scurvy are now received into an Hospital on Prince's Island, not far from Constantinople. Formerly, they were put into the Hospital at Therapia, which has only 150 beds. The new Hospital on the Island contains above 1000.

The Imperial Military School, and the Russian Palace of Legation, are likewise to be converted into Hospitals.

So much for Medicine; now for Surgery. Operations follow daily in quick succession. The Russians bear them the best. There will ere long be at Paris a Russian soldier who has recovered from amputation of the thigh at the hip-joint; the wound is cicatrised, and he can walk. They are strong men, somewhat approaching the brute creatures of the field, free from scrofulous or venereal taint. The French resist better than the English or the Turks. The former are generally scrofulous or tuberculous. The latter are depressed by want; and enlarged spleens are common. Many men come with frozen toes and fingers; the whole foot sometimes comes away. It is not, however, very cold; the south wind brings a mild temperature; but these sufferers pass night and day up to their knees in mud and water. The freezing of the extremities takes place during their sleep.—*Journ. Hebdom.*, Jan. 12.

CURE OF CANCER OF THE BREAST BY THE LOCAL APPLICATION OF THE VAPOUR OF IODINE.

There are some observations which cannot be registered without doubts of their accuracy being entertained, because the results obtained are evidently out of all proportion with the power of the therapeutical agents employed. This is not the first occasion upon which iodine has been applied to the treatment of cancer, and with an amount of success which gives rise to most flattering hopes. Unfortunately, experience has shown that this great success owes its repute to errors of diagnosis. Nevertheless, we relate the case reported by M. E. Richmann, because the mode of application of the iodine, which resembles the plan proposed by M. Hannon, is particularly easy, and free from all inconveniences in doubtful cases.

A woman, aged 47, in good health, received a year and a-half ago a blow in the bosom. A hard tumour formed from this time. The catamenia having disappeared seventeen months ago, the tumour became painful and irregular, and several smaller knots formed about the breast, and extended towards the axilla. Lancinating pains supervened, the skin became adherent, and the sebaceous follicles were distended by a black matter. The patient refused to submit to extirpation. M. Erichmann then applied a bag filled with tow soaked in iodine to the tumours, and an agglutinative plaster to keep the bag in place. The iodine was renewed every fortnight. At the end of a month the diseased part was much reduced in size; at the expiration of

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seventeen weeks it had entirely disappeared.—*Bull. de Ther.* From the *Gazette des Hôpitaux*, Dec. 12, 1854.

ANEURISMAL TUMOUR CURED BY INJECTION WITH THE ACETATE OF IRON.

By M. LASSANA.

The diagnosis is always the most delicate point of an observation, and one in which mistakes most often occur. The Editor of the *Gazette Médicale de Paris*, in commenting upon M. Lassana's case, observes with great justice, and with his usual accuracy, that the disease was not an aneurism of the external maxillary (facial) artery, but one of those sanguineous tumours common on the face, known by the name of nævus. The observation is, however, interesting. It should be remembered that M. Petrequin, as far back as 1846, employed coagulating injections for the cure of these diseases. The liquid consisted of citric acid (*Vide* his "Surgical Clinique, 1850, p. 74).

M. Gelmi, a young girl, aged 22, had from earliest times a soft fluctuation and smooth tumour in the substance of the left cheek, between the commissure of the mouth and the angle of the jaw. It was ovoid in form, and the size of a nut. A puncture gave issue to a jet of blood. In the month of January last M. Lassana punctured the tumour from the mouth with a sharp lancet; again a rapid jet of blood flowed out; but he immediately plunged the canula of a glass syringe, filled with a solution of acetate of lead, into the wound; he propelled from the instrument 8 or 10 drops, and, after having withdrawn it, held his finger applied to the puncture for about a minute. There was no further flow of blood. The tumour, fluctuating and soft as it was before, became solid and hard in less than a minute, and was also somewhat increased in size. No inflammatory phenomena supervened. The swelling diminished by degrees, and the tumour, hard and indolent, became reduced to the volume of a small kernel.—*Annali Universali di Medicina*, 1854.

COMPRESSION OF TESTICULAR ENLARGEMENTS BY HUTCHINSON'S APPARATUS.

It is more than a year since the *Clinique Allemande* borrowed from the *Wiener Medicinische Wochenschrift* the description of Hutchinson's Air Compressor. This apparatus, which hitherto the English Journals (the *Medical Times and Gazette* excepted) have not thought fit to notice, consists of a double sac of impermeable stuff, folded on itself like a nightcap. An opening in front receives a short tube with a stop-cock, by which air can be admitted into the cavity. The testicle is put into the double sac, and the apparatus is fixed to the spermatic chord; the amount of air introduced between the two layers determines the degree of pressure. The organ is thus protected from direct violence; and any other medication may be simultaneously employed. Mr. Hutchinson considers pressure a most important agent in promoting absorption, and in controlling subacute and chronic inflammatory affections of the testicle. He thinks, also, that, with care, it may be the means of removing certain forms of hydrocele without the necessity of the use of the trochar.—*Annales Médicales de la Flandre Occident.* 1854.

FRACTURE OF THE HEAD OF THE ASTRAGALUS.

By VOLLMAR.

A strongly made countryman fell from eight to nine feet upon a threshing-floor. After the fall he was unable to stand any longer upon the left foot. Upon the removal of the boot, there was noticed a bony prominence in the arch of the foot; and the patient, imagining there must be a fracture, applied cold lotions to the part to reduce the swelling. The foot was found in its natural position, with moderate flexion. In front of the articular extremities of the tibia and fibula there lay, under the raised integument, a bony swelling, separated by a deep depression from the outer malleolus. No hollow, from which the bony mass had escaped, could be detected; the tarsal bones seemed in their normal relations. Extension effected the reposition of the displaced parts, and in four weeks the patient was able to go about, proper bandages having been maintained to keep the separated portions of the astragalus together.

Fractures of the tarsal bones are very rare. In 1024 cases of general fractures, Malgaigne noticed but 9. The os calcis is the most commonly injured.—*Ztsch. f. Chir. u. Geburtsh.*, III. 1854.

THE RANCID ODOUR OF FATTY SUBSTANCES.—MEANS OF REMOVING IT.

Dr. Griseler has accidentally remarked, that by the addition of a small quantity of nitric ether to rancid oils the disagreeable odour is entirely removed; and that on heating the oil to separate the alcohol, it becomes clear and limpid as before alteration. According to Dr. Griseler, a few drops of nitric ether prevents oils becoming rancid.—*Annales Médicales de la Flandre Occident.* 1854.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, JAN. 23.

THE ARMY IN THE CRIMEA.

Mr. Henry Drummond gave notice, that on Thursday next he would move for returns with the view of eliciting the causes of some of the many disasters that had befallen the army in the Crimea: first, of the strength of the wagon train or other means for moving stores and munitions of war for the army before the troops left this country; second, for a copy of any report, or other information that might have been obtained as to the strength of the fortifications of Sebastopol, the number and resources of the garrison, and amount of the Russian forces in the Crimea; third, of the amount of shot and shell sent for the use of the siege train; fourth, an account of the accommodation at Scutari, and the means of transporting soldiers thither from the Crimea; fifth, a copy of the instructions sent from this country to the persons in charge of the ordnance, commissariat, and Medical stores, the persons to whom they were severally consigned, and the length of time during which each ship remained before being unloaded after her arrival out; also a return of the number of persons employed in the commissariat department, stating how many could speak the language of the country in which they were serving.

Mr. Roebuck gave notice, that on Thursday he should move for a Select Committee to inquire into the condition of the army before Sebastopol, and into the conduct of the departments whose duty it was to supply the wants of the army.

SANITARY MEASURES.

Sir B. Hall, in moving for leave to bring in two Bills to alter and amend the Public Health Act and the Nuisances Removal Act, which he should propose, he said, to refer to a Select Committee, explained the state of the law under the existing Acts, and the manner in which he proposed to amend it, accompanying his explanation with copious details. It was his intention now to repeal the old Act altogether, and to constitute a board of health in each district, to be elected by the ratepayers—each ratepayer, whatever the amount of his property, having one vote and no more. The Act itself was not to be put in force in any district without the consent of the ratepayers, except in cases where the mortality in a district exceeded twenty-three in a thousand. In order to save the expense attending the prosecution of private Bills, one of the provisions of the first-named Bill would empower local boards desirous of acquiring property within or without the locality, for the purpose of bringing water or for drainage works, to acquire the same without the necessity of coming before Parliament. The Bill would likewise provide that Local Boards should make Annual Reports, and send copies to every ratepayer, and that the General Board of Health should have power to inspect towns, in order to see that money was properly appropriated. His last proposition was, that the Act should continue in force for two years, and thence to the end of the next Session of Parliament. By the second Bill he proposed to enlarge the powers of the local authorities to be established in every district in the country, under whose constant sanitary inspection the district would be placed. After eulogising the sanitary condition of the City under the inspection of Mr. Simon, he said he proposed to place every part of the Kingdom under the same inspection that was exercised in the City of London. In certain districts, the Surveyor of Highways was to be entrusted with the additional office of inspector of nuisances; and the authority to whom complaint was to be made should be the Local Board of Health, where one existed—the Town Council, where it did not. Owners of houses unfit for habitation to be compelled to purify them, and render them habitable, Fines to be imposed upon the inspectors for neglect of duty, and the Boards to make an Annual Report to the ratepayers of their receipts and expenditure. Sir Benjamin explained other enactments in this Bill relating to lodging-houses and offensive trades, and to the non-performance of their duties by the local authorities. Sir Benjamin Hall said, he intended, on the 2nd February, to bring in a Bill creating boards in the Metropolitan districts, for the purpose of carrying out the provisions of this Act, and other municipal objects,

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RETURN OF VESSELS WHICH ARRIVED AT SCUTARI WITH SICK AND WOUNDED FROM THE CRIMEA, BETWEEN SEPT. 18, 1854, AND JAN. 11, 1855.

Consecutive Number of Arrivals.	Name of Vessel.	Number on Board.		Sailed.	Arrived.	Died on Passage.		Names of Medical Officers in Charge.
		Officers.	Men.			Officers.	Men.	
				1854.	1854.			
1	Kangaroo, steamer ...	...	450	18 Sept.	21 Sept.	...	22	2nd Class Staff-Surg. Mackey (Peter), and Assist.-Surg. Wishart.
2	Dunbar	...	400	18 ,,	21 ,,	...	10	Assist.-Surg. Sylvester. [Dunbar was in tow of the Kangaroo.]
3	Cambria, steamer.....	...	450	18 ,,	21 ,,	...	21	2nd Class Staff Surg. Matthew.
4	Vulcan, steamer	...	340	21 ,,	24 ,,	...	10	Navy Officers.
5	Andes, steamer.....	21	350	22 ,,	24 ,,	1	4	Dr. Tice, 1st Class Staff-Surg.; and Assist.-Surg. Tydd, 58th Regiment.
6	Colombo, steamer.....	27	567	23 ,,	26 ,,	...	30	Dr. Forteath, 2nd Class Staff-Surg.
7	Arthur the Great.....	...	450	23 ,,	26 ,,	...	50	Assist.-Surg. 95th.
8	Orient	2	290	24 ,,	26 ,,	...	26	Staff Assist.-Surgs. Poppelwell and Taylor.
9	Caduceus	1	450	25 ,,	28 ,,	...	104	Staff Assist.-Surgs. Reid and Calder.
10	Courier, ship	6	300	24 ,,	29 ,,	...	33	Staff Assist.-Surg. Ancell, and Assist.-Surg. Woods, 23rd Foot.
11	Cornwall.....	6	276	11 Oct.	...	...	6	2nd Class Surg. Maclise, and Assist. Surg. Green, Royals.
12	Negotiator, transport	4	190	13 ,,	...	...	6	Assist.-Surg. Smith, 1st Royals.
13	Lady McNaughton ...	8	101	20 ,,	26 Oct.	...	3	Assist.-Surg. Carter, 20th.
14	Australia, steamer ...	5	174	27 ,,	29 ,,	...	3	Assist.-Surg. Moore, 6th Dragoon Guards.; and Assist.-Surg. Patrickson, 21st Foot.
15	Cambria, steamer.....	7	119	26 ,,	29 ,,	...	...	2nd Class Staff-Surg. Maclise.
16	Echunga.....	9	126	23 ,,	29 ,,	...	6	1st Class Staff-Surg. O'Flaherty and Staff Assist.-Surg. Titterton.
17	Palmerston.....	5	197	27 ,,	2 Nov.	...	7	Assist.-Surg. Smith, 1st Royals.
18	Tynemouth, steamer	14	166	31 ,,	2 ,,	...	10	Staff Assist.-Surg. J. Drysdale.
19	Shooting Star	7	243	...	2 ,,	..	24	Staff Assist.-Surg. Killett.
20	Colombo, steamer.....	14	270	7 Nov.	9 ,,	...	3	Assist.-Surg. Llewelyn, 7th Dragoon Guards; Assist.-Surg. Grills, 19th Foot; Staff Assist.-Surg. Hooper.
21	Sidney, steamer	11	240	7 ,,	9 ,,	...	2	Assist.-Surg. Evans, 16th Lancers; Assist.-Surg. Meadows, 9th Foot; Staff Assist.-Surg. Sheahy.
22	Talavera.....	7	172	7 ,,	10 ,,	...	10	Staff-Surg. Mackey and Assist.-Surg. Jephson, 49th.
23	Arabia	9	254	7 ,,	10 ,,	...	4	Assist.-Surg. Gorringe, 1st Rl. Dragoons; Assist.-Surg.-Langhorn, 7th Ft.; and Ass'st.-Surg. M'Lean, 47th.
24	Mauritius	8	234	8 ,,	10 ,,	...	12	Assist.-Surg. Furlong and Assist.-Surg. Humphrey, 39th.
25	Andes.....	20	204	11 ,,	13 ,,	1	8	2nd Class Staff-Surg. Summers, Assist.-Surg. Wilho, and Acting Assist.-Surg. Macartney.
26	Edendale	6	203	20 ,,	22 ,,	...	33	Assist.-Surg. Young in charge, and Staff Assist. Surgs. Smart and Siddle, 11th.
27	Medway	19	241	19 ,,	22 ,,	2	20	1st Class Surg. Dr. Tice, 2nd Class Surg. Newton, and Staff Assist.-Surg. Hooper.
28	Trent	17	168	25 ,,	27 ,,	...	...	Staff Assist.-Surg. James and Ludlow.
29	Vulcan	...	150	...	...	...	...	In charge of Naval Medical Officers.
30	Avon	...	260	4 Dec.	6 Dec.	...	52	Staff-Surg. Ewing, Acting Staff Surgs. Reade, Smith; and Assist.-Surg. Mills, 63rd, and Wilson (sick), 7th Hus.
31	Sovereign	...	38	4 ,,	6 ,,	...	...	Acting Assist.-Surg. Cleary.
32	Gertrude.....	...	249	6 ,,	13 ,,	...	39	Staff-Surg. Maclise, Staff Assist.-Surg. Mullock.
33	Blundell	...	71	6 ,,	15 ,,	...	3	Assist.-Staff-Surg. J. McNeece.
34	Cleopatra	...	344	12 ,,	16 ,,	...	14	Assist.-Surg. Young and Staff Assist.-Surg. Acton, 11th.
35	Candia	...	90	15 ,,	17 ,,	...	...	Staff Assist.-Surg. Jackson.
36	Ripon	...	242	15 ,,	17 ,,	...	10	Assist.-Surg. Jeeves and Assist.-Surgeons Steuart and Teevar, 38th.
37	Sidney.....	...	157	15 ,,	18 ,,	...	3	Staff Assist.-Surg. Paleologus.
38	Golden Fleece	...	415	16 ,,	18 ,,	...	9	Staff Assist.-Surg. Smith and Assist.-Surg. Langham, 7th.
39	Timandria	...	186	11 ,,	20 ,,	...	20	2nd Class Staff Surgeon Donnall.
40	Victoria	5	296	12 ,,	20 ,,	1	16	Staff Surg. Saunders, Assist.-Surg. Blackeley, 14th.
41	Gomilza	...	118	12 ,,	22 ,,	...	8	Assist.Surg. M'Dermott, 48th.
42	Ottowa	5	150	20 ,,	22 ,,	...	5	Assist.-Surg. Stanley, 33rd Foot.
43	Josh. Shepherd	...	68	11 ,,	22 ,,	...	...	Assist.-Surg. Macartney.
44	Brandon	...	150	22 ,,	25 ,,	...	2	Staff Assist.-Surgs. Biddle and Mitchell (sick).
45	Tamar.....	...	189	24 ,,	25 ,,	...	2	2nd Class Staff Surg. Maclise, Assist.-Surg. Dumbre, 1st Royals.
46	Harbinger	...	107	29 ,,	31 ,,	...	2	Assist.-Surg. Millar, 77th.
47	Australia	9	146	29 ,,	31 ,,	...	2	Assist.-Surg. Llewelyn, 7th Dragoon Gds., Assist.-Surg. Shields, 68th.
48	Queen of the South ...	...	254	29 ,,	31 ,,	...	5	Staff-Assist.-Surgs. Grant and Salter.
49	Tynemouth	...	295	28 ,,	31 ,,	...	7	Staff Assist.-Surg. Darcy, Assist.-Surg. Harris, 88th; Acting Assist.-Surg. Stuart.
					1855.			
50	Jason	2	152	31 ,,	2 Jan.	1	9	Staff Assist.-Surg. Mackay.
51	Belgravian	4	267	28 ,,	3 ,,	...	38	2nd Class Staff-Surg. Ewing, Staff Assist.-Surg. Ricketts.
				1856.				
52	Thames	...	163	8 Jan.	10 ,,	...	8	Assist.-Surg. M'Dermott, 48th; Staff Assist.-Surgeon Cleary.
		258	12182	Average passage 4 days.		6	721	

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FOREIGN CORRESPONDENCE.

ROYAL NAVAL BRIGADE.

BEFORE SEBASTOPOL, Jan. 5.

On the 1st of October a large body of seamen and marines were landed from the Fleet, to reinforce the besieging Army, and were placed under the orders of Lord Raglan.

The Medical duties in this expedition devolving upon the Naval Medical Officers, are carried on in three separate quarters, namely, 1st, in the front, in the trenches before Sebastopol, in the corps under the immediate orders of Captain Stephen Lushington, acting as Brigadier-General; 2ndly, with the Royal Marines serving in the Light Division under Major-General Pennefather; 3rdly, with the Royal Marines and Royal Marine Artillery serving on the heights of Balaklava, commanded by Sir Colin Campbell.

The Royal Naval Brigade, stationed at the trenches in the front, has its Medical duties carried on by two Surgeons and six Assistant-Surgeons. Dr. Jenkins, as senior Surgeon, does duty with the 1st, and Mr. Duigan is Surgeon of the 2nd battalion. The Assistant-Surgeons in the camp and trenches, under these two Surgeons, are Drs. Mark Hamilton, Arnot, Mason, Cotton; and Messrs. Ward and Wallace.

With the Marines in the Light Division are two Surgeons, Dr. James Walsh and Mr. Regan, aided by Assistant-Surgeon Ahmuty Irwin.

On the heights of Balaklava, the Medical staff is composed of Dr. Cooking, Acting-Surgeon Elliott, and two Assistant-Surgeons, Reynolds and Skone, who are attached to the Marines protecting the lines in this quarter.

Two hospital ships have been established in the port of Balaklava. The Pride of the Ocean, transport, receives the marines, and is conducted by Dr. Derriman, Surgeon, and Dr. Allan Brown, Assistant-Surgeon. The Diamond, whose guns have been landed for siege operations, has been made hospital ship to the Royal Naval Brigade, and ambulances, supplied from the Third Division of the Army, convey the sick and wounded between the camp and the hospitals. The Medical Officers in the Diamond are Dr. William Smart, Surgeon, and Mr. E. Pearce, Assistant-Surgeon. All the bad cases of sick and wounded are drafted for treatment to this ship.

The Medical Officers of both services employed in the siege operations, especially those in the front, are exposed to the same risk as the combatants. They are obliged to go into the advanced trenches, about 500 yards from the walls of Sebastopol; are on duty in the batteries, mixed up with the men working the heavy siege guns, where shot are plunging, shells bursting, and Minié balls whizzing all day long. In addition to this, they are constantly called into the most exposed situations, to the immediate relief of those struck down.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

EDINBURGH, Jan. 20, 1855.

I must again ask you to correct a slight mistake. When the article containing the attack on Dr. Begbie and the College of Physicians appeared in the *Monthly Journal*, and when especially it was stated that all the older and more distinguished Fellows opposed Dr. Begbie's election, the question was universal, "Who are the older and more distinguished Fellows who did so?" The general answer was the list of names which I gave. In my conviction of the accuracy of this list I was still further strengthened by seeing a list in the peculiar hand-writing of one of the officials of the College, which professed to give an analysis of the vote at the election meeting. It seems, however, that Dr. Stark's name should *not* have appeared in that list, as he voted for Dr. Begbie.

I regret this mistake, as such distinction is certainly not enviable. This still further reduces the catalogue of the older and more distinguished Fellows.

TRIAL OF DR. SMITH FOR ARSON.

The trial of Dr. Smith, late of Montrose, for setting fire to a stackyard, took place in the chief criminal court here, and occupied two entire days of this week and a portion of a third. This trial was one deeply interesting to the Profession, not only from the fact of the accused being a member of the Profession, but also in a medico-legal point of view, as affording another instance of the uncertainty of Medical evidence in regard to the plea of insanity in criminal cases. For this reason, as well as because there is little else of interest to report, I shall very much confine this letter to an account of the trial.

The prisoner, who was described as George Lillie Smith, Doctor of Medicine, has been a well-known practitioner in Montrose for about eighteen years; and after the death of the late Dr. Niddrie enjoyed a very large share of public confidence, which he retained for many years. Unfortunately, however, his habits became irregular, and being in several other respects objectionable, he gradually lost the greater part of his practice, and eventually it was understood he became almost dependent on one wealthy patient, whose evidence was of essential service to him at his trial, though this is said not to be the most important service she rendered to him in his hour of need.

Between Montrose and Brechin, six miles from the former and four from the latter, stands the farmhouse of Haughs, of Kinnaird. The tenant at this farm was also named Smith though he was no relative of the accused. He married about six years and a-half ago, and Dr. Smith became the medical attendant of his wife. Some disagreement took place between Mr. and Mrs. Smith, which ended in a rupture. Mrs. Smith leaving her husband and coming to reside in Edinburgh, where Dr. Smith at that time was. Here she remained about six months, when, during the temporary absence of Dr. Smith in London, Mr. Smith the husband came to Edinburgh and fetched his wife home. It appears from the evidence of Dr. Officer (Dr. Smith's partner) that this gave great offence to Dr. Smith on his return to Montrose. Three days after his return he wrote to Mrs. Smith, blaming her much for having returned unknown to him, demanding an interview, and intimating further, "that his blood is boiling, and that he would have retribution in one shape or other;" and adding as a postscript, "P.S. Give me an answer, or you shall everlastingly repent of it." This letter was dated the 25th of September; and on the night of the 30th the stackyard at the Haughs of Kinnaird was fired, fifty-one stacks and two small huts being destroyed, the damage being estimated at above 2,000*l*.

Dr. Smith was immediately suspected, and the crime seems to have been very clearly brought home to him. At ten o'clock on the evening on which the fire broke out, Dr. Smith borrowed a gig, avowing his intention of going to Brechin. He took with him from Montrose an old man, who seems to have assisted him in his enterprise. He put up the gig about eleven at night, and returned to the inn at three o'clock in the morning, with evident traces of having crossed fields and passed through water, while the vicinity of the stableyard showed that the perpetrator of the crime had made his escape through ploughed land and the stream of the Esk.

The following morning he arrived at the house of his kind friend and patroness, and informed her "that he had burned the stack-yard at Haughs of Kinnaird, having fired it with a lucifer-match." He said he expected to burn the farmhouse, but that a change of wind had occurred.

ATTEMPT TO PROVE INSANITY.

Under these circumstances, his counsel made no attempt to disprove the commission of the crime by Smith, but strenuously exerted himself to prove that his intellects were in a state which rendered him irresponsible. It appeared that Smith's habits had become very irregular since 1851; not only did he drink, often to excess, but, from being very particular about his dress and appearance, had become slovenly and dirty; he was violent in his language, and immoral in his conversation. His bodily health also was greatly impaired. He suffered from hæmorrhage of the mucous membrane covering the gums and throat; he had great enlargement and disease of the liver; great disturbance of the circulation, mental excitement, and sleeplessness. As usual, the medical evidence was very contradictory. His own partner, Dr. Officer, was decidedly of opinion that Smith was insane, one proof of which, to his mind, was the great interest he took in the differences between Mr. and Mrs. Smith. On the other hand, the Surgeon of Forfar Gaol saw no indications of insanity. Dr. Malcolm, of Perth, who has had great experience in cases of insanity, saw no reason to think him insane. Dr. Christison had visited him professionally in September, 1853, and again in January, 1854. He also saw him two days before the trial. He saw no evidence of insanity; but considered several of his statements to be delusions. He thought he had at times cerebral congestion; but stated that to be consistent with perfect sanity. Dr. Brown, Superintendent of the

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Crichton Lunatic Asylum, in Dumfries, had formerly held the same office in the Montrose Asylum, where he knew the prisoner. He corresponded with him in 1854, and found a great change. His letters were scarcely intelligible, and contained great suspicions of conspiracies, imaginary injuries, and generally marks of great excitement. His impression was, that he was bordering on some form of mental disease. In addition to the Medical evidence, some of the other witnesses gave testimony of an important kind. Charles Somerville, merchant, Montrose, testified that he generally carried a pistol with him, and sometimes a sword. He often spoke about a list of persons he had made out, whom he was to shoot or stab, and he often used threats against them. George Smart, merchant, Montrose, stated "that he had threatened to take the lives of several parties who, he supposed, had injured him, but that these complaints were entirely imaginary." Further—"I have seen him throw down swords and guns on the table, threatening to run parties through the body and cut them open." William Jameson, Provost of Montrose, said: "His extravagancies in Montrose were frequent. He threatened to shoot Mr. Boyd, the banker, and wanted Dr. Booth to carry a challenge to him." Mr. M'Gregor, of the National Hotel, Edinburgh, had Dr. Smith staying in his house in the latter part of August, 1854. His spirits were variable; he carried a dirk-like knife, which he threatened to use, and which was complained of by the other guests. He thought he was hunted by spies, and finally left the hotel in a passion because he was not allowed to sleep all night in his plaid on the Calton Hill.

SCOTTISH LAW REGARDING PLEAS OF INSANITY.

The presiding Judge, in charging the Jury, remarked, that the law did not for one instant countenance the notion of moral insanity,—that was to say, what was called irresistible impulse, by which a man was driven into crime, while it was not proved that his reason was destroyed. That perversion of moral feeling was not insanity. The view of such cases taken by the law was the doctrine of the Bible,—that, if a man gave way to temptations, which are strong only because he has long indulged in evil thoughts and angry passions, he was not tempted above what he was able to bear; and, unless there was an absolute aberration of reason, the law held, that he could resist, and must resist, promptings to commit an act contrary to law; that, indeed, there was no such thing admitted, in law, as partial insanity, call it monomania, or anything else. As was well said by Lord Brougham, if the mind were unsound in one point, it was unsound in every respect, so long as that which caused the unsoundness existed in the mind. It was not necessary, however, that insanity should be continually and constantly manifested: for a man might be insane at particular times,—at one time a fit object of punishment, and at another an unfit object of punishment. The ordinary instances of this were what were termed "lucid intervals." Absolute alienation of reason, however, must be proved. While the accused must be bereft of reason to be exempted from punishment, they were not to suppose that that implied a state of demoniacal fury. Another consideration which he pressed very much was, whether the insanity was heard of for the first time after the commission of the crime, or whether weakness of intellect had been going on progressively with physical disease for a length of time, and resulted gradually in alienation of reason.

After ten minutes' consultation, the following verdict was returned:—"Find unanimously that George Lillie Smith committed the act of fire-raising charged against him, but that at the time of doing so he was insane."

The sentence of the Court, which was pronounced the following day, was:—"In respect of the verdict of the jury, find that the prisoner is not a proper object of punishment, and therefore *assoilzie* him *simpliciter;* but, in respect of the insanity found proven, decern and adjudge him to be carried back to the prison of Edinburgh, and from thence to be re-transmitted to the prison of Forfar, therein to be confined subject to the future orders of this Court."

Considerable attention was attracted by the demeanour of the prisoner. He was calm, patient, and evidently deeply interested in all the proceedings, and exhibited neither eccentricity nor restlessness. At one time he turned round to the reporters and remarked, "If they would only let me speak, I would give you some fun, and something worth the reporting."

This case appears to be another example in addition to the many which recent experience has afforded of the dangerous tendency to regard all crime as the result of lunacy. We confess we heard with great surprise the doctrine laid down by Dr. Malcolm, of Perth, and repeated from the Bench, that there was no such thing as monomania. We thought the reasonings of Esquirol, in opposition to those of Toville, had convinced all who had studied the subject, that monomania sometimes, though rarely, exists; but in reality this had little to do with the decision. We think it impossible, on reading carefully over the whole evidence, to come to any other conclusion than this, that the prisoner was quite capable of distinguishing right from wrong. Assuming that the law, as laid down by the Lord Justice Clerk is the correct one, then there is an essential

DIFFERENCE BETWEEN THE LAW OF SCOTLAND AND ENGLAND IN REGARD TO INSANITY.

In the case of Dew *v.* Clarke, the Right Honourable Sir John Nicholl remarked, "The true criterion is, where there is delusion of mind there is insanity,—*i.e.*, where persons believe things to exist which exist only in their own imaginations, and of the non-existence of which neither argument nor proof can convince them they are of unsound mind. It is only the belief of facts which no rational person would have believed that is insane delusion." This opinion he supported by quotations from Lords Coke and Hale. Now, there is no question that some of the witnesses at Smith's trial spoke of his suspicious temper, and of his fancying he was surrounded with imaginary enemies; but we are to remember the extent to which he indulged in the abuse of stimulants, and our wonder will be that these delusions were not more marked. It is a singular fact, too, that even those non-Medical witnesses who spoke the most strongly in regard to his being insane, had no objection to employing this alleged madman as their Medical attendant.

If the test of Esquirol be applied to the criminal act, it seems completely to disprove the supposition of insanity,—for, firstly, in this case the criminal act had been preceded by no striking peculiarities of action; nor, secondly, could it be said to be without motive; nor thirdly, was his subsequent conduct that of a madman. He made his escape, and acted in every respect as a man would have acted who was anxious to escape from the consequences of the crime which he had committed.

In his history we view, indeed, what his able advocate expressed, though we should be inclined to assign it to another cause,—"a most melancholy story, the gradual decay of an energetic intellect and a fine moral nature." But what is this but the oft-repeated spectacle of moral, not intellectual, perversion. No one becomes on a sudden capable of the worst crimes. Starting in life without that which alone could guide him through its dangers and temptations; openly avowing his disbelief in the existence of a God, and encouraged in this by the example of those to whom he looked up, and to whom he was indebted; naturally of violent passions, and indulging them without restraint, nay, stimulating them by intoxicating liquors.

> "Thus pursuing the journey of life, no wonder he
> Was driven o'er the shoals of guilt, or ocean of excess;
> The magnet of his course was gone, or pointed but in vain
> The shore to which his shivered sail shall never stretch again."

We look in vain throughout all the sad history which the trial disclosed for any single act, or any succession of acts, indicating insanity; for any proof of a general feeling among his friends that he was insane; or for any aberration of mind not accounted for by habitual intoxication. On the other hand, we see him in a very false position towards the wife of him whose property he destroyed,—counselling her to leave her natural protector; residing in the same town with her after she had left, that town being the usual habitation of neither; frequently associating with her there; opposing her return to her husband, and enraged when this was accomplished; denied access to her presence, threatening revenge, and carrying that threat into execution. A sad history, certainly; but one indicating moral rather than intellectual perversion.

METEOROLOGY.—Mean height of the barometer in the week, 30·011 in.; the mean daily reading was above 30 in. on Sunday, Monday, and Wednesday. The mean temperature of the week was 28·9°, which is 7·3° below the average of the same week in 38 years. The mean daily temperature was below the average on every day of the week, and on Friday the amount of depression was so great as 15·4°; on Wednesday, 9·9°; on Thursday, 8·3°. The highest temperature of the week was 40·2° on Tuesday; and the lowest temperatare of the week occurred on Friday, and was 16·2°. The temperature of the Thames was 41·7°; wind, north-east; rain, 0·19 in.; electricity positive, with strong tension.

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GENERAL CORRESPONDENCE.

DENIAL BY PROFESSOR TAYLOR OF A STATEMENT BY THE EDITOR OF THE *LANCET*.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Lancet* of January 6, I find it stated that I had promised assistance to the Medical Jurisprudence department of that Journal. As several Medical gentlemen have, during the last week, inquired of me whether this statement is correct, I beg through your columns to announce, that I have made no such promise, and that the paragraph was inserted in the *Lancet* without my knowledge and sanction.

I am, &c.

ALFRED S. TAYLOR, M.D., F.R.S.

Guy's Hospital, Jan. 22, 1855.

[The words of the Editor were these:—

"With the *promised valuable assistance of Professor Alfred Taylor*, of Guy's Hospital, and Dr. Farr, of the Registration Office, we hope to obtain for this department of the *Lancet* the approval of our Profession, and the sanction and confidence of our Courts of Law." The letter of Dr. Taylor may enlighten the Profession as to the amount of confidence to be placed in the statements of our Contemporary.—ED]

A WESTMINSTER INQUEST.

[To the Editor of the Medical Times and Gazette.]

SIR,—In a populous part of the city of Westminster there resides a person calling himself Dr. Cowen, Medical Reformer.

This individual has twice, within a period of six months, been placed in a most critical position in the Coroner's Court, in consequence of death following his administration of narcotics. On both occasions I was the toxicologist engaged, and have no hesitation in stating that death in each case resulted from the poisonous dose of the opiate administered. I regret to say, that the conduct of Mr. Bedford, the Coroner, at these inquests, was so remarkable, so forgetful of the distinction between a legally-qualified Practitioner and an ignorant pretender, that I feel it a most imperative duty to place before the Medical Profession the facts of the late inquest, which took place on the 19th ult., at the Coach and Horses, North-street, Westminster, and, for this purpose, request space in your valuable Journal.

The general evidence went to show, that the deceased Mrs. Manning was an habitual drunkard, that she had been the subject of an attack of delirium tremens in October last, and that she was daily in the habit of taking large quantities of gin. That on the 16th ult. she had been taken by her sister to Cowen's establishment, who had given her a box of ointment, a large bottle of decoctum sarzæ, *without any label of direction*, but of which she was to take *two table spoonsful four times a-day*, and a soothing mixture, (two ounces,) of which she was to take a teaspoonful every night. That this bottle was also *without direction*, and merely had on it *morphiæ acetas*. That the deceased had returned home; had taken a dose of sarsaparilla; had gone to sleep on a sofa afterwards; on waking had insisted on having some gin; had then taken a dose of the soothing mixture and retired to bed, her sister then leaving. That her husband came home late, about two o'clock a.m., and had found her asleep, breathing heavily; had spoken to her, without receiving any answer, and then thinking her comfortably asleep, had gone to bed; that early in the morning, on waking, he had again spoken to her, and, receiving no answer, had stretched his hand across the bed to her arm, which he found cold; that he had immediately sent for Mr. White, Surgeon, of Princes-street, who, on his arrival, pronounced her dead, and then sealed up the bottles, etc.; that the *post-mortem* had been conducted in the presence of Mr. Barnard Holt, Senior Surgeon to the Westminster Hospital, Mr. White, and myself; that the appearances found did not account for the death; that I had found morphia in the contents of the stomach; that the bottle labelled "morphiæ acetas," which contained the soothing mixture, was two-thirds empty; that a careful analysis proved that each fluid drachm contained *one grain of morphia*, consequently the mixture had originally contained *sixteen grains of morphia. The opinion of the Medical witnesses was unanimous in attributing the death to the quantity of morphia taken.*

The verdict of the Jury was, "That the deceased died from excessive drinking, accelerated by an overdose of morphia," censuring Cowen, however, for not labelling the medicines in a proper manner. At the conclusion of the inquest the Coroner remarked, that Cowen might consider himself a lucky man that he quitted the room a free man; and had it not been for one or two hitches in the case, for which he could not account, it would have been otherwise."

Now, these hitches emanated from the Coroner himself. At an early period of the inquiry, he *censured Mr. White for not inviting Cowen to be present at the post-mortem examination, saying, that, "as he had been in attendance upon the deceased, he had a right to be present; and that, in his opinion, Mr. White was much to blame for not having done so."*

I should state, that Mr. Holt made a remark in very forcible language as to the blame attached to Cowen for sending out such powerful medicines in such dangerous quantities, and in so careless a manner; which was immediately replied to by the Coroner thus,—"that he considered quite as much blame attached to the sister for leaving the deceased."

During the inquest, Cowen observed that he had given a grain of morphia to a child; that morphia was like opium, and could be given in doses from five grains to 500.

I need scarcely add, that, in a case where an illegal and ignorant Practitioner had sent out in a mixture sixteen grains of morphia without any label, and without one word of caution as to its dangerous contents, and that, in the opinion of three qualified Practitioners, the death which resulted was occasioned by the medicine sent so carelessly, it is difficult to understand how a verdict of manslaughter was escaped.

I am, Sir, &c.

J. E. D. RODGERS, M.R.C.S.

Lecturer on Chemistry at the School of Medicine adjoining St. George's Hospital.

January 24, 1855.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, JAN. 20.

E. HEADLAND, Esq., President, in the chair.

Dr. O'Connor exhibited a preparation (perfectly transparent) of cod-liver oil combined with quinine. The quinine, he said, enabled the stomach to retain and assimilate the oil, rendering it less disagreeable than usual, and greater benefit was derived from the combination than from the oil when given by itself. He had tried it with success, and several eminent Medical men were subjecting it to the test of their own practice. The preparation was made by Mr. Bastick, of Brook-street. An ounce of the oil contained equal to two grains of the sulphate of quinine, but the quantity might be increased at pleasure. In answer to questions from the President and Dr. Snow, Dr. O'Connor said he did not know the mode of preparation, but he believed the quinine did not exist as a bi-sulphate or di-sulphate.

Mr. Dendy thought it would be better to give the oil and the quinine separately, as they could then be apportioned better than they could by any one specific form. He had, however, been in the habit occasionally of combining what would appear to be incompatible substances. Thus he had combined balsam of copaiba with bark, finding that certain ill effects of the former upon the urethra might thus be avoided.

The President said he had some doubts as to whether he was in order in receiving Dr. O'Connor's communication, as it was a rule of the Society, that no remedy should be discussed the nature and mode of composition of which were not fully stated. In the means taken by the accomplished Chemist to make the preparation, there might possibly be some agent which the Society might not recognise as a proper one.

Dr. Wagstaff thought, that, under such circumstances, the Society should do nothing which might be supposed to endorse the preparation.

Dr. Kidd said, if quina was an alkaloid, it would be soluble in oil.

Dr. Ryan then read a paper on

SPURIOUS PREGNANCY,

of which the following is an abstract:—The author detailed the following cases, after a *resumé* of the observations of others:—

Case 1.—In 1841, he was engaged to attend a lady, aged about 47, who had previously had eleven children, and appeared nearly as large as at the full period of utero-gestation; breasts

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similarly enlarged; bodily health in the best condition. After waiting two months beyond the expected time, it was evident there was no pregnancy. She has never since menstruated. She thought she felt, as in other pregnancies, the motions of the fœtus.

Case 2.—In February, 1849, he was engaged to attend a lady, aged 21, married about nine months, who expected to be confined about the 11th of April. The lady merely mentioned that she had increased considerably in size, had morning sickness, and that she was pregnant. He saw very little of her, until, being about to leave town for a week, he found that the lady had made up her mind to be confined on that week. He was called to her the 12th of April, as she got less in size a few days before, and, on inspecting the mammæ, ventured to hint she was not pregnant; and of this, on further examination, he was enabled still more fully to assure her. There was considerable abdominal swelling, with tympanic enlarged breasts, but no areolar darkening, moisture, nor protuberant follicles. There was no pregnancy.

Case 3.—A lady, aged about 35, and mother of several children, consulted him for an attack of hæmorrhage, in consequence, as she believed, of her pregnant state, having, during a previous pregnancy, been confined to the sofa owing to hæmorrhage. He was enabled to assure her the bleeding arose from hæmorrhoids; and it was quickly suppressed. On the 5th April, 1852, she was attacked with vomiting, accompanied with extreme exhaustion, and then appeared, as regards increase of size, as those do between the fourth and fifth month of pregnancy. He saw her on the 21st of April, and not again for six or seven months, when she informed him that she had suffered much, and that she did not prove pregnant.

Case 4.—Mrs. ——, aged 40, married in October, 1843, spare habit, delicate health. In February, 1844, abdominal swelling appeared, which prevented her stooping. She appeared as large as if at the fourth month of pregnancy. Menstruated. It appeared as if dropsy had supervened on pregnancy. Breasts somewhat enlarged, and painful to the touch. The swelling more prominent in the right iliac region than in any other part, which gave rise to a fear of ovarian dropsy, yet, on percussion, this part yielded a tympanitic sound. March 20.—Breasts and abdomen gradually enlarging. A ring immediately surrounding nipple getting large, and blue veins, not previously noticeable, traverse the breasts. The swelling appears more that of corpulence than of the circumscribed tumour of pregnancy. Varicose veins of leg fast disappearing. She looks years younger than before marriage, and all her friends are satisfied of her pregnancy. May 19. — Abdomen tympanitic and much enlarged. Tendency to faint at an evening party, never before experienced. May 31.—Darker tint round nipples, abdomen firmer, breasts enlarging. Fancies many sorts of diet, and sinks if she do not take plenty of ale and meat. The line noticed by Dr. Montgomery in true pregnancy running from umbilicus to pubis is here well marked. Vaginal examination objected to. August 5.—Monthly illness. From this time all symptoms vanished. He asked, to what are we to attribute the extraordinary combination of symptoms we sometimes meet with? Is it to ovarian irritation, or that followed by inflammation? He alluded particularly to those cases of what might be called ovarian erethism, in which there appears no absolute disease apart from the uterus, and where, from first to last, as in *Case* 4, the health of the female is much improved.

Mr. Steadman said there were two classes of cases that might be supposed to come under the denomination of spurious pregnancy: cases in which there was an expulsion of hydatids; and those in which there were symptoms of pregnancy without the expulsion of any substance whatever. He mentioned several such cases, which had occurred in his own practice, and in which, he said, the symptoms gradually subsided. In some cases, he believed there was an attempt at generation; the ovum was not perfect; certain membranes were secreted, but the usual process was not carried out. In such cases of attempted generation, he believed there were always accumulations of some kind. He had had a case of a lady, 40 years of age, married 20 years, who firmly believed she was pregnant, though she continued to menstruate. She increased considerably in size, but he (Mr. Steadman) did not believe it to be the result of pregnancy. At the end of about ten months he was sent for to attend her in a supposed labour. On examination he found great protrusion, as in ordinary labour, and the patient expelled about two gallons of fluid with a quantity of hydatids.

The President said it would be well to ascertain what were the best marks of pregnancy short of uterine examination. Dr. Montgomery, who had brought together the result of much knowledge and personal experience, was at last obliged to admit that the ordinary guides were most imperfect, and that there was nothing but a uterine examination which could give a perfectly satisfactory result. There were few difficulties so painful as those occasionally connected with the determination of the existence or non-existence of pregnancy; yet he thought that, by carefully bearing in mind all that related to the probability of pregnancy, such a concatination of symptoms would present itself, as, in at least the great majority of cases, could not fail to lead to a correct conclusion. In the course of thirty years' practice, he had only had three cases of hydatids.

Mr. Hird said, that when anything in the shape of a deciduous membrane was formed in the interior of the uterus, it was generally associated, not with false pregnancy, but with actual pregnancy, existing only for a short period, and then disappearing. He believed it was not uncommon in the case of the lower animals, some time after copulation, to show the symptoms of pregnancy, which symptoms, without any actual miscarriage, afterwards disappeared. Something of the same kind, he thought, might occur in the human female, when there was a deciduous membrane formed in the uterus. Conception took place, development went on, perhaps in the Fallopian tubes, for a short time, and then the ovum died, without producing any serious constitutional disturbance, but showing some of the rational signs of pregnancy. Where there was no change in the uterus there were sometimes present the rational as well as the sensible symptoms of pregnancy. With regard to the supposed movements of the fœtus, they were now believed to depend upon vermicular contraction in the muscles of the abdomen, which were quite independent of the uterus. There were very few symptoms of pregnancy which could be fully depended upon apart from manual examination and auscultation; but even the absence of the symptoms usually discovered by auscultation was not always conclusive as to the non-existence of pregnancy. He had seen cases of supposed ovarian disease turn out to be pregnancy, and cases of supposed pregnancy prove to be ovarian disease.

Dr. Chowne did not admit the existence of "spurious" pregnancy. Either pregnancy did not exist at all, or it was real; there might, however, be some morbid conditions resembling pregnancy. It had been sometimes alleged that the ovum passed spontaneously from the ovary to the Fallopian tube; and if that were really the case, it would be a question where the spontaneous process would stop, and whether the ovum passed independently of impregnation. Another question also arose of a similar kind, whether hydatids could be produced by a virgin. He believed that false membranes could be produced by a virgin, but when examined microscopically they were found to differ from those produced after impregnation. As to the signs of pregnancy, not only were there none which could be fully relied upon apart from examination per vaginam, but even such examination could not be said in every case to be absolutely conclusive. A girl was lately admitted into the Charing-cross Hospital with most of the symptoms of pregnancy, and on applying the stethoscope he (Dr. Chowne) heard a murmur very much resembling the beat of the fœtal heart. She proved, however, not to be pregnant, and was delivered of a quantity of hydatids. In her case, the parts near the region of the uterus were lumpy, and not uniformly hard, as in the case of uterine tumour. She had enormous hæmorrhage, and presented all the appearances of an ordinary labour, so that, had he known nothing of the case, he should have had little hesitation in saying that she had been delivered of a child.

Mr. Marshall mentioned the case of a female, supposed to be pregnant, who discharged a large coagulated mass, without membranes or hydatids.

Dr. Kidd believed that hydatids were the result of a morbid degeneration of the chorion.

Mr. Dendy said the cases mentioned by Dr. Ryan were related to hysteria and to certain physical conditions, and were not cases of spurious pregnancy,—a term that should only be applied when some substance was formed in the uterus.

Dr. Ryan then replied, and the Society adjourned.

PATHOLOGICAL SOCIETY OF LONDON.

JAN. 16, 1855.

Mr. ARNOTT, President, in the chair.

AFTER some routine business, and the election of several new members, the President called upon Dr. Handfield Jones and Mr. Gray for their report on Dr. Taylor's specimen of supposed development of

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TRUE BONE IN THE LENS.

The examination had led to the following conclusions:—1st. That lacunæ, with small canaliculi, were present. 2nd. That cavities resembling Haversian canals also existed, around some of which there was an appearance of concentric arrangement of the lacunæ, etc. 3rd. That there was no evidence that these hollows had contained blood-vessels. The reporters, therefore, admitted the specimen to present a very close approach to the structure of true bone, but were doubtful as to whether the functions appertaining to such structure, *i. e.*, circulation of blood, had ever been performed.

Dr. Halley next showed

THE LUNGS AFTER DEATH FROM EMPYEMA.

The patient, an adult man, had an abscess over the back, subsequent to which symptoms of pleurisy occurred. There was the history of a slight strain in the first instance, but it was not certain that the injury had any connexion with the disease. Nearly a month after the first symptoms, paracentesis of the chest had been performed, and a pint-and-a-half of purulent fluid evacuated; and subsequently a second operation removed a yet larger quantity. The man, however, sank. At the autopsy, the lung was found collapsed, and the pleura containing pus; the ninth and tenth ribs were found carious in almost their whole extent.

Mr. Ashton showed the lung of a patient who had died from

PNEUMONIA, ALMOST WITHOUT SYMPTOMS.

The man, a hawker, had pursued his usual avocation in the streets on the day preceding his death, and, with the exception of complaining of chilliness, had not seemed ill. The symptoms preceding death had been only those of slight indisposition, and had not directed attention particularly to the lung. At the autopsy, the greater part of the right lung was found completely hepatized. Mr. Ashton alluded to the case as an instructive example of the extent to which disease may proceed without occasioning alarming or urgent symptoms.

Mr. Quain referred to a very analogous case. A man not previously ill was found one morning in bed insensible, and breathing heavily. He was bled copiously, under the supposition that he was apoplectic, and died immediately. After death, no lesion within the head was found, but there was very extensive pneumonic consolidation of the right lung. The obstruction to the respiration had no doubt caused the insensibility. The remarkable point was, that such extensive disease could go on without producing symptoms of a nature to arrest the attention of the patient or his friends.

Dr. Bence Jones exhibited some

PROSTATIC CALCULI.

The calculi, ten in number, had been removed from a large cyst in the prostate of a man who had died of phthisis. During life the urine had been alkaline, and had contained mucus; there was also the history of a urethral stricture of twenty years' duration. The calculi presented broad facets on the sides which had been in apposition. They consisted of phosphate of lime, with a trace of the triple phosphate. Dr. B. Jones stated his belief that the whole ten had been formed from distinct nuclei, and had not resulted from the breaking of a large one. He thought that their bulk had probably been produced by deposit from the tubes or sacs of the prostatic follicles, and that the small trace of triple phosphate probably resulted from deposit from the urine.

Mr. Fergusson inquired as to the exact part of the prostate in which Dr. Bence Jones believed the concretions to have been found.

Dr. B. Jones could give no more precise answer than he had already done, that they had probably formed in the follicles.

Mr. Fergusson stated, that, if such were the case, they were not, as most Surgeons believed them, of urinary origin.

Dr. B. Jones: No, certainly not.

Mr. Simon remarked, that the secretion of the prostate appeared remarkably prone to form concretions. In the prostates of a large majority of men past middle life microscopic calculi might be found. Their nuclei were generally animal matter, arranged in concentric layers, the exterior being earthy,—the secretion of the follicles.

Mr. Gray doubted Mr. Fergusson's assertion, that most Surgeons believed prostatic calculi to be of urinary origin; and read a passage from Dr. Golding Bird's work, published in 1844, in which a contrary opinion was expressed. He believed that their follicular formation was now generally acknowledged.

Mr. Simon showed a

VESICAL CALCULUS ATTACHED TO A NEEDLE.

After performing lithotomy on a young child, and removing a small stone, he had felt something sharp, on passing the finger into the bladder, and, by a little management, had detached from the coats of the latter the eye-half of a common needle. On examination of the stone, it was found to be concreted around the other half of the needle. The portion of the needle which had been attached to the bladder was quite free from deposit; and Mr. Simon was disposed, from this circumstance, to think that the foreign body had probably entered the bladder by piercing its coats. During the operation, the needle had no doubt been broken in two. The specimen illustrated a novel mode by which it was possible for a calculus to become attached to the bladder.

The President inquired if there was any history as to how the needle had been introduced.

Mr. Simon replied, that the only forthcoming history was, that on one occasion the child, while being tossed in play, had suddenly cried out, and there had been afterwards some spots of blood observed on its clothes. It was possible that on that occasion the needle might have been thrust into its perinæum.

Mr. Simon also exhibited a preparation showing the condition of the parts in a case of

EXTROVERSION OF THE BLADDER.

A boy, aged 12, had been under his care in St. Thomas's Hospital, about four years ago, suffering severely from the deformity named. To attempt to close the anterior opening by any plastic operation was hopeless, and it was, after much consideration, determined to try to relieve him of his greatest inconvenience by directing the urine into the rectum. By means of a curved needle constructed for the purpose, a suture was passed from each ureter into the bowel, in such a manner as to include a fold of tissues, which was afterwards allowed to ulcerate through. Communications between the ureters and rectum were in this way successfully established. The attempt to close the orifices of the ureters, however, did not succeed, and during the year that the patient subsequently lived, he continued to pass his urine in part into the rectum, and in part by the extroverted bladder. Symptoms of severe constitutional disturbance ultimately occurred, and he died after a short illness. At the autopsy the ureters were found obstructed by calculous concretions, which had doubtless been the immediate cause of death. Mr. Simon stated that he had been induced to show this specimen in consequence of having heard that a similar case had been mentioned by Mr. Thompson at a preceding meeting. He believed it to be the first case in which the particular operation mentioned had been tried.

Dr. Bristowe read the account of a case in which there had been

CONGENITAL ABSENCE OF THE PERICARDIUM.

The left pleura was continuous with the pericardial sac, the heart lying in the cavity of the former, and in parts adhering to the lung itself. A small rudimentary pericardium was connected with the right pleura, and opened by a small orifice into the left. The patient had died of disease of the heart.

Dr. Bristowe also showed the lung of a patient who had died of

PNEUMONIA, WITH SOLID CASTS IN THE BRONCHIAL TUBES.

A woman, aged 35, had died in St. Thomas's Hospital, after a week's illness. Her symptoms had been those of pleuro-pneumonia, but not well characterised. There had been dulness on percussion over the left lung, but no friction sounds or any crepitation. At the autopsy, about half-a-pint of fluid and much recent lymph were found in the left pleural sac. The lower lobe of the left lung was consolidated, and all its bronchial tubes were from their terminations to the trachea filled with fibrinous casts. The casts were quite loose, and did not adhere in the least; the mucous membrane was perfectly smooth, and not particularly congested. Dr. Bristowe believed that the effusion had taken place, not from the mucous membrane of the tubes, but from the pulmonary cells, from whence it had been gradually pushed out as the cavities became filled.

In reply to a question, Dr. Bristowe stated, that the woman had never expectorated anything.

Mr. Gay showed

A PORTION OF INTESTINE EXPELLED BY THE ANUS.

The portion of gut, which was about two inches long, and half as broad, had been judged, after careful examination, to be a part of the lower tract of the ileum. It was not a tube, but

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had irregular edges, as if cut out. Its peritoneal coat was more extensive than the mucous. The subject of the case was a child, aged 6, respecting whom Mr. Gay had been consulted five days after severe symptoms of obstructed bowel had commenced. Believing that the obstruction probably arose from some lodgment of ingesta, Mr. Gay's treatment had consisted in the exhibition of powerful purgatives. With some difficulty, action of the bowels had been procured, but the symptoms still continued with much severity. Fifteen days subsequent to the beginning of the illness, the portion of bowel shown had been passed by stool. No blood had ever been observed. The child had ultimately quite recovered. Mr. Gay believed that the strangulation must have been by an involution of a portion of the intestinal tube, not comprising quite its entire calibre.

Mr. Henry Thompson brought before the Society a specimen of

LARGE HYPERTROPHY OF THE LABIUM.

He had that afternoon removed the mass shown from the left labium of a woman, whom it had troubled for upwards of nine years. Its weight, after removal, was nearly four pounds, and it had previously, from dragging down of the parts to which it was attached, reached within two inches of the patient's knees. It presented a good specimen of the ordinary form of cutaneous hypertrophy, and had involved mainly the right labium and the clitoris, the left labium being, however, also affected to a small extent. To obviate bleeding, the excision had been performed after ligature of the base of the growth by six loops of whipcord. The expedient had been quite successful, while, from a small portion left, for the sake of experiment, untied, very troublesome hæmorrhage had resulted.

Dr. Andrew Clarke made some remarks on the class of cutaneous hypertrophies exemplified, and believed the original seat of the disease to be the true skin.

At the suggestion of the President, Dr. Clarke was appointed to make a further examination of Mr. Thompson's specimen.

Mr. Shaw related the particulars of a case in which he had excised a yet larger growth of similar character. He did not employ any ligature previous to the incision; and, although during the moment of the incision the bleeding was very fierce, yet it abated almost immediately after the completion of the operation. In that case, the disease involved chiefly the prepuce of the clitoris.

Dr. Habershon showed a specimen of

CARCINOMA OF THE CRANIUM.

The disease of the head was not known to exist during life. The patient was 58 years of age, and had been admitted into Guy's with pain in the hip and shoulder. Carbuncle appeared on the hip, and the man died apparently from exhaustion. On examining the head, the scalp externally and the dura mater internally were found to be very adherent at several parts, especially at the anterior and superior part of the parietal and superior angle of the occipital bone. In these parts the bone was destroyed at a circular space about an inch in diameter, bounded externally and internally by a thin, radiating, fibrous membrane, and the intermediate space corresponding to the diploe occupied by a reddish substance, which presented, in a very marked degree, the microscopical characters of carcinomatous disease. The diploe was more extensively destroyed or eroded than the outer or inner plates; it was soft, brittle, and contained much fatty matter. Several smaller points in the bones of the head, especially the parietal and occipital bones, presented similar commencing disease. Neither the viscera of the thorax and abdomen, nor the lymphatic and other glandular structures, were diseased, beyond presenting the appearances of atrophy in the heart and kidneys. The other bones of the body were not examined. There was no history of syphilis. The disease corresponded, in a marked degree, with that rare form of disease mentioned by Rokitansky as called by Lobstein osteolyosis.

Dr. Habershon also showed an example of

DISEASE OF THE SPLEEN, CONSEQUENT ON OBSTRUCTION OF THE SPLENIC ARTERY,

in which nearly the whole spleen was in a state described as abscess, consisting of semi-diffluent yellowish material, or sloughing tissue. It was found to consist of granule-cells, splenic-cells, and granules of fat, etc. The splenic artery was not atheromatous, but was blocked up by a small mass of whitish fibrin, from which, and extending into the vessels of the spleen, semi-decolourised clot was observed. There were extensive old and some recent albumino-fibrinous deposits on the aortic valves. The patient died from carcinomatous disease of the thyroid body.

Mr. Simon was inclined to think the true nature of the disease the opposite to that which had been mentioned. So far from the splenic artery being obstructed, he suspected that it would prove to have rigid coats and to be non-contractile. He gave this opinion because he had examined many specimens of a like condition in the spleen, kidney, and liver, and once in the heart, and had always found the artery diseased, and permanently patent. The plug of lymph he believed to be quite a secondary production, and not the cause of the other phenomena.

Dr. Habershon replied, that although the artery was certainly to some extent patulous, yet it was not in the condition to be described as rigid or atheromatous.

Dr. Andrew Clarke showed specimens illustrating the

CO-EXISTENCE OF CANCER AND TUBERCLE.

The patient, a woman, had been admitted moribund into the London Hospital. At the autopsy there had been found tubercles and vomicæ in the apices of both lungs. Those in the left were old and in process of cure, but in the right were recent tubercles and cavities in process of ulceration. In the liver and the mesentery and some other abdominal viscera were masses of scirrhus cancer. In one ovary was a very large cyst, which Dr. Clarke believed to be hydatid. This cyst had not yet been opened. Dr. Clarke remarked on the extremely rare co-existence of cancer and tubercle both in stages of progress. Out of 2400 autopsies, he had found it only in four cases.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Jan. 18, 1855 :—

THORP, HENRY JOHN, Maldon, Essex.

WHITESIDE, JAMES HUTCHESON, Stockton-on-Tees.

APPOINTMENTS.

DR. MACLOUGHLIN, Member of the Legion of Honour of France, has been elected Corresponding Member of the Royal Academy of Medicine and Surgery of Madrid.

STAFFORDSHIRE GENERAL INFIRMARY.—Mr. James Earl Moreton has been appointed House-Surgeon and Secretary to this Institution.

BEQUESTS.

THE LATE HENRICUS OCTAVIUS ROE, of Weston, Herts, has bequeathed 200*l.* to the Bedford Lunatic Asylum; 500*l.* to the Bedford Infirmary; 500*l.* to the Hitchin Infirmary; 500*l.* to the Brompton Hospital; 100*l.* to the Addenbrook Hospital, Cambridge; and 500*l.* to King's College Hospital.

DEATHS.

BURROWS.—January 19, after a very protracted and painful illness, in the 62nd year of his age, William Burrows, Esq., Surgeon, of 18, Tyndall-place, and late of 1, Park-street, Canonbury Square, Islington. M.R.C.SE. 1818.

FARRELL.—January 15, at Dalyston, County Galway, in his 81st year, Charles Farrell, Esq., M.D. and J.P., late Inspector-General of Military Hospitals.

M'ARTHUR.—Jan. 16, at Walmer, Kent, in his 83rd year, Duncan M'Arthur, Esq., M.D., C.B., F.R.C.P., F.L.S., late Physician to the Fleet, and for many years Physician to the Royal Naval Hospital, Deal. (Retired) M.D. Aberdeen, 1810.

CIVIL HOSPITALS FOR THE EASTERN ARMY.—A Civil Hospital is to be established at Smyrna for the sick and wounded from our Eastern Army. It is said, that an offer of the post of Senior Surgeon has been made to Mr. Arnott, but that he has not yet accepted it. The Hospital is to contain 3,000 beds. This will do away with the difficulty which has prevented the acceptance of office made by many Civil Surgeons. Mr. Pollock, Assistant-Surgeon of St. George's, for instance, volunteered to go out, and obtained the permission of the Hospital Board to do so, but naturally objected to rank as an Assistant-Surgeon in the Army. It would have been unjust to have given him any higher rank, and his offer was necessarily declined. Now that a Staff will be required for a Civil Hospital, no official difficulties can prevent the offers of qualified men from being accepted.

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THE SUPPOSED WANT OF LINT AT SCUTARI.—A few months ago, the feelings of the British public were harassed by the reported deficiency of all Medical necessaries at our hospitals for the wounded in the East. Among other things, it was alleged, that no lint had been provided, and that it had been necessary to dress wounds with straw, tow, shavings, etc., in its place. The *Medical Times and Gazette* made it its duty to examine into this reputed negligence, and was able to publish a full refutation of the charge, so far as home authorities were concerned, it being shown that lint sufficient to cover many acres had been sent out. Then came another charge: "True, the lint had been sent, but it did not arrive in time, and was still afloat on the Mediterranean, when the wounded were lying in Scutari Hospital." Thus said a portion of the Press; loud were the complaints, and great the indignation. The truth has, however, at length come to light, and from a source which is not to be called in question. A few days ago, a private note was published in the *Times* from Mr. Bracebridge, who accompanied Miss Nightingale, in which occurred the following little sentence: "*There never was any want of lint.*" Here, then, ends one of the most groundless and cruel rumours which have of late so abounded.

GULLIBILITY OF A NEWSPAPER CORRESPONDENT.—It is stated, in a letter from the *Times* Correspondent in the Crimea, that among the Medical stores recently arrived are 100 gallons of balsam of copaiba, and only one gallon of castor oil! Some young Assistant-Surgeon has evidently been trying the capacity of the penman's credulity; for it so happens that only 35 pounds of copaiba can possibly have arrived, no more having been sent since October last. The following Table gives the total quantities of balsam of copaiba and castor-oil sent out since June last (1854):—

—	Prince.	Robert Lowe.	Army & Navy.	Eagle.	Eagle.	Eagle & Whitly Park.	—
—	Sep. 15.	Oct. 10.	Nov. 15.	Dec. 4.	Dec. 12.	Dec. 27.	Total.
	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
Ol. Ricini	250	250	150	250	400	650	1950
Copaiba	35	35	...	35	...	35	140

As this was to supply 50 regiments and 3,000 artillery, there was but a small quantity for each Hospital.

THE PROFESSION IN THE CRIMEA.—A large number of Medical officers have sent in their resignations very recently, justly disgusted with the difficulties thrown in the way of the performance of their duties to the sick and wounded by the military authorities. It is said that their resignations will not be accepted, and that if they persist in throwing up their commissions, they will be tried for desertion. This we learn from private letters received this week from the Crimea.

NUMBER OF SICK AND WOUNDED IN OUR EASTERN ARMY.—On the 11th of January last, there were 5481 sick and wounded in the Hospital at Scutari; and on the 30th of December, 3383 in the Crimea: Total, 8864 *hors de combat.*

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—This Society was formed in the year 1788, with the object of relieving those widows and orphans of deceased Medical men who might need assistance. It unites the advantages of a provident with those of a benevolent Society. It is provident, as, by their small yearly subscription of two guineas, the members protect their own families from destitution; and it is benevolent, as its benefits are conferred only on those who are left in indigent circumstances. Since 1793, more than 47,000*l.* have been distributed among the widows and orphans of members who have left their families in circumstances requiring the aid of the Society; while great care has been taken, in the management of its resources, to secure the means of affording, with certainty and regularity, such relief as the Society provides for those whose unfortunate condition renders assistance needful. Upwards of 1500*l.* are annually distributed among the widows and children of deceased members. The Anniversary Dinner will take place at the Freemasons' Tavern, on the 3rd of February, and we trust that all who can will attend to support this most deserving institution.

NUMBERS OF MEDICAL MEN IN THE NEW DIRECTORY.—In the present volume (1855) there are 11,867 names, (including 1528 in the supplemental list, of "persons practising the Medical Profession who have not made any return of the nature of their qualifications.") In the Directories of 1851, the number was 10,186, showing an increase in three years of 1681. According to the Census in 1851, the number of Practitioners in England and Wales was 16,475, so that there must be between four and five thousand practitioners whose names do not appear in the Directory.

THE ADULTERATION OF FOOD AND DRUGS.—Dr. Cookworthy, Senior Physician to the Plymouth Public Dispensary, in acknowledging the receipt of Mr. Postgate's circular to the Medical Profession, says:—"Whether a Petition to Parliament be determined on or not, I hope not to forget to request the representatives of the borough to support Mr. Scholefield's praiseworthy endeavours to suppress the nefarious practice of adulterating both food and drugs." Mr. Dunn, Surgeon to the West Riding House of Correction at Wakefield, says:—"As far as the Medical Profession are concerned, I am sure we shall have much pleasure in co-operating with the (Birmingham) Association. During the winter we have established a Microscopical Society, and have selected for our evenings' occupation the adulteration of food, as exhibited by the microscope." Professor Hofmann, of the Royal College of Chemistry, announces by letter that he will have pleasure in assisting in the inquiries which the Conference held in this town originated. The Mayor of Cork writes to say, that the circular issued by the Birmingham Association has been placed in his hands, and that, as chief magistrate of the city, he shall "cordially assist in any measure likely to remedy this great evil." The Sanitary Association of Manchester have taken up the subject, and have requested Professor Crace Calvert to prepare a report in reference to it.

WEST INDIES.—By the last accounts the colonies were generally healthy, but at Grenada fever prevailed to a considerable extent.

THE THERMOMETER AT BERLIN has been down to 14½° Reaumur.

MORTALITY NOTABILIA.—The coldness of the weather has severely affected the public health. The deaths were 1404 and 1466 in the first two weeks of this month; in the week that ended last Saturday they rose to 1549, of which 763 were deaths of males, and 786 of females. The births last week were 1514, leaving an excess on the part of deaths which is not usual, except in seasons of epidemics. The present return exhibits an excess of 275 deaths on the estimated amount for 10 years. Last week was the third in the year: taking the average temperature in 79 years, it has been found that the third week is the coldest of the fifty-two. And it will be seen that the mean temperature of last week, as recorded in the Greenwich Table of Observations, was 28·9°, less by 7·3° than the average of the same week in 88 years; and it was also less than in any of the corresponding weeks of the 10 years 1845-54. In the week that ended 6th January, the mean temperature was 45·5°; in the subsequent week 39·3°; and last week it declined to a point lower by 10·4°. That part of the population which is now living in the third stage of existence, (viz., between 40 and 60 years,) suffered least of all from the rigour of winter; and it deserves to be remarked, that, in comparing the numbers of the last two weeks, the deaths at that period have remained almost the same, while at all other ages, but especially among the very old, they have increased. This return gives 386 deaths as caused by diseases of the organs of respiration, while the corrected average of the same week, in ten years, is only 273. In addition to these there were 177 from phthisis, 69 from hooping-cough, and 22 from influenza.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	876,427	0	1	8	11	2	9
North	490,396	11	8	24	14	3	12
Central ...	393,256	3	3	13	15	3	8
East.....	485,592	2	12	20	15	2	8
South	616,635	8	12	15	14	13	11
Total..	2,362,236	24	31	80	69	23	48

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DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, January* 20, 1855.

Causes of Death.	In the week ending Saturday, Jan. 20, 1855. Deaths of Persons. At all ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Average of Temperature and Deaths in 10 Weeks.
	Mean Temp.						
Mean Temperature	28·9						40·3
All Causes	1549	730	234	224	295	75	1157·5
Specified Causes	1547	718	2·4	224	295	75	1145·9
Diseases:—							
1. Zymotic Class	361	279	34	15	29	4	244·1
2. Dropsy, Cancer, and others of uncertain seat	58	10	10	17	19	2	49·0
3. Tubercular Class	240	81	87	63	9	..	185·5
4 Of Brain, Nerves, etc. ..	154	71	18	28	32	4	127·5
5. Of Heart, etc.	53	3	17	14	18	1	44·4
6. Of Respiratory Organs ..	386	149	41	60	113	23	248·0
7. Of Digestive Organs ..	70	36	12	14	16	1	64·1
8. Of Kidneys, etc.	12	..	5	2	5	..	12·5
9. Of Uterus; viz. — Puerperal Disease, etc. ..	6	2	3	1	..	..	10·7
10. Of Joints, Bones; viz — Rheumatism, etc. ..	7	2	1	3	1	..	7·1
11. Of Skin, etc.	3	1	1	..	1	..	2·3
12. Malformations	7	7	..	..	..	..	2·8
13. Debility from Premature Birth, etc.	36	35	1	..	..	..	31·0
14. Atrophy	41	31	..	1	8	1	21·6
15. Age	78	..	..	..	39	39	65·1
16 Sudden	11	4	1	3	3	..	7·0
17. Violence, Privation, etc...	15	7	3	3	2	..	23·2

Mortality in Public Institutions for the week ending Jan. 20:—

	Males.	Females.	Total.
Workhouses...	88	95	183
Military and Naval Asylums ...	3	...	3
General Hospitals	38	18	56
Hospitals for Special Diseases ...	7	4	11
Lying-in Hospitals	...	2	2
Lunatic Asylums	7	7	14
Military and Naval Hospitals ...	4	...	4
Hospitals for Foreigners, etc. ...	1	...	1
Prisons	...	...	...
	148	126	274

Births.—The births of 779 boys and 735 girls, 1514 children, were registered last week; average, 1476.

TO CORRESPONDENTS.

Microscopical Examination of Cyst Contents.

[To the Editor of the Medical Times and Gazette.]

Sir,—The remarks that I made upon the case reported by Mr. Holmes Coote, in the *Medical Times and Gazette*, Nov. 4, 1854, were suggested by the peculiar nature of the fluid drawn off on Sept. 8, which differed in its physical characters so much from the serous contents of thyroid cysts that have fallen under my own observation; and I thought, that, as the naked eye characters were unusual, so might the microscopical have been also. Thanking Mr. Coote for his courteous reply in a late Number of your Journal. I am, etc.,

Ombersley, Droitwich, Jan. 22, 1855. Richd. Neale, M.D. Lond.

A Constant Reader.—The plates are the same as the originals. The firm is a very respectable one.

Dr. S.—We are requested to state, that the Sydenham Society's edition of Rokitansky will be furnished with full indices.

Dr. Paget's paper shall appear next week, if possible.

Inquirer.—The plant alluded to by Dr. Sylvester was not coltsfoot, but candytuft—the *iberis amara*—the seed of which he had found very useful in the treatment of diabetes.

Dr. W.—Caledonian Mercury received with thanks.

Mr. White Cooper's Clinical Lecture on Injuries of the Orbit shall appear in an early Number.

Mr. D., Newcastle.—No such recommendation has ever been given in this Journal. We shall be glad to see the quotation that has been advertised. It must be a fabrication.

Mr. Levison.—A communication shall be made when the copy is received.

A Reader.—The price of the Catalogue of the Library of the College of Surgeons is 2s. 6d. to Members, and 3s. 6d. to those who are not members.

Tyro.—Dr. Young's Posological formula says, for children under 12, the doses of most medicines must be diminished in the proportion of the age to the age increased by 12. Thus, at 2 years, the dose will be 1-7th of that for an adult, viz.: $\frac{2}{2 + 12} = 1\text{-}7\text{th}$.

The Pathological Society.—The Secretaries of the Pathological Society request us to draw the attention of their Members to the circumstance, that their meetings are not held in fortnightly rotation, but on the second and third Tuesdays of every month. The interval between the last and the following one will consequently be three weeks. This notice is required in consequence of several members having notified their intention to exhibit specimens next Tuesday, whereas the meeting is not until Tuesday week, the 6th inst.

COMMUNICATIONS have been received from—

Mr. Bowman; Mr. White Cooper; Mr. Waddington; Dr. Blakiston; Dr. Smith; Mr. Wilde; Dr. Myrtle; Mr. Waters; Mr. Dobinson; Dr. Woodforde; Dr. Neale; Professor A. Taylor; Dr. Monckton; Mr. Postgate; Mr. Levison; Mr. Hughes; Mr. Hawkes; Mr. Fitzroy; Mr. Gower; Mr. Maclean; Dr. Sylvester; Dr. Paget; Mr. Elliot; Dr. Hofmann; A Constant Reader; Dr. S.; Inquirer; Dr. W.; Mr. D., Newcastle; A Reader; Dr. Ramskill; Mr. Walsh; Mr. Hering; Mr. Hilles; Dr. Bucknill; W. G.; Sir William Burnett, K.C.B.; Dr. Reed, H.M.S. Inflexible, Varna; Mr. Prince; Dr. Habershon; Mr. Athol Johnson; Mr. Jowers; Mr. H. E. Evans, etc.

APPOINTMENTS FOR THE WEEK.

Jan.—Feb.	Miscellaneous Register.	Society Meetings.
27. Saturday	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m. Cambridge.—Admission to B.A. degrees.	*Medical Society of London*, 8 p.m.: Dr. Gibb, "On the Pathology of Saccharine Assimilation." *Royal Botanic Society*, 3¾ p.m. *Royal Institution*, 3 p.m.: Dr. J. H. Gladstone, "On the Principles of Chemistry." *Pathological Society of Dublin*, 4 p.m.
29. Monday	Operations at Charing-cross, 2 p.m.	
30. Tuesday	Operations at Guy's, 1 p.m.	*Royal Institution*, 3 p.m.: Professor Tyndall, "On Magnetism."
31. Wednesday ..	Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Westminster Ophthalmic, 2 p.m.	*Geological Society of London*, 8 p.m. *Hunterian Society*, 8 p.m.: Mr. Hilton, "On a Case of Paralysis of the Upper Extremity, from Injury of the Skull and Brain; and a Case of Paraplegia, from Aneurism of the Aorta."
Thursday, Feb. 1	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	*Royal Society*, 8½ p.m. *Zoological Society*, 3 p.m. *Photographic Society*, 8 p.m.: Anniversary. *Royal Institution*, 3 p.m.: Mr. W. B. Donne, "On English Literature."
2. Friday	Gulstonian Lecture—No. I., at the Royal College of Physicians, 4 p.m.: Dr. E. A. Parkes, "On Pyrexia." Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m.	*Western Medical and Surgical Society*, 8 p.m. Council meets at 7 p.m. *Medical Society of London.* Meeting of Council, 8 p.m. *Royal Institution*, 3 p.m.: The Astronomer-Royal, "On the Pendulum Experiments lately made in the Harton Colliery, for ascertaining the Mean Density of the Earth." *Botanical Society*, 8 p.m.

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In order to insure a fair trial of the powers of this Medicine, Medical Men are earnestly requested to caution their Patients for whom it is prescribed against frequent attempts to induce them to purchase a spurious or inferior Oil, on the representation that it is the same as Dr. de Jongh's or equally efficacious. Dr. de Jongh's Agents are led to make this request, in consequence of having been informed of some discreditable impositions of this kind, as well as of the substitution of other Oils, though Dr. de Jongh's had been prescribed.

LATEST TESTIMONIAL:—

ARTHUR H. HASSALL, M.D., F.L.S.,

Member of the Royal College of Physicians, Physician to the Royal Free Hospital, Author of "Food and its Adulterations," etc. etc.

"DEAR SIR,—I beg to return my acknowledgments for the copy of your Work on Cod-liver Oil, with which you have favoured me. I was already acquainted with it, and had perused it some time previously with considerable gratification, especially the chapter devoted to the consideration of the adulteration of Cod-liver Oil.

"I have paid, as you are aware, much attention to the subject of the adulteration of drugs. Among the articles examined, I have not overlooked one so important as Cod-liver Oil, and this more particularly, since it is a very favourite remedy with me, and is, moreover, so liable to deterioration by admixture with other, especially inferior, Fish Oils. I may state, that I have more than once, at different times, subjected your Light-brown Oil to chemical analysis, and this unknown to yourself, and I have always found it to be free from all impurity, and rich in the constituents of bile.

"So great is my confidence in the article, that I usually prescribe it in preference to any other, in order to make sure of obtaining the remedy in its purest and best condition.

"I remain, yours faithfully,

(Signed) "ARTHUR H. HASSALL, M D.,

"To Dr. de Jongh, the Hague." "Bennett-street, St. James's-street, December 1, 1854

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	£	s.	d.		£	s.	d.
Single Circular Trusses ..	0	2	6	Case of Tooth Instruments	1	0	0
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On Salmon's expired Patent	0	4	6	Case of Pocket Instruments	1	0	0
Double ditto	0	9	0	Brass Enema Syringe, complete, in mahogany case,			
On Coles's expired Patent	0	5	0	10s. and	0	12	0
Double ditto..	0	10	0	Case of Dissecting Instruments, ivory handles ..	0	15	0
Cotton Net Suspensory Trusses, from	0	0	10	Best Bleeding Lancets, per dozen	0	18	0
Elastic Stocking-net bandage, per yard	0	0	4				

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To enumerate the many advantages derived by the public from the use of the Improved Patent Groats is not the intention of the Patentees; suffice it to say, that by the process of manufacture, the acidity and unpleasant flavour so generally complained of in other preparations is totally obviated, and very superior Gruel speedily made therefrom. It is particularly recommended to those of consumptive constitutions, Ladies and Children; and the healthy and strong will find it an excellent Luncheon or Supper.

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whether threatened with Sloughing, or in which Sloughing has actually taken place.—Fractures, Diseased Joints, Ulcerated Cartilages, Paralysis, Spinal Affections, Renal Diseases, Inflammation of the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gout and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive, and all Bed-ridden Patients. Mr. HOOPER has succeeded in obtaining Waterproof Sheeting (Bed Protectors) at a Great Reduction in Price, Free from Smell, and not affected by Temperature, Urine, Acids, or Alkalies:- and MAY BE WASHED AS FAMILY LINEN. Also,—

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"Physician to the London Hospital,
"Finsbury-square,
"February 27, 1852."

"North Wales Lunatic Asylum.
"SIR,—Your Water Cushions and Mattresses answer most admirably; indeed, they are invaluable. They have been in use here for eighteen months.
"Jan, 1854." "R. L. WILLIAMS, M.D., Visit. Phys.

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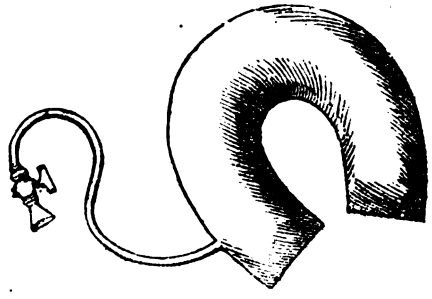

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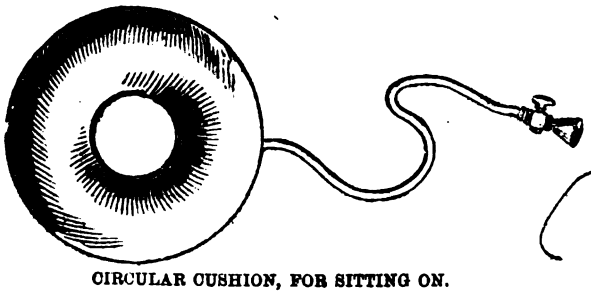

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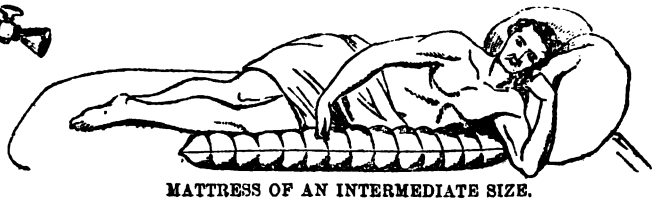

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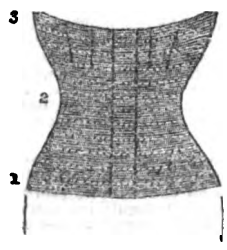

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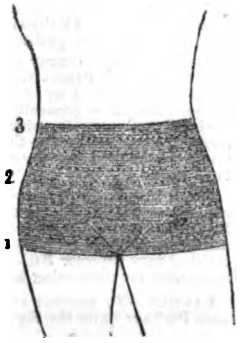

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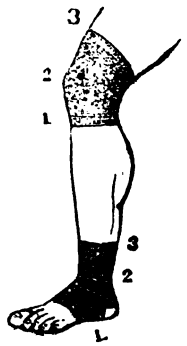

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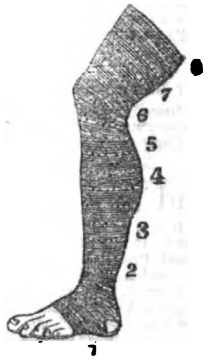

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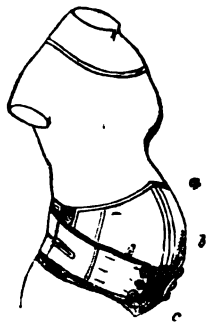

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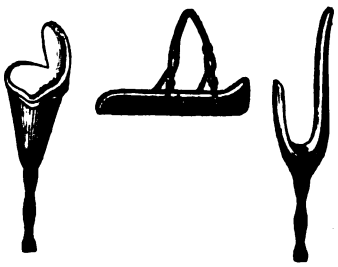

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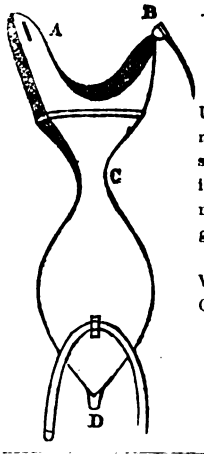

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Royal College of Physicians.—The LECTURES of the PRESENT YEAR will be delivered at the COLLEGE, PALL MALL EAST, at Four o'Clock on each of the following WEDNESDAYS and FRIDAYS:—

GULSTONIAN LECTURES.—Dr. PARKES. February 2, 7, 9. On Pyrexia.

CROONIAN LECTURES.—Dr. BLACK. February 14, 16, 21. A Review of Some Points in the Physiology of the Circulation.

LUMLEIAN LECTURES.—Dr. COPLAND. February 23, 28. March 2. Of the Metamorphosis and Waste of Blood Globules, and of the Depuration of the Blood in Disease.

LECTURES ON MATERIA MEDICA.—Dr. BENCE JONES. March 7, 9, 14, 16, 21, 23.—LECTURES 1, 2, 3, 4.—On Electricity as a Means of Diagnosis and Treatment.

LECTURE 5.—On Cinchona Barks.

LECTURE 6.—On the Curiosities of the Animal Materia Medica of the Last Century.

By order of the President.

February, 1855. ROBT. L. RAWES.

Royal College of Surgeons of ENGLAND.—The HUNTERIAN ORATION will be delivered in the THEATRE of the COLLEGE by Mr. HODGSON, on WEDNESDAY, the 14th of FEBRUARY NEXT, at Three o'Clock. Cards of admission will be issued to Members of the College upon application to the Secretary. EDMUND BELFOUR, Secretary.

Sixty-seventh Anniversary. — The DINNER of the SOCIETY for RELIEF of WIDOWS and ORPHANS of MEDICAL MEN in LONDON and its VICINITY, will be held at the FREEMASONS' TAVERN, GREAT QUEEN-STREET, on SATURDAY, FEBRUARY 3, 1855, Sir CHARLES MANSFIELD CLARKE, Bart., M.D., F.R.S., President in the Chair.

Dinner on table at Half-past Six o'Clock

Tickets, One Guinea each, may be had of the Stewards, at the Tavern, or from the Secretary.

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	Ware, Martin, Esq. *(Vice-President.)*

Gentlemen intending to be present or otherwise, are particularly requested to give notice on or before Friday, the 2nd of February, to one of the Stewards, or at the Tavern, or to the Secretary, who will attend at the Office of the Society, 53, Berners-street, every Wednesday and Friday, from Four to Five. C. R. WALSH, Secretary.

42, Half Moon-street, Piccadilly.

Workhouse Medical Officer.—The Guardians of the Poor of the Parish of Lambeth will, at their Meeting to be held on Tuesday, the 6th day of February next, proceed to the APPOINTMENT of a MEDICAL OFFICER, for the Workhouse in Princes-road.

The person to be appointed will be restricted from private practice, required to devote his whole time to the duties of the Office, and to reside within a quarter of a mile of the Workhouse.

The Appointment will be from year to year at a salary of £250 per year, exclusive of drugs and Medical appliances, which will be provided by the Guardians.

Applications, accompanied by certificates of qualification and testimonials, must be sent to the Clerk not later than the 3rd of February, of whom any information relating to the duties of the office may be obtained. By order,

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Lambeth Workhouse, Jan. 24, 1855.

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The Election will take place on Thursday, the 1st of March next, at Twelve o'clock.

To the Medical Profession.—The Loyal Furness Abbey Lodge of Odd Fellows, M. U., Dalton-in-Furness, being desirous of ELECTING a duly qualified MEDICAL GENTLEMAN in the place of their late Surgeon, deceased, beg to invite the attention of the Medical Profession. The Lodge payments to a Surgeon are upwards of £30 per annum. The town and parish of Dalton contain a population of 6000, and, in consequence of extensive mining operations, is greatly increasing. The Medical Practice in neighbouring parishes is also considerable. There is but one effective Surgeon, with an assistant, to attend to the wants of this large population. For these reasons it is inferred, that a favourable opening occurs. A house can be obtained.—Applications, with testimonials, to be addressed to Mr. Slee, Secretary, before the 10th of next month.

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The Medical Times and Medical Gazette incorporated.

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REVIEWS AND BIBLIOGRAPHICAL NOTICES.

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NOTICES IN LIST OF BOOKS RECEIVED. — Davies on Auscultation; Carpenter's Comparative Physiology; Mackenzie on Diseases of the Eye; Fresenius' Quantitative Chemical Analysis; Plattner and Muspratt on the Blow-pipe; Hunt on Syphilitic Eruptions; What to Observe at the Bed-side; Fannin's Medical and Students' Guide; The Poor Man's Medical Guide; Taylor's Medical Jurisprudence.

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DINNER of the SOCIETY for RELIEF of WIDOWS and ORPHANS of MEDICAL MEN in LONDON and ITS VICINITY, will be held at the FREEMASONS' TAVERN, GREAT QUEEN-STREET, THIS DAY, SATURDAY, FEBRUARY 3rd, 1855. Sir CHARLES MANSFIELD CLARKE, M.D., F.R.S., President, in the Chair.

Dinner on table at Half-past Six o'Clock

Tickets, One Guinea each, may be had of the Stewards, at the Tavern, or from the Secretary, 53, Berners-street.

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Hunterian Society. — Thirty-sixth

ANNIVERSARY.—The ANNUAL MEETING of the HUNTERIAN SOCIETY will be held on THURSDAY, FEBRUARY 15, at Seven o'Clock, and at Eight o'Clock the ORATION will be delivered by Dr. J. RIDGE, M.D.

On FRIDAY, FEBRUARY 16, the Members and Friends of the Society will DINE together at the LONDON TAVERN, BISHOPSGATE-STREET.

Dr. J. C. W. LEVER, M.D., President in the Chair.

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4, Blomfield-street, Finsbury, January 31, 1855.

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The Council have much pleasure in announcing, that the following Noblemen and Gentlemen have kindly consented to act as STEWARDS on the occasion of the THIRD FESTIVAL, which is appointed to take place at the LONDON TAVERN, on WEDNESDAY, the 28th of FEBRUARY NEXT, under the Presidency of

THE RIGHT HON. THE EARL OF CARLISLE, F.R.S.

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EDWARD HENRY SIEVEKING, M.D., Honorary Secretary.
HERBERT WILLIAMS, Assistant Secretary.

Office, 37, Soho-square, February 1, 1855.

THE FOURTEENTH LIST OF CONTRIBUTORS WILL BE PUBLISHED ON THE 10th OF MARCH NEXT.

Medical Benevolent College.—The

VOTES and INTEREST of the Governors are respectfully and earnestly requested on behalf of MARY ANN BULL, a Widow, who applies to be admitted into the College, and GEORGE BULL, who applies to be admitted as a Foundation Scholar to the School.

Mary Ann Bull is the widow, and George Bull is a younger son, of the late Daniel Bull, a duly qualified Medical man, (Member of the Royal College of Surgeons, and Licentiate of the Apothecaries' Company), who died in November, 1852, having been disabled by paralysis during the last eight years of his life.

The father, mother, and eight children were in the greatest distress, when, in 1851, an appeal was made to the Profession on their behalf, which was generously responded to by subscriptions to the amount of between three and four hundred pounds. A weekly sum of money was given to the family up to the period of the father's death, when the sum of £300 was invested in the names of three gentlemen residing in Bedford, as trustees. The interest from this sum, and a small amount from life assurance, is now the sole income of the widow and family.

The appeal on behalf of this "distressing case" particularly aroused the sympathy of one gentleman, who lost no time in devising some means of relieving similar cases, and who has now the distinguished honour of having founded the "Medical Benevolent College."

The case is most earnestly recommended by many members of the Clerical and Medical Professions.

Proxies will be thankfully received by Mrs. Bull, Princes-street, Bedford; or, by Dr. Herbert Barker, of Bedford

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GALIUM APARINE (HOOPER'S) FOR CUTANEOUS DISEASES, PSORIASIS, etc.—Dr. Winn, of Finsbury-square, having published in the "Medical Gazette," October 4, 1851, an account of the peculiar properties of the Galium Aparine in Cutaneous Diseases, Lepra, Psoriasis, etc., Mr. Hooper has given his attention to preparing it in various forms. Dr. Winn finds the inspissated juice the most efficient preparation, which can be had from Mr. Hooper, or direct through the Wholesale Houses.

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ORIGINAL LECTURES.

CLINICAL LECTURES ON FEVER.

DELIVERED IN THE

Meath Hospital, Dublin.

By WILLIAM STOKES, M.D.

Regius Professor of Physic in the University of Dublin.

[Edited by ROBERT D. LYONS, M.B., T.C.D., M.R.I.A.]

Lecture XIII.

The study of the affections of the lungs in typhus leads us next to examine a class of cases in which a congestion, more or less severe, or, it may be, a consolidation of the lung, takes place in connexion with the typhus state. You have already witnessed several cases of this kind. In some there have only been signs of a congestive state, affecting a portion of one or both lungs; a state stopping short of consolidation, and indicated by a crepitus with large bubbles, or a muco-crepitating râle, without much dulness, or the other signs of impermeability of the pulmonary tissue. In other instances, however, we have seen decided dulness to occur; and, between these extremes, we meet with a number of cases varying in the degree or amount of the diseased action.

To these cases the general term of "typhoid pneumonia" has been given. But you will be convinced, when your experience has been enlarged, that under this term many different forms of disease have been classed; and it is very doubtful whether a true pneumonia is ever developed in the course of a typhus fever. You will meet with the physical signs which attend pneumonia; but these, as you all must know, are insufficient to establish the existence of the disease; and even these very physical signs are seldom so well marked, so complete, as it were, as in simple inflammation of the lung. Nor, again, do they follow in the regular succession which we find in true pneumonia.

You know that I am not fond of fine-drawn distinctions in disease, especially when these distinctions are based on some anatomical speciality, and do not lead to any differences in our principles of treatment; and we shall arrive at more practical results sooner by reviewing some of the more striking cases, I will not say of typhoid pneumonia, but of the acute asthenic diseases of the lung which tend to consolidate that organ. I mean, when using the terms "acute asthenic," to imply a disease which forms more or less rapidly, and is associated with, or secondary to, a condition of the system in which, with fever of some kind, we find evident signs of debility. We may recognise the following forms:—

1. Congestion, with more or less consolidation in cases of what is called "diffuse inflammation," "erysipelatous inflammation," or, by some, phlebitis.

2. Similar or nearly similar conditions (so far, at least, as we are taught by pathological anatomy) in cases of purulent absorption, with or without manifest phlebitis.

3. The intercurrent disease of the lung in cases of the eruptive fevers, when they are of the low, putrid, or malignant type.

4. Congestions and semi-consolidations of the lung, as intercurrent affections in typhus fever.

5. Analogous conditions arising in the course of the non-maculated or the so-called "typhoid fevers."

6. The disease occurring in connexion with delirium tremens from excess. In such cases, you will often find a group of asthenic local diseases, which are generally seated in the stomach, heart, the bronchial membrane, the parenchyma of the lung, and even the pleura. In some instances we find that the patient has also typhus fever.

7. Rapid, extensive, and complete consolidation of the lung occurring in the course of a typhus fever. In some instances the patient dies asphyxiated; while, in others, a portion of the pulmonary strictures falls into sphacelus, and death takes place with the symptoms of acute gangrene of the lung.

Such are some of the more prominent cases which have been classed under the head of typhoid pneumonia. There is another of which we have had many examples, and yet I do not wish you to take what I am going to say about it in any other way than in the light of suggestions. The case, as I said before, is by no means uncommon. The patient is attacked with the usual symptoms of typhus fever, and he comes into Hospital after two or three days' illness. There is nothing about him to make one think that his disease will not run the usual course of the epidemic of the day, and we are prepared to expect a fever of at least a fortnight's duration. On admission, he may have no symptom which would call attention to his chest; but, as early in some cases as the beginning of the fourth, and in others of the fifth day, it is discovered that the upper lobe of one lung is solid, or nearly so. The clavicle is quite dull on percussion, so is the scapular spine, and the dulness extends to the line of the mamma. This discovery has been so often made accidentally, that I am sure many of such cases have passed unnoticed, at least, where the attendant is not well informed as to the insidious nature of typhous local diseases, and does not make it a practice and a duty to examine daily, as far as he can, the condition of every organ.

But the most remarkable circumstance in these cases is, that the constitutional disease seems to be cut short. The expression of fever leaves the countenance; the peculiar colour or hue of typhus disappears; the eye becomes bright and intelligent; the tongue cleans; and the pulse comes down to a natural state. And thus we have seen patients so altered in the course of twenty-four hours, that one had some difficulty in recognising them. All the symptoms of typhus were gone, and nothing remained but the consolidation of the lung. And this, too, is not attended with any notable suffering. There may be a little cough, some dull pain, or an inability to lie on one side; but that is all. The respiration is scarcely, if at all, accelerated; in fact, it would seem that there was no irritation or excitement of the organ; and the case is another proof of how much less the sufferings in disease are connected with the mechanical than with the vital conditions of organs.

This local disease, too, is generally easily managed. A small blister or two, the application of the tincture of iodine, and the exhibition of a little hydriodate of potass, with or without a tonic, will remove it. Indeed, the cure is often so rapid, that I have thought that our remedies had little to do with the result. How are we to look at such cases? That they are not examples of inflammation of the lung is plain; and it appears probable that, if this local disease had not occurred, the patient would have gone through the course of the fever of the day. Does it not seem as if the constitutional disease exhausted itself, as it were, in the production of the local affection, just as, in certain cases of simple variola, we see the fever to subside on the appearance of the pustule? I do not know whether such cases have been observed elsewhere, but of their existence we have had abundant proofs. It is worthy of remark, too, that when we compare these cases with the ordinary forms of typhus, attended with secondary disease of the lung, the local affection is here developed at an unusually early period; and it may be, that, in the more protracted cases of fevers, the nature of which is to develope local affections, the periods of this development and of the cessation of the fever may also be coincident. We do not, however, find that this is so common as to establish a rule. Let us, assuming that these curious cases were really examples of typhus with a secondary deposit, again compare them with the more ordinary forms of the disease, and we shall find that they want two important characteristics of the longer fevers; one, the successive production or the simultaneous production of various local diseases; and the other, the occurrence of that secondary inflammation or irritation of the parts in which the deposit takes place. That the latter circumstance is one of great weight in relation to the preventing or delaying of crisis, it is impossible to doubt. As to the case of successive or simultaneous productions of local diseases, this, at all events, marks a more severe and complicated disease.

Gentlemen, I will not here enter into the wide subject of crisis in fever; yet I may point out to you, as a matter well worthy of investigation, the possibility of the occurrence of crisis by other modes than those which are generally enumerated; thus we may have a crisis without sweating, or diuresis, or hæmorrhage, or diarrhœa, but which takes place by an internal and silent change in the condition of an organ, and yet a change which will, or may, itself spontaneously disappear.

Here let me warn you against the error which so many fall into with respect to these various cases of disease of the lung arising in the course of some form of constitutional disease or fever. They are usually set down as pneumonia, typhoid pneumonia by some. Now, the name itself would be of little moment if its adoption did not lead to errors in practice. And, although it cannot be affirmed with certainty that in none of these cases is there pneumonia, yet we have good grounds for believing that, in many of them, inflammation, as the term is commonly understood, is either absent from the first, or, if it occurs, that it is only secondary to a special lesion induced by some form of constitutional disease.

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It is extremely difficult to present to you any well-defined classification of the various forms of diseases which have been described under the head of typhoid pneumonia, or to draw the line between simple asthenic inflammation of the lungs and those conditions which have been described from an early period under the terms of bilious, putrid, or typhoid pneumonia. And observe, that when I make use of the term asthenic pneumonia, we refer more to the condition of the general system than to the activity or inactivity of the local disease. For, so far as local inflammatory action is concerned, there is abundant proof that it may originate and proceed with rapidity, and even with vehemence in the very last periods of life, so that the disease may be sthenic *quoad* the local condition, and yet the case itself be asthenic in reference to the general state of the economy. Much of the confusion with regard to this subject has arisen from the circumstance, that too great weight was attached to the presence of certain physical signs, which were taken as always indicating similar conditions. The succession of the signs of crepitus, dulness, cessation of vesicular breathing, and its replacement by bronchial respiration, has been admitted to indicate a simple pneumonia, in which the local disease is the principal pathological condition, and the fever only a secondary one. But it is certain that this train of phenomena, or some modification of them, may occur under exactly opposite circumstances, the local disease being symptomatic of the fever, and not the fever of the local disease. And there is the strongest reason for believing, that even though the mere anatomical condition of the lung in the two cases be similar, yet there is an essential, a vital difference, and that practically we cannot deal with the local disease in the latter case as if it were an original affection. This applies to all those cases of disease with the physical signs of pneumonia, which are secondary to any forms of fever, whether it be typhus or typhoid, whether it be variola or erysipelas, purulent poisoning of the blood, glanders, malignant scarlatina, or malignant measles. In these cases, even though the physical signs accurately correspond with those of the typical pneumonia, which, by the way, is by no means always the case, we must believe that we are dealing with a special condition of parts, and a condition not only special as compared with ordinary pneumonia, but having also another speciality—namely, that which is derived from the parent malady.

In the present state of our knowledge, gentlemen, we cannot declare that any special anatomico-pathological condition exists by which we can distinguish these secondary diseases one from the other; but we may say this much, that practically they all appear to agree in being indicative of an asthenic state of the system, and that, therefore, the supervention of their physical signs at any period of those various diseases, must not be permitted to divert your attention from the general condition of the patient, or make you proceed to treat a case as one of sthenic pneumonia because it has some, or even all, the physical signs of that condition. Do not suppose that I am taking up your time unnecessarily by insisting on these points, for they lead us directly to deal with one of the greatest, if not the greatest and most wide-spread error in the practice of Medicine; namely, the treatment of all local, acute, and febrile diseases as inflammations. Here is a group of acute, local, and febrile diseases, and not only this, but a set of cases exhibiting some or all of the physical phenomena of acute pneumonia; and yet, if we subjected them to the ordinary routine treatment of inflammation, the worst consequences would almost certainly follow. You must learn to look at the antecedents and the accompanying general phenomena of these diseases, and set your face against the adoption of any treatment which is based on the doctrine that they are original inflammations. I believe that the erroneous views to which I allude, are, I am happy to say, every day becoming less and less frequent, (thanks to our improved system of clinical instruction,) and the independent spirit of investigation which now animates so many of our students. Notwithstanding, they are still too often acted upon, and over and over again patients who have enough to contend with as the victims of some fell fever or other constitutional disease are lost, or assisted to their death by the adoption of a local or general anti-phlogistic treatment, in consequence of the physical signs of a pneumonia being discovered; their stimulants are withheld or withdrawn; tartar emetic, or mercury, or even bloodletting is rashly resorted to; and it often happens that, even though the physical signs of the pneumonia are removed or modified, the patient sinks from the combined effect of the original disease and the exhaustion produced by this ignorant and benighted treatment. I do not think that any of you will fall into these or similar errors after what I have so often said; it will, at least, not be my fault if you do.

Let us now consider what we may term the parenchymatous affections of the lung in fever, or, if you will, the typhous disease of the pulmonary structure. It may be stated generally, that whatever be the differences in the various cases of this affection in typhus, the local disease follows the general law of other lesions secondary to the fever; that is to say, it agrees with them in its mode of invasion, its latency in the earlier periods of its development, its frequent spontaneous retrocession, and, lastly, in its pathological effects. It is quite true, that, as compared with the best marked examples of acute sthenic pneumonia, it is not wanting in any of the physical signs of that disease taken singly, but it is generally different from it in the order or arrangement, as it were, of these physical signs. And, indeed, I think it is an extremely rare circumstance to observe in the course of a typhus fever the rise, progress, and retrocession of a pneumonia which has passed into hepatization, as we so continually see in ordinary cases of the disease. I have already drawn your attention to those curious cases of consolidation of the upper lobe of the lung; now, whether these be genuine examples of an arrested typhus or not it is difficult to say, but their whole history and progress is very different from that of ordinary pneumonia; and I repeat, that there is nothing more rare than to see in the course of a typhus fever that regular succession of phenomena with which Laennec has made us so familiar, as indicating the several successive stages of an acute pneumonia occurring under what may be called its normal conditions.

The most common case is the occurrence, generally at an early period, especially in the maculated forms, and often at a later period in the non-maculated or so-called typhoid fevers, of a well-marked crepitating râle in the lower lobes of one or both lungs; it is generally much more extensive and distinctly marked in one lung than in the other. The amount of dulness is seldom very great, and we find the disease, as it were, to linger, and for days together to show no disposition either to produce solidity of the lung on the one hand, or to proceed to resolution on the other. The disease is often quite latent, and is only recognisable by careful physical examination; and its discovery, as you will readily understand from what I have said before, is sometimes an unfortunate circumstance for the patient. In the present state of our knowledge we must believe this condition of the organ to be either the result of a certain amount of typhous deposit into the lung, or of a special state, an inflammation, if you will, which is, however, under the general law of the fever, partaking of its specific character, and capable of spontaneous retrocession. It is seldom attended by pain or by hæmoptysis, and it constantly exists without any important modification of the general symptoms of the case.

The second form of the disease is of a more serious character, and seems to be connected either with an original pyogenic disposition, itself secondary to typhus, or we may suppose that the typhoid deposit undergoes a rapid purulent transformation, so that in this way a condition of the lung is rapidly established, having some resemblance to the third stage of pneumonia, as described by Laennec. I have not myself seen a sufficient number of these cases to justify me in speaking very decidedly as to their physical signs; but I think I have seen enough of them to warrant me in believing that the course of the disease is different from that of ordinary suppurative pneumonia. We have not observed the intermediate stage of well-marked hepatization between that which is characterised by the occurrence of early râle on the one hand, and the signs of interstitial suppuration on the other. The complete dulness and the bronchial respiration which accompany the third stage of pneumonia as described by Laennec we have not observed, the physical signs being principally a persisting râle passing from a fine into a large crepitus, and semi-dulness on percussion. On dissection, the lung is found soft, friable, of a greyish-red colour, but still very permeable to air, though infiltrated with purulent matter. It is as if the purulent secretion took place co-incidently with or immediately after the first or congestive stage. Some of the patients have had sweatings and a sanguinolent and somewhat serious expectoration; but we have not hitherto observed the ordinary prune-juice sputa in these cases. I have seen this disease in connexion with purulent deposits in the neck, and posterior mediastinum, but it may occur without the formation of purulent matter in any situation other than the lung; it may supervene in the advanced periods of the case, and at a time when the patient seems about to recover; or it may come on much earlier, and when the skin is thickly covered with the petechial eruption. The last case is the most formidable; though one attended with the greatest danger, the disease is, however, not always fatal, and we have had several cases in which recovery took place. I need not say, that they were all treated upon a

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tonic and stimulating plan, in addition to which we employed dry cupping and blisters.

The last case of which I shall speak to-day is by far the most formidable of the pulmonary affections of typhus; it is characterised by the sudden, complete, and singularly extensive consolidation of the lung. In the course of twenty-four, or even, sometimes, of twelve hours, the most extensive and complete dulness may be produced in a lung which had been previously free from physical signs, or, at most, had only exhibited some of the ordinary bronchial râles of typhus. We have thus the signs of complete hepatisation, unpreceded by the crepitating râle; the disease begins by consolidation, and then one of two results follows: either the patient dies speedily, generally with loose râles in the opposite lung, combined with tracheal effusion; or, after a day or two, he begins to expectorate a horribly fetid matter, and we discover by the stethoscope that a large cavity has formed in the lung. This is a true gangrenous cavity formed in the very centre of the solidified mass, and the disease has a close pathological analogy to the process of acute mortification which has been described as occurring in some of the worst cases of the typhous disease of the intestinal glands.

Let us now pass in review the circumstances in which these forms of disease occur; for, when we compare them with the ordinary conditions of acute primary pneumonia, we cannot but admit that they indicate a lesion of a very different nature.

In the first place, the physical signs are preceded by fever; and it may not be until many days have elapsed that the symptoms of lung affection, as it were, spontaneously arise. 2ndly, the fever is obviously an essential fever; it may occur with or without petechiæ, and other complications may or may not be present. 3rdly, the disease sets in without any apparent external exciting cause. 4thly, when the purulent form is observed, it appears to be, as it were, the second stage of the affection; and I may here remark, that, on dissection, we rarely, if ever, find what is termed concrete or non-concrete purulent matter. Lastly, the invasion of one form of the affection may be sudden, and the signs of extensive and complete consolidation be among its earliest phenomena. It is in this case, too, that, if time be allowed, large eschars forming cavities, which may communicate with the bronchial tubes, are liable to occur.

I may remark here, that in two cases of this rapid consolidation, the gangrenous eschar did not communicate with the bronchial tubes. One was a case of typhus, in a man who had long before suffered from gangrene of the opposite lung; the other occurred in a case of what is termed the erysipelatous or diffuse inflammation.

CLINICAL LECTURES
ON THE
PATHOLOGY AND TREATMENT OF THE AFFECTIONS OF THE EAR,
CAUSING DISEASE IN THE BRAIN OR ITS MEMBRANES.

DELIVERED AT

St. Mary's Hospital.

BY JOSEPH TOYNBEE, ESQ., F.R.S.
Aural Surgeon to the Hospital; Lecturer on Aural Surgery at St. Mary's Hospital Medical School; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, etc.

LECTURE III.

TYMPANIC CAVITY—*(Concluded.)*

GENTLEMEN,—In my last Lecture, I pointed out to you the mode in which the less severe cases of catarrhal inflammation of the tympanic mucous membrane produce a loss of the membrana tympani, and slight alterations in the structure of the upper wall of the tympanum, as well as of the dura mater.

In the present Lecture, I purpose to draw your attention to the more severe cases of catarrh, and to cases of ulceration of the tympanic mucous membrane, in which the discharge is so copious that it cannot escape through the Eustachian tube, and in which there is not a free egress for the secretion. In these cases, the brain or its membranes become the seat of extensive disease, and death is usually the result.

The general opinion respecting the mode in which disease progresses from the ear to the brain, appears to be, that the petrous bone becomes carious, the dura mater ulcerates, the arachnoid and the pia mater, and, lastly, the substance of the brain, participate in the disease, as a result of direct extension from the ear. A careful examination of the *post-mortem* appearances found in some of the fatal cases, will convince you that the disease does not always advance from the ear to the brain, as the result of continuity; indeed, in some instances, an abscess is developed in the brain without ulceration of the mucous membrane of the tympanum, or caries of the bone. It would appear that constant irritation in the tympanic cavity, produced by chronic inflammation of the mucous membrane, with the absence of a free outlet for the matter, is sufficient to produce an abscess in the substance of the cerebrum. Dr. Abercrombie states: "There is reason to believe, that extensive suppuration within the cavity of the tympanum, is capable of producing symptoms of great urgency, especially if there should be any difficulty of finding an outlet;" but the evidence gained from dissection shows that these symptoms of great urgency are associated with disease of the cerebral substance, without the existence of caries of the petrous bone. Thus, in a case published by Dr. J. Williams, of which I give you an abstract, there was no caries of the petrous bone.

Ulceration of the Tympanic Mucous Membrane.—Abscess in the Substance of the Brain.—Petrous Bone not Carious.—E. B., aged 23, not strong, but her health, till about a fortnight before her death, had been uniformly good; she was then rather suddenly seised with violent headache and most severe pain in the right ear; chilliness then came on, which in a short time amounted to actual rigors. The pain in the ear was now increased, and there was, for several hours, an oozing of blood from the meatus. The next day the discharge became thin and ichorous. The febrile symptoms rapidly increased; she fell into a state of semi-stupor; the discharge became thick, fetid, and purulent. She died on the third day after the appearance of the acute symptoms.

Autopsy.—The dura mater was softened, and easily broken down over the petrous bone. In the substance of the middle cerebral lobe was an abscess containing an ounce of pus, which had a fetid odour, of a dark yellowish appearance, and mixed with serum. The abscess itself appeared to be about the size of a five-shilling piece. It had penetrated deeply into the substance of the brain, and its contents were mixed with blood. The portion of the brain surrounding the abscess was soft, and very vascular. The surface of the petrous bone was of a somewhat dark colour, and, on sawing into it, the inner portion of the petrous bone was increased in vascularity, and even, in some parts, ulcerated; the secretion was fetid and puriform, and the mucous membrane completely destroyed. The membrana tympani was ulcerated nearly through. Some of the bones of the external ear were destroyed. Dr. Williams adds: "Dr. Alison has communicated to me a case where abscess was found in the brain, consequent upon disease attended with discharge. The petrous bone was sound, consequently there was no communication between the matter of the ear and that of the brain."

In other cases, a considerable portion of healthy brain is found to exist between the abscess and the petrous bone. For the particulars of the following case, and for the opportunity of making the dissection, I am indebted to Dr. Merriman.

Catarrh of the Mucous Membrane of the Tympanum since Measles.—Attack of Arachnitis.—Death.—Petrous Bone not Carious.—Abscess in the Substance of the Brain.—Adjacent Cerebral Matter Healthy.—M. K., a widow, aged 26, of a scrofulous diathesis, and confined much to the house as a maker of military caps, came under the care of Dr. Merriman, at the Westminster General Dispensary, for a cough on the 7th of January, 1846. On the 26th she complained of earache on the right side. She then said that she had been subject to discharge from the right ear since an attack of measles, when a child; the discharge was at times very offensive. Previous to the present attack no pain had ever been felt; but for twelve or sixteen months she is said to have suffered much from headaches, and at times was forgetful and very giddy. She had also fallen away very much. At first only fomentations were ordered; these were followed by leeches, but no benefit was obtained. The pain much increased; at times it was described as if a knife were being thrust into the ear, and then as if there was a sawing outside the ear at its edge. During paroxysms of pain the patient screamed out suddenly, and she could not open her mouth. On two occasions there was observed a small quantity of discharge, but its appearance was not followed by any relief. When the pain was not so severe she lay in a partial sleep. On the 17th of February she became sensible, but put out her tongue when loudly told to do so, and then relapsed into a comatose state. She died on the evening of the 17th, twenty-three days after the attack of pain had commenced.

Autopsy.—When the skull was sawn through, pus flowed from

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within the dura mater, and upon examination it was found to come from an abscess which occupied the whole of the upper part of the right cerebral hemisphere. The substance of the surrounding brain was healthy. The dura mater above the part cut off by the saw presented a patch of coagulable lymph, about the size of a fourpenny piece; a portion of lymph was also effused on the surface of the dura mater covering the petrous bone, and a portion of it was detached from the bone. Upon dissection of the ear, the membrana tympani was absent; the tympanic mucous membrane and that of the mastoid cells is thick and soft, and it was covered by a large quantity of caseous scrofulous matter. The upper tympanic wall was of a dark colour, extremely thin, and perforated by numerous blood-vessels. The dura mater covering the upper part of the petrous bone, and that lining the squamous bone, was very thick and detached from the bone, and a large quantity of purulent matter was deposited between the dura mater and the arachnoid. The arachnoid membrane was highly congested. In some parts the purulent matter had passed through the dura mater, and was in contact with the bone. The outer surface of the dura mater, forming the lateral sinus, is rough where it is in contact with the inflamed bone; the internal surface of the sinus had portions of fibrin adhering to it.

The presence of a portion of healthy brain between the abscess and the petrous bone has induced some observers to conclude that the abscess in the cerebrum is the primary disease, and that the affection of the ear is the result. The objections to this opinion are, that the cases of abscess in the cerebrum are usually preceded by a long-standing affection of the ear; secondly, that the portion of bone which becomes carious is far from being the most dependent part of the cerebral fossa; and thirdly, that although the abscess may be very large, the walls of the tympanum only are the real seat of the disease.

I have already adverted to the very insidious progress which the disease makes in its progress towards the brain. In some cases there is no symptom indicative to the patient that the brain has become affected, until the sudden appearance of the acute stage; the presence of a discharge from the ear, and a certain amount of deafness, the Medical man is assured, are the only unpleasant symptoms. Nevertheless, I cannot but think that on a careful examination of the patient by a Medical man, the early stages of the disease might be detected. In cases where I have been suspicious, from the condition of the ear, that the disease is progressing inwards, I have not unfrequently found an unnatural sensibility of the brain upon percussing the suspected side of the head. In some cases the discharge may take place for a month or two, and then it disappears for a similar period; in the latter case, however, there is usually tenderness in or about the ear. The fact of discharge occasionally taking place from the ear should induce the Medical man to investigate the case carefully.

The exciting causes of the acute cerebral symptoms are various: a blow upon the head, violent exercise, a cold, stimulating applications, or any depressing influence, is capable of bringing them on. Sometimes no exciting cause can be detected besides the progress of the chronic affection of the ear.

One of the first symptoms of the disease assuming an acute form is the cessation of the discharge; this is the result of inflammatory action, and, as it is so commonly associated with the origin of acute symptoms that the stoppage of the discharge has been resolved upon by Surgeons as the cause, instead of the effect, of acute inflammation. Hence has arisen in the minds of Medical men a fear of stopping a discharge from the ear for fear inflammation of the brain be induced. If this fear were confined to the exclusion of all irritating astringents in these cases, it would not be productive of injurious effects; but when it induces a belief that it is not judicious to interfere in any way with a disease of the ear, which is slowly progressing, and which, if neglected, will probably terminate in the death of the patient, it is liable to be most injurious. Mr. Wilde, in his valuable work on Aural Surgery, has some interesting observations on this subject.

I have already described to you two cases of abscess in the substance of the cerebrum, arising from catarrhal inflammation of the mucous membrane of the tympanum. In the following case, the *post-mortem* of which I attended with the late Mr. Fariah, death took place from arachnitis, and an abscess was found in the middle cerebral lobe; but the cause of the irritation appeared to be the presence of scrofulous matter in the tympanum.

Scrofulous Matter in the Tympanic Cavity, Caries of the Upper Wall of the Tympanum Arachnitis, Abscess in the Middle Cerebral Lobe.—Miss H. G., aged 9¼, fair and delicate, but not unhealthy, had measles when quite a child, but not severely; since the measles, has had an offensive discharge from the left ear, attended by occasional attacks of pain. On the 5th of May, 1845, she was seized with symptoms of active fever; she did not complain of head-ache, but, when questioned, said she had uneasiness about the vertex. The discharge had ceased. She was troubled with constant vomiting. Calomel and opening medicines were administered, followed by effervescent salines. On the 7th she seemed well; every unpleasant symptom having vanished. Her pulse was natural, her tongue clean, food was relished, and there was no pain. On the 8th, the bad symptoms re-appeared. On the 10th, she complained of pain in the left ear, which by degrees became excruciating to the last degree; she, however, retained her faculties till between twelve to twenty hours previous to her death. The only symptoms of derangement of the nervous system were some vomiting, and a slight degree of paralysis of the muscles on the left side of the face. The remedial means employed were leeches, calomel, James's powder, and a little opium; and these means were employed pretty freely from the 11th. In spite of all, she gradually became comatose; but even then she frequently shrieked out from pain on the left side of the head. She died at midnight of the 15th, twelve days after the occurrence of the first symptoms.

Autopsy.—Upon removing the calvaria, the dura mater was observed to be red, and its blood-vessels distended. The cavity of the arachnoid on the left side contained nearly half-an-ounce of yellow purulent matter; lymph was deposited upon the inferior surface of the posterior lobe of the left hemisphere. The arachnoid and pia mater covering the inferior surface of the middle lobe on the left side were thick and of a dark colour, over a superficies about the size of a sixpence; this thickened portion corresponded with an orifice in the dura mater covering the upper surface of the petrous bone. In the interior of the left middle cerebral lobe there was an abscess as large as a small hen's egg, in which a quantity of dark-coloured fetid matter of a watery consistence was contained. There was no communication between the abscess and the cavity of the arachnoid. The dura mater covering the upper surface of the petrous bone was three or four times its usual thickness; its inner surface is of a darker colour than natural, and rough; in some parts it adheres to the bone very firmly, in others, it is detached from it. About the centre of the upper surface of the petrous bone, the dura mater presented an orifice about a line in diameter. Directly beneath this orifice was a small one in the petrous bone, which measured about a quarter of a line in diameter; this orifice, as also were several smaller ones about the size of pin holes, was filled by concrete scrofulous matter, which projected from the tympanic cavity. The superior wall of the cerebellar corner of the tympanum presented two carious orifices. The tympanic cavity and mastoid cells were completely full of scrofulous matter; the mastoid cells appeared to be much dilated by the presence of this matter, having the consistence of soft cheese; the mucous membrane of the tympanum was but slightly thicker than natural, and, where the orifices existed, it appears that they were produced by atrophy, resulting from the pressure of the scrofulous matter rather than from the process of ulceration. The greater part of the substance of the membrana tympani had been destroyed, and the remaining fibres were adherent to the inner wall of the tympanum.

In some cases the disease in the ear, instead of an abscess, produces *purulent degeneration* of the substance of the brain. The following case, belonging to this class, was supplied to me by Mr. Obrè, together with the preparation which I here exhibit to you.

Scrofulous Ulceration of the Tympanic Mucous Membrane; Destruction of the Upper Wall of Tympanum; Purulent Degeneration of the Middle Cerebral Lobe.—A young lady, aged 18, of scrofulous diathesis, and who was treated by a Medical friend, was attacked on November 20, 1846, with fever and hysterical symptoms, unaccompanied by any pain. The following day symptoms of pleuritis appeared, accompanied by severe pain in the right side of the head. It was now ascertained that she had been deaf in the right ear for two years, and that the deafness was preceded by a fetid discharge. In spite of the most active treatment, the symptoms of cerebral irritation grew worse daily, and death occurred on the ninth day of the attack. The patient's memory and intellect were perfect up to the hour of her death, which was preceded by epileptic fits. There was a very fetid odour about the ear, but no discharge. On dissection, the periosteum was found detached from the exterior, and the dura mater from the interior of the squamous bone, and separated by dark-coloured pus. The dura mater on the right side of the

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head was gangrenous over a large surface; the middle lobe of the right hemisphere was in a state of suppuration, being principally composed of pus. Upon making a careful inspection of the petrous bone, the whole of the upper wall of the tympanum was found to have been destroyed by caries, and the tympanic cavity communicated with that of the cerebrum by an aperture measuring three-quarters of an inch in length, and a third of an inch in breadth.

Fig. 4.

The temporal bone, seen internally, showing the tympanic cavity in a state of disease, the entire osseous upper wall of the tympanum having been destroyed by caries.

In the following case, which is the last I shall bring before you in reference to the diseases of the tympanum, the disease was evidently of a scrofulous character. The mucous membrane of the tympanum had disappeared, and its place was occupied by scrofulous matter. The substance of the brain had also undergone scrofulous degeneration:—

Scrofulous Inflammation of the Mucous Membrane of the Left Tympanum, Softening and Tubercular Deposit in the Corresponding Cerebral Lobe.—Wm. K., aged 4, was admitted, under my care, at the St. George's and St. James's Dispensary, in March, 1849. He was described as never having had good health, his bowels having always been irregular, and his abdomen tumid. During the first year of his life, discharge of offensive matter took place from the left ear, and it has never disappeared, excepting for a few days at a time. The ear appeared tender to the touch, although no pain has been complained of. Has suffered from pain in the forehead and eyes for some months.

Three days before my seeing him, he fell down at school in what appeared to be a fit; he remained insensible for some minutes, and upon his recovery he was observed to have lost the use of the muscles on the right side of the face and body. When I saw him, he was in a state of extreme exhaustion; he was speechless and hemiplegic.

On the following day, he complained of much pain in the left ear and the left side of the head; there was an abundant, creamy, offensive discharge from the ear.

Upon examination, the whole of the membrana tympani was found to have been destroyed, the tympanic mucous membrane had disappeared, and the cavity contained thick, caseous, scrofulous matter. The pain in the head and the convulsive fits increased in intensity; he often remained insensible for some hours to together; his strength gradually declined; and, in spite of the most active treatment with leeches and mercury, he died on the 21st of May.

Autopsy Sixteen Hours after Death.—The dura mater covering the upper surface of the cerebral hemispheres was healthy; in the substance of the left cerebral hemisphere, above the middle cerebral lobe, was a space measuring three inches from behind forwards, and an inch and a-half from without inwards, and an inch from above downwards, which was much harder than natural, and studded with tubercles; between this mass and the lateral ventricle the brain was pulpy. In the left lateral ventricles was a small quantity of turbid serum. The dura mater covering the upper surface of the petrous bone was more vascular than natural, and on its free surface was a patch of blood. The upper wall of the tympanum was of a dark colour, and the thick mucous membrane was seen beneath it. The tympanic mucous membrane was very thick, and of a dark purple colour, its vessels being distended. The upper part of the tympanum was filled by this thick membrane, so that the scrofulous matter and pus were retained by it. The scrofulous matter was composed of fine granules, of epithelial scales, and of very fine crystals, which Dr. Garrod stated to consist of phosphate of ammonia and magnesia. The stapes was disarticulated from the incus; the ossicles were concealed by the thick mucous membrane. The lower osseous wall was also thin, and of a red colour; it presented an orifice which allowed of a communication between the tympanum and the fossa jugularis.

This case is also interesting from the fact, that the disease had extended downwards to the lower osseous wall as well as upwards. This lower wall of the tympanum is, as you may observe in the specimens before you, frequently formed by a thin layer of bone, which separates it from the fossa jugularis. In many instances, as you may here observe, this osseous lamina is deficient in parts, and the outer surface of the mucous membrane of the tympanum is in contact with the jugular vein. Disease may thus be propagated from the tympanic cavity to the jugular vein. This occurred in the specimen I now show you, but I am not acquainted with the particulars of the case.

I have thus shown you the mode in which disease extends from the tympanic cavity upwards to the cerebrum and its membranes; and you will have observed that the reason why the cerebrum becomes diseased in affections of the tympanic cavity is, that the middle lobe of the cerebrum is lodged directly above the tympanic cavity, and that the two are separated only by a thin layer of bone, in which not unfrequently there are apertures.

In my *fourth* Lecture I shall proceed to the examination of the diseases of the Mastoid Cells.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS.

No. XXIX.

EXTRACTS FROM A REPORT ON CHOLERA IN THE BALTIC FLEET IN 1854.

By Sir WILLIAM BURNETT, M.D., K.C.B., Etc.
Director-General of the Medical Department of the Navy.

Though small-pox made its appearance in several of the larger ships, there was no disease of a truly choleraic character observed until the month of June, when the general health of the whole Fleet was rapidly improving, and acquiring a fixed character.

Early in June, the Duke of Wellington, with the greater number of the line-of-battle ships, arrived in Baro Sound, where they remained until about the 22nd and 23rd; when, in consequence of scattered cases of cholera and choleraic diarrhœa having made their appearance in several vessels, the Fleet weighed, and, proceeding up the gulf, anchored at the distance of about three leagues from the land, off Cronstadt.

The first well-marked case of the disease, in its malignant form, occurred in the Duke of Wellington on the 7th of June, while at anchor in Baro Sound. It is not mentioned in the Surgeon's report whether the man had or had not been on shore, or whether he, or any of the ship's company, had had any communication, directly or indirectly, with it; but it is stated, that he had drunk some of the brackish water taken from alongside, and he had also eaten part of a pike for breakfast on the day he was attacked. It is remarkable that the Surgeon does not even mention whether the disease existed among the inhabitants on shore at Baro Sound, or at Hango, which the ship had recently left; though it is possible he may not have had any communication with either of these places. Immediately after the beforementioned case, there were many others of a diarrhœal nature,

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and upwards of twenty of confirmed cholera; but the disease ceased early in July, soon after the vessel left the neighbourhood of Cronstadt; and, although there were a few cases of cholera and diarrhœa at Bomarsund, in September, they occurred chiefly among the men who visited the shore.

Although the Blenheim was exposed to atmospheric agencies in precisely the same localities as the Duke of Wellington, choleraic diarrhœa did not appear among her crew until the 30th of June. The disease was of a very mild and tractable nature, and, soon afterwards, it entirely disappeared; ten cases only required to be placed on the sick-list.

The escape of this ship's company from the more malignant form of the disease, and the sudden disappearance of the milder form, I am inclined to attribute to the pure and wholesome state of the air which circulated within her. The Surgeon mentions, in his Quarterly Return, that he "sought the earliest opportunity of recommending the fore and after holds to be cleared, and afterwards to be thoroughly cleansed, scraped, and ventilated; then to be dried by airing-stoves; and the chloride of zinc solution to be effectually employed before they were restowed." He also mentions that the Fleet procured water at Elfsnabben, and afterwards at Baro; but, to prove that the water thus obtained had no share in the production of cholera, the crew suffered less than did those of the ships which obtained from these sources no supplies whatever. A second eruption of cholera took place among a detachment of men landed from this ship during the attack on Bomarsund. There were altogether twelve cases, six of which proved fatal. There were also many cases of diarrhœa; but few of the men who remained on board were attacked by the latter, and on leaving Bomarsund it entirely ceased.

The disease also made its appearance in the Cæsar, at Baro Sound, and one death occurred after she arrived off Cronstadt, where the Surgeon states, but on what authority he does not mention, the disease was then prevailing as well as at St. Petersburg.

In consequence of a case of small-pox having made its appearance in this vessel some time previously to the case of cholera, to prevent the extension of the former, the patient was separated from the rest of the ship's company, and repeated sprinkling and ablution with the solution was had recourse to. By these means the further progress of this horrible scourge was arrested, and by the same rule it may be assumed that they were equally effective in arresting the no less fatal spread of cholera when it made its appearance. In the Duke of Wellington, in which the disease first showed itself, the solution, as appears by a letter from the Surgeon to the Medical Inspector of the Fleet, had not been used for some time previously to its eruption.

The epidemic made its appearance in the Cressy two days after she left Baro Sound, namely, on the 22nd of June, and speedily proved fatal to five of her crew. Alarmed by its sudden eruption, and by the rapidity with which it seemed to be spreading, it was thought necessary to resort to some means of checking it; consequently, after the lower and main decks had been fumigated, they were well washed by a dilute solution of the chloride of zinc, which effectually removed all offensive effluvia from every part of the ship, and, as would appear, it also removed or modified the choleraic poison or cause, as the cases that presented themselves afterwards were decidedly milder in their character, and in the course of about ten days they entirely ceased. This vessel does not appear to have been present at Bomarsund.

One case only occurred in the Driver, off Cronstadt. The patient was placed in a kind of tent, rigged up in the pinnace on the upper deck, so that no ill effects to the rest of the ship's company might accrue from his evacuations, or, it is to be presumed, from any morbid product of an infectious nature emanating from his body. This vessel was at the capture of Bomarsund, where she embarked 600 French troops, and took them to Ledsund; they were then suffering from cholera, yet the crew of the vessel entirely escaped.

With respect to the influence of the water of the Neva, and of the atmosphere off Cronstadt, in the production of the disease, the case of the Magicienne furnishes a useful lesson to those who vainly and without reason attempt to trace epidemics to fortuitous and unknown causes or changes occurring in the air, in the earth, or in the water flowing in its natural channels on "the face of the earth." The Surgeon of this vessel makes the following remarks in one of his Returns:—

"Notwithstanding the prevalence of epidemic cholera in the Fleet during June and July, I am happy to say that not a single case occurred on board this ship. This is the more singular, as no other ship approached nearer to the forts of Cronstadt than the Magicienne, at a time when rumour informed us the disease was very prevalent there; indeed, at one time, when the ship was close in shore reconnoitering the fortifications, I observed a number of tents pitched outside the walls, which I supposed were occupied by cholera patients.

"When at anchor to the north of Cronstadt, the water from the river taken up alongside was submitted for my opinion. Finding it perfectly fresh, and, indeed, in many respects, superior to what had previously been obtained at Baro Sound, and not being at the time aware that deleterious qualities were ascribed to the waters of the Neva, I made no objection to its use; and I am happy to add, though freely used by the ship's company, not the least evil result accrued from it. Coupling this with the fact that cholera prevailed extensively in those ships in which distilled water was used, I think it requires no further evidence to prove, that to whatever cause the cholera in the Fleet may be ascribed, the waters of the Neva, at all events, stand acquitted of all blame in the matter."

By the same rule, and on similar grounds, the supposed epidemic influence of the atmosphere falls to the ground; for if anything of the kind had existed, the crew of this and several other vessels which either entirely escaped or suffered but little, ought to have shown their fair quota of attacks in relation to the number of their crews.

It is a remarkable fact, that in almost every vessel in which the solution was properly employed previously to their communicating with ports or places in which cholera existed, that their crews either entirely escaped the disease, or suffered in a much less degree than the crews of other vessels in which its proper use was neglected. The Monarch appears to have been at anchor in Baro Sound when the disease broke out in the Fleet, yet her crew entirely escaped. The Surgeon mentions, that, after the hot weather set in, wind-sails had been hoisted, and "the chloride of zinc has been freely and frequently used in the holds, pump-well, and in various other parts of the ship, for the prevention of effluvia."

The crew of the Prince Regent suffered but little, though they were exposed in all the localities supposed to be infected by the exciting cause. The solution was assiduously used in the holds and pump-well, and bread-bags kept moistened with it were hung up on the lower deck, in the cockpit, and around the pumps. The Surgeon observes, that he "was led to adopt these measures after the 18th of July, in consequence of a case of cholera and several of diarrhœa occurring in the messes abreast the pumps, where there existed a close, disagreeable smell, which was soon corrected; and, as the cases of cholera and diarrhœa ceased, I infer this beneficial change arose principally from the correcting powers of the chloride."

The crew of the St. George is another case in point. Though equally exposed to all the atmospheric or epidemic agencies of the locality as were the crews of the vessels that suffered; they also escaped the disease, which the Surgeon attributed chiefly to the purifying influence of the chloride of zinc, and to the general cleanliness of the ship.

There is yet another instance of exemption which deserves to be noticed. The James Watt was present with the Fleet at Baro Sound, and when off Cronstadt, yet she entirely escaped the prevailing malady. In a special Report, signed by the Surgeon and the two Assistant-Surgeons, it is mentioned that "she was the only ship in the Fleet up to the 31st of July that escaped cholera. Whether the remarkable cleanliness of the ship, with the frequent application of the solution of chloride of zinc to the bilges, etc., have contributed to this happy result, can only be decided by comparison with other ships."

It appears that the James Watt lost two men by cholera at Bomarsund; one of the persons had been on shore. The disease did not spread, owing, as stated by the Surgeon in his Return, to the strict attention which was paid to the washing the holds, bilges, etc., with the solution, keeping them thereby free from foul air. The men were, at the same time, well clothed, and the decks kept dry.

[To be continued.]

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ON THE

STRUCTURE OF THE MUCOUS MEMBRANE OF THE ALIMENTARY CANAL.

By ERASMUS WILSON, ESQ., F.R.S.

Having recently had occasion, in the preparation of a new edition (6th) of the "Anatomist's Vade-mecum," to re-examine the mucous membrane of the alimentary canal, and make some drawings to illustrate its structure, I beg to lay the results of my survey, with the accompanying drawings, before the Profession. The importance of the mucous membrane of the alimentary canal, in its physiological and pathological relations, might alone warrant the publication of any researches made into its structure; but, as I have been led to conclusions differing from those generally entertained, their publication becomes a duty which I owe to the Profession, and the more so as I have merely broken ground in a field of investigation which I hope will be explored by others younger than myself, and having at their disposal more leisure for such pursuits. The latter circumstance, deficient leisure, I must plead as an excuse for the imperfection and limited extent of my present observations.

The mucous membrane of the alimentary canal presents, on its surface, two apparent differences of structure which have caused its distinction into alveolar (*Figs.* 1, 2); and villous (*Fig.* 3); the former being found in the stomach and large intestine, the latter in the small intestine.

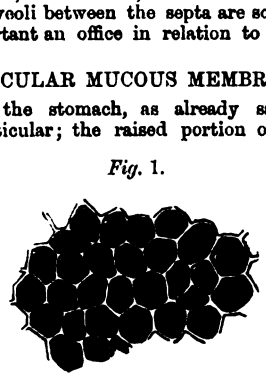
The alveolar mucous membrane is so named from presenting a surface made up of minute depressions in the form of pens or cells, separated by septa; these depressions being the alveoli. The villous mucous membrane, on the other hand, is characterized by projections of its surface, the projections being termed villi.

These terms are simply expressions for the idea which is given by a coarse observation of the surface, and have little reference to the structure which gives rise to such appearances; for if we adopt the idea of distinguishing the mucous membrane by the projections developed on its surface, as in the case of the villi, we ought, correctly, to term the alveolar membrane reticulated, distinguishing the prominences on its surface and not its depressions; for the prominences or septa are elevations of the membrane analogous to the villi, the alveoli being merely the spaces between the septa and the floor of the alveoli, the ground surface of the membrane. The term "reticular," therefore, seems to me preferable to "alveolar" for several reasons, namely, in the first place, as conveying the idea of prominence or development from the surface, and therefore corresponding with the term "villous" applied to another part of the same membrane; secondly, as truly representing the structure, for the septa do, in reality, form one continuous network over the whole surface, the areolæ of this network being the alveoli; thirdly, as supporting the analogy between the alimentary and other mucous membranes ordinarily described as "reticulated," for example, that of the gall-bladder and vesiculæ seminales; and, lastly, as extending the analogy of structure to inferior animals, as the ruminant, wherein one division of the stomach is termed, from the presence of a magnified representation of the same structure, "reticulum;" and to the camel, where the deep spaces or alveoli between the septa are so remarkable, and perform so important an office in relation to the habits of the animal.

RETICULAR MUCOUS MEMBRANE.

Stomach.—In the stomach, as already said, the mucous membrane is reticular; the raised portion of the membrane forming a fine net-work (reticulum) over its whole surface, and constituting the septa, the areolæ of the network being the alveoli. The amount of projection of the reticular frame, in other words, the depth of the septa is about $\frac{1}{600}$ of an inch; and their breadth that is, the thickness of the septa, divested of epithelium, about, $\frac{1}{1800}$ of an inch. In structure the reticulum is composed of a fold of the limitary membrane, containing the transparent granular substance of the surface of the corium and a plexus of capillary vessels. The capillary plexus of the reticulum is single, a disposition which probably determines the thickness of the septa; its meshes are large and open, and the vessels flexuous and serpentine in course. The border of the septum is formed by a capillary vessel which sometimes runs in a straight direction, and forms an even rim to the mouths of the alveoli, like that of a honey-comb; but more frequently makes abrupt curves and loops, which project before them the limitary membrane, and give rise to flat papillæ. These flat papillæ are chiefly found at the angles of the reticulum, and their existence in numbers gives a fringed appearance to the rims of the alveoli.

Fig. 1.



A portion of the mucous membrane of the stomach magnified seventy-five times. The alveoli measured $\frac{1}{200}$ of an inch in length, by $\frac{1}{250}$ in breadth; the width of the septa being $\frac{1}{1000}$ of an inch. The smaller alveoli measured $\frac{1}{250}$ of an inch in length, and $\frac{1}{300}$ in breadth. The trifid or quadrifid division of a small artery is seen at the bottom of each alveolus, and in the depressions between the divisions of the artery, the apertures of the gastric follicles; two, three, or four in each depression.

The areolæ of the reticulum or alveoli are polyhedral in figure, for the most part hexagonal, and slightly oblong; about $\frac{1}{600}$ of an inch in depth at the sides, and somewhat deeper in the middle, and larger at the brim than at the fundus. Divested of epithelium, they measure in diameter at the brim between $\frac{1}{250}$ and $\frac{1}{250}$ of an inch in length by $\frac{1}{150}$ and $\frac{1}{300}$ in breadth, and at the fundus something less. The floor is uneven, and presents in the centre the axis of a minute artery, from which two, three, or four, commonly three, capillary vessels pass off to make their way to the base of the reticulum, and constitute its plexus. This little capillary axis naturally forms as many ridges in the floor of the alveolus, leaving shallow depressions or foveolæ between them; and at the bottom of these foveolæ, generally three in number, are seen the openings of the gastric follicles. The openings of the gastric follicles are oval in shape, about $\frac{1}{1800}$ of an inch in long diameter, and disposed irregularly in the foveolæ, two or three in each; so that the entire number of gastric follicles opening into each alveolus would amount to from six to ten or twelve.

Large Intestine.—The surface of the mucous membrane of the large intestine presents this most obvious difference from that of the stomach, namely, smoothness,—a difference which is as apparent to the naked eye as to the eye armed with the microscope. With the microscope, moreover, we are struck with the symmetry of the reticulum and alveoli, by the greater breadth, lesser degree of prominence, by the flatness and evenness of the septa, and by the elliptical form and shallowness of the alveolar spaces.

Fig. 2.

A portion of the mucous membrane of the large intestine, magnified 75 times. The alveoli measured $\frac{1}{150}$ of an inch in length, by $\frac{1}{250}$ in breadth; the septa between the alveoli measuring $\frac{1}{250}$ of an inch in width. The alveoli are less regular in form and shallower than those of the stomach; and in the bottom of each is a gland with a central excretory aperture. In some of the larger alveoli there are two glands

The septa measure about $\frac{1}{600}$ of an inch in breadth; and the alveoli $\frac{1}{250}$ of an inch in length by $\frac{1}{250}$ in greatest breadth. The septa contain a plexus of capillaries, smaller in size than those of the septa of the stomach, and having minute areolar spaces. The brim of the septum exhibits a small, chain-like plexus, composed of two or three of these capillaries lying parallel with each other; the meshes of the plexus are oblong, and about equal in breadth to that of the capillaries. The alveoli are shallow, the floor being slightly convex, and occupied by a mucous gland having a central excretory aperture; in some of the longer alveoli there are two glands and two excretory openings.

Immediately around the solitary glands, the alveoli and reticulum undergo some modification; the former are larger, measuring $\frac{1}{175}$ of an inch in length by $\frac{1}{250}$ in breadth; and

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deeper,—so deep, in fact, that their floor is no longer visible. The septa are thinner, measuring $\frac{1}{1\,1\,7}$ of an inch in breadth, and furnished with a single capillary, instead of the triple chain of the rest of the membrane (*Fig.* 7).

[To be continued.]

REPORTS OF TWO CASES OF TRAUMATIC AND IDIOPATHIC GANGRENE.

By SAMUEL TAYLOR CHADWICK, M.D. Edin., and M.R.C.S. Eng.

MORTIFICATION is so formidable a malady, that, to whatever causes attributable, it must invariably engage the solicitude of Medical practitioners; for whenever it developes itself in an extremity, that member is in imminent peril, besides the life of the individual being also placed in extreme jeopardy.

The following cases have recently come under my observation; and as I consider they present features of an unusual character, if not of pecular interest, I beg to submit them to your notice.

Case 1.—John Higginson, a resident in this town, an athletic young man, aged 22 years, following the avocation of a sawyer, in which employment he had been engaged several years, met with an accident under the following circumstances, viz., that he, assisted by other workmen, were in the act of removing a large log of timber from the top of a pile of other logs of like description, with the intention of removing it to an adjoining saw-pit. These operations disturbed two other heavy logs, which began to roll down; and his position being such that he would have been inevitably crushed to death, had he not observed the impending danger, and made a desperate leap; but, although his alacrity preserved his body from injury, he was not equally fortunate as regards his left leg, which being caught by one of the falling bodies, was so securely jammed in between it and another block of wood, that some time elapsed before he could be extricated from his painful situation. He was soon after removed to his home, a distance of not more than a quarter of a mile, where I visited him in about an hour after the receipt of the injury. I found him extended on a bed, exceedingly agitated, bedewed with a cold perspiration, faint, and suffering great pain. On my interrogating him where he had sustained the greatest amount of injury, he directed my attention to his left leg, observing that his thigh was broken. The parts about the knee were so prodigiously swollen, that it was found impossible to remove his trousers without cutting them off. Although there was so much swelling, not the slightest trace of discoloration or abrasion of the skin was observable.

Having carefully examined the limb, I was satisfied that neither fracture nor dislocation existed, which opinion I communicated to the patient and his friends,—a belief in which it was evident they did not acquiesce, their doubts apparently arising in consequence of the powerless condition of the limb.

I directed the part to be fomented with warm water, the administration of a stimulant, and, when he had become warm, the application of sixteen leeches, followed by poultices. Pil. saponis c. opio gr. viii. at bed-time, and an ounce of castor oil early the following morning.

When I called the following day, I was informed that he had passed an indifferent night, not so much from the pain experienced about the knee and thigh, as from violent palpitation, which had been attended with considerable difficulty of breathing. The action of the heart was extremely tumultuous; indeed, it was obvious to the bystanders, as it lifted the clothes covering his chest. He attributed the palpitation to the excessive fright he felt at the time of the casualty.

On examining the limb, I was astonished to find that he could not move his toes; indeed, not only his toes, but two-thirds of the whole foot was devoid of both sensation and motion. The temperature of these parts was also lower than the opposite extremity; there was, however, not the slightest swelling. The condition of the thigh and knee was much in the same state as yesterday, excepting the swelling was more diffused. On the application of pressure, he complained of pain about the inner condyle and popliteal space. I was unable to detect the pulsation of the anterior tibial on the dorsum of the foot, or the posterior tibial behind the internal malleolus. I now felt apprehensive of lesion to the popliteal artery.

Ordered—Haustus ammonia acetatis ℥i., tinct. hyoscyami ℥ss., vini antim., tart. gutt. xv. sextâ quaquâ horâ. Eight leeches to the painful part, and dry local warmth to the leg and foot.

On the third day, he again complained of the inconvenience of the heart's action, from which he appeared more distressed than from the condition of the leg. The foot was scarcely so cold as yesterday; the absence of motion and sensation, however, was more extensive. There was an almost entire freedom from febrile disturbance.

Since the administration of the castor oil, the bowels have continued soluble, and he has been able to partake of the necessary quantity of diet, such as farinaceous food, beef-tea, chicken broth, etc.

The swelling had extended on the thigh, which had also become more tense.

To continue his mixture, and to have a pill at bed-time, should sleep not be procured, composed of two grains of calomel and one grain of opium.

On the fourth day I found him complaining of exhaustion and more pain of the knee and thigh. The heart's action more tranquil. Two of the toes presented a dry shrivelled appearance, no sensation below the ancle, nor swelling about that part or lower half of the leg. No subsidence of swelling about the knee or thigh, red streaks extending towards the groin.

Complaining of pain along the inner side of the thigh, in the course of which eight leeches were applied. Directed to omit the mixture, and to take decoct. cinchonæ ℥iss., tinct. cinchonæ comp. ℥ss. ter in dies. Repeat the pill at bed-time. Half-a-pint of bitter beer twice a-day.

On the following day I expressed a desire that another Surgeon should meet me in consultation, and the wish having been made known to the patient's employers, another Surgeon was called in.

That gentleman, by means of the stethoscope, thought that he could trace the pulsation of the popliteal artery. He advised the continuation of the course of treatment which had been adopted. We saw him together frequently up to the twelfth day after the infliction of the injury, at which time the lower third of the leg as well as the whole foot had become of a dry browniah colour, cold, shrivelled, and shrunk. The rest of the leg and lower half of the thigh tense, inflamed, swollen, and covered with some vesiccations. It was doubtful, however, whether the fomenting and poultcing were not the cause of the latter state, which applications had been assiduously employed from the commencemeut.

During the last two or three days the constitutional symptoms became more severe, and the debility increased, notwithstanding he had been able to take plentifully of nutriment.

There was no appearance of the line of demarcation, for which we concluded it would be unsafe to wait any longer; and since the opinions of Larrey, Guthrie, and others were promulgated it has become one of the established rules in Surgery that we are justified in amputating in cases of traumatic gangrene, without waiting until such process is established; consequently, we proceeded to amputate, and I performed the double flap operation about the middle of the thigh, which was well borne by the patient; and, although it was necessary to cut through textures inflamed and infiltrated with serum, there was a considerable amount of union by the first intention, the stump never evincing the least disposition to take on diseased action; indeed, he made a most satisfactory recovery. On examining the limb after its removal, the artery was found intact as far as we traced it, viz., to its division into the two tibials.

It is remarkable that the foot and lower part of the leg presented all the appearances observable in chronic or dry gangrene, and the remaining portion of the limb of the acute or humid description.

There is considerable obscurity as to the cause of the gangrene, when we consider that there was no injury of the integuments, or the principal vessels; besides, the patient's previous habits had been such as not to enfeeble the vital powers. The most plausible explanation appears to be, that the mechanical violence might not have been of such severity as at once to disorganise the part, but intense enough to lower its vitality, by partial disruption of texture.

Had fracture existed or been suspected in the above case, and the appliances necessary in such cases been resorted to, it would have been an admirable opportunity for litigious individuals, and ingenious counsel, to have victimized the Surgeon, by mulcting him of exorbitant damages and costs, besides ruining his future reputation, of which a painful and deplorable example has so recently occurred in the case of Mr. Housely.

Case 2.—Alice Heaton, aged 60 years, who resided in the neighbourhood of Horwich, a very tall and corpulent woman, the mother of twelve children, had, up to the age of 56, enjoyed robust health, since which period she had been subject to chronic cough, and difficulty of breathing, on using extra

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exertion. Her first husband, who died five years ago, was by trade a country blacksmith, in the exercise of which calling his wife assisted him for nearly twenty years, in the capacity of "striker," having occasion to wield a large heavy hammer, in making horse-shoes and other such-like work, requiring excessive physical exertion, to which artisans of that class are inured. For upwards of twenty years, she had been accustomed to imbibe great quantities of beer, and for the last four or five years she had also indulged in spirituous potations.

On the 15th day of last July, after having partaken of tea, she and her daughter went to take a walk in an adjoining field, when she was suddenly seized with an acute pain at the upper and back part of the leg, which was so violent as to make her scream out, and, had her daughter not supported her, she would have fallen to the ground. Not being able to put her foot down, her husband was called to their assistance, and it was found necessary to carry her into the house. On examining the painful part, they were unable to detect anything unusual in its appearance; the pain through the whole night was described as most agonizing; and, on the following morning, her husband came for me to go and visit her. From the description that he gave of the attack, I felt convinced that rupture of the tendo-Achilles, or the plantaris muscle, had occurred. On viewing the leg, however, I soon found that my surmises were not correct. All the toes and half the foot were cold and insensible. The most acute pain she referred to the popliteal space, and which was aggravated on handling. The constitutional symptoms were those of inflammatory fever. The general and physical signs also clearly indicated long-standing disease of the heart and lungs. There was considerable fullness of the abdomen, accompanied with enlarged liver, and obscure fluctuation. The bowels not having acted for two days, a few grains of colocynth and blue pill, followed by the haustus sennæ co., were directed to be taken. A dozen leeches to the painful part, and the leg and foot enveloped with cotton wadding. As the pain continued unabated, she took a quarter of a grain of the hydrochlorate of morphia at bed-time.

July 17.—The bowels had acted freely, and the morphia had afforded her very little sleep. The pain still urgent, great restlessness, and thirst; the foot œdematous, cold, of a livid colour, and the disease evidently extending.

Ordered—℞ Pulv. antimonii comp. gr. xvi., calomel. gr. xii., pulveris opii gr. iij., conf. cynosbati, q. s. fiat masse, et divide in pilulas octo, quarum capt. i. sextâ quaquâ horâ. Eight more leeches applied to the inside of the knee.

18th.—I found her this morning still worse; greater exhaustion, loathing of food, nausea; in short, the fever was becoming more of a typhoid character: the leg more swollen; the toes and dorsum of the foot exhibited signs of incipient mortification, such as detachment of cuticle, under which there was serum effused; the pain and numbness extending.

19th.—Increase of both local and general symptoms: cough troublesome; bowels relaxed. Omit the pills.

℞ Ammoniæ sesquicarb. ℥iss., decoct. cinchonæ ℥v., tinct. cardam. comp, syrupi simplicis, aa. ℥iij. M. capt. cochl. ij. ampla cum j, succi limonum, sextis horis ex actû effervescentiâ.

℞ Pulv. ipecac. co ℈j., conf. aromat. gr. x., M. fiant pil. sex, i. ter in die sumenda.

20th.—The diarrhœa relieved; cough less troublesome; the pulse small and jerking; skin becoming more arid; tongue brown in the centre; rapid extension of mischief in the limb; no melioration of pain. Continue the medicines, and a grain of opium, in addition, at bed-time. Wine had been ordered two days ago, but she desired beer or porter in lieu of it, which was accordingly allowed. A suitable regimen had been enjoined. She survived until the 1st of August.

It would be tiresome to give the symptoms and treatment in detail. The leg, as far as the knee, became swollen, inflamed, and œdematous, quickly succeeded by extensive phlyctenulæ, which could be moved about, and, on the rupture of which, the parts had a dark, livid appearance; infiltration of the textures by poisonous fluids; putrescency speedily ensued, so that, at the time of her decease, the whole leg was one complete mass of sphacelus. The odour exhaled was of so offensive a character that it required the diligent application of a solution of chloride of soda. The constitution had for some time past become so feeble and low as to offer no resistance to the diseased action which was making such ravages.

The last two days of her existence she was afflicted with a troublesome hiccough and severe pain in the hypogastric region. Opium, ammonia, brandy, and quinine, with proper alimentary support. The sensorial powers appeared to be little implicated, as she had only transient delirium.

Not having succeeded in procuring a *post-mortem* examination, of course it is impossible, with certainty, to ascribe the invasion of the disease to any cause. We know that in advanced life arterial degeneration is going on, thereby seriously impeding effectual circulation through those conduits. I believe there to have been sudden occlusion of a principal artery; but whether from rupture of the internal coat or a fibrinous exudation carried to the part by the current of the circulation, as described by Dr. Turner, of Edinburgh, it would be only conjecture to assert. The attack was probably too instantaneous to be attributed to arteritis.

Although her habits had never been indolent or sedentary, the constitutional powers must have been seriously impaired by her extraordinary exertions in early life, associated with her accustomed predilection for strong beverages.

This case, I conceive, was a well-marked one of acute idiopathic gangrene, and had it occurred to one of a more vigorous and healthy frame, probably it might have proved more amenable to a stricter line of antiphlogistic treatment.

The early accession of symptoms, however, of a decidedly typhoid type, demonstrates that, in the present instance, there would have been but little toleration of reducing measures.

Bolton-le-Moors, Lancashire, 1854.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

SERIES OF CASES OF ABDOMINAL TUMOURS.

(Continued from page 60.)

ST. BARTHOLOMEW'S HOSPITAL.

Case 45.—SYMPTOMS OF ABDOMINAL EFFUSION.—PERICARDITIS.—DEATH AFTER MORE THAN A MONTH'S ILLNESS.—AUTOPSY.—LARGE RUPTURED HYDATID CYST.

[Under the Care of Dr. BURROWS.]

In a previous case (*Case* 43) we had a good example of the usual results of rupture of an hydatid cyst into the cavity of the peritonæum. The patient had died after an illness of a few days, and after death evidences of the most acute and extensive peritonitis were found. The following differs in its course very considerably from that of the one alluded to. The notes do not make it quite certain how long the patient lived subsequent to the rupture, but it is certain that the period was at least upwards of a month. No exception is however afforded by it to the remarks with which we preceded the case just referred to. Not only was acute peritonitis set up, but a condition of inflammatory disturbance of the vital powers ensued, in which parts not directly connected with the irritation were made to participate. It is only by supposing an hyperinotic state of the circulating fluid that one can account for the occurrence of both endocarditis and pericarditis as consequences of the rupture of a cyst into the abdomen, unless, indeed, they are to be treated as mere coincidences. The latter supposition is scarcely probable, since the lad had none of the symptoms of rheumatism, and was, at the time the disease began, occupying an Hospital bed, and not in any way exposed to the exciting causes of that disease.

F. H., aged 32, was admitted into John's Ward, St. Bartholomew's Hospital, on July 1, 1852. The notes state that he was a pale, weakly-looking lad. His abdomen was distended and the superficial veins large. On percussion, the right side of the abdomen was found to be dull, while the left was resonant. On the right there was perceived, in addition to the dulness, a peculiar sense of fluctuation or vibration. There was no œdema of the legs or of other parts of the body; the skin was natural temperature; the pulse 120, small and feeble; tongue moist and thinly furred; appetite good; bowels and urine natural. He was stated to have been always delicate and never able to work hard; but no specific symptoms had been observed until a few weeks before admission, when the swelling of the belly was first noticed. Since that time he had suffered considerable pain, also tightness across the chest and difficulty in breathing.

A week after admission, it was discovered almost by accident, for there had been no symptoms to direct attention to

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the heart, that there was a loud pericardial friction sound. There was also bronchial breathing and dulness on percussion over the lower part of the left lung. Three days later, the cardiac friction sound remained very loud, and there was in addition a "harsh, rasping, systolic murmur," the bronchial breathing being as before. With all this evidence of complicated and serious disease there was no material constitutional disturbance. On the sixth day from the discovery of the first of them, the morbid pericardial and endocardial sounds continued as before, but on the thirteenth they, as well as the indications of consolidated lung, had disappeared. From this time to the 31st of July, a month after admission, the lad continued to get weaker, and there were present signs of peritoneal inflammation. The swelling became more and more prominent, and at one period the skin in the umbilical region was reddened, as if matter were going to present. Death took place on July 31.

Autopsy Thirty-six Hours after Death.—Corpse much emaciated; abdomen distended and quite dull on percussion, of a greenish colour over the recti. On opening the cavity of the peritonæum, a quantity of turbid fluid, having floating in it numerous flakes of lymph and collapsed hydatid cysts gushed out. The intestines were glued together by abundant and moderately-firm greenish-yellow lymph; the stomach was distended and much pushed downwards. Above it, and extending across the abdomen, occupying the epigastric and both hypochondriac regions, and concealing the whole of the liver, excepting the edge of its right lobe, was a large fluctuating tumour. The boundaries of this cyst were, in front the peritonæum, behind which it lay; laterally, the abdominal parietes; above the diaphragm, below the stomach, liver, and duodenum. On dissecting off the peritoneal investment anteriorly, its walls were seen to be dense and white, and on cutting through them a quantity of thick, greenish, purulent fluid, abounding in hydatid cysts, escaped. The whole quantity removed from the tumour was probably not less than from three to four pints. The interior of the cyst was rough and irregular. Above the lesser curvature of the stomach there was in the walls of the cyst an aperture leading into a canal, formed partly by the walls of the cyst, and partly by the pyloric end of the stomach, which was there adherent to it. This canal opened into the peritoneal cavity, and in it were lodged two hydatid cysts in the act of passing through. On further dissection, the parent cyst was found to rest in a deep excavation into the upper surface of the liver, which viscus it had, by its growth, gradually pushed down into the umbilical and right lumbar region. The tissue of the liver appeared healthy; the stomach and lower part of the œsophagus adhered firmly to the cyst. They with the other abdominal viscera generally did not present any structural deviations from the healthy state. The bands of adhesion which everywhere united the opposed layers of peritonæum, were tough and strong, as if of some standing.

The two surfaces of the pericardium were universally connected together by a thin layer of tolerably recent lymph; the adhesions might be broken down without much difficulty. The valves of the heart were quite healthy. The layers of pleuræ, on both sides, were united by numerous old adhesions, especially below and behind. The lungs were not obviously diseased.

Remarks.—Although in the above case the history does not mark precisely the date of rupture of the cyst, yet all the evidence tends to show that it had been prior to the man's admission into the Hospital. The density and strength of the peritoneal adhesions, as compared with those of the pericardium, and the character of the constitutional disturbance from which the man suffered, much favour the supposition, that when admitted the acute stage of the inflammation had passed by. The mode of death was rather that from slow exhaustive irritation than from acute inflammatory fever. Although the contrary is undoubtedly the rule, yet there are not a few cases on record in which patients have recovered from the first brunt of peritonitis caused by the rupture of abscesses, &c., into the abdominal cavity. A remarkable instance of this may be found in our own Reports for February 5, 1853, page 140. A man, under the care of Dr. Leeson, in St. Thomas's Hospital, died rather more than six weeks after the sudden occurrence of acute symptoms of peritonitis, and the autopsy left no room for doubt but that at the time mentioned an abscess in the liver had given way into the abdominal sac. His symptoms had been rather more severe than in the case just detailed; but this might, perhaps, be explained by the fact, that he was previously in ill health, and the subject of idiopathic suppuration in the liver.

There is an interesting feature in the above case extrinsic to its relations to the present series. A loud endocardial murmur, of rasping character, had been noted three weeks before death, and had quite disappeared after a few days. The *post-mortem* shows no disease whatever of the valves of the heart. It is difficult, on the supposition that the murmur were of blood origin, to account for its disappearance, seeing that the condition of that fluid was progressively deteriorating. Keeping in mind the simultaneous occurrence of acute pericarditis, it does not seem improbable that the murmur in question was one caused by inflammatory deposit on the valves. A very small portion of lymph would no doubt suffice, and its bulk might subsequently be washed off, the remains being removed by absorption so completely as to leave no perceptible traces.

Case 46.—DEATH FROM CARDIAC DISEASE.—HYDATID CYST IN THE LIVER.

[Under the care of Dr. BURROWS.]

J. N., aged 39, was admitted in an almost dying state on February 28, 1851. He suffered from cardiac dropsy, and an advanced stage of emphysematous disease of the lungs. The heart disease was consequent on a severe attack of rheumatism four years previously. He lived after admission only three days, during which time the œdema of the lower half of the body became extreme, and he suffered from continuous orthopnœa. The *autopsy* was performed by Dr. Kirkes on the day following death. There was found extensive disease of the tricuspid, mitral, and aortic valves, with an hypertrophied and dilated heart and much pulmonary emphysema. In addition, however, to these lesions, there was in the liver an hydatid cyst of considerable size, which will be best described by the following extract from the notes taken at the time:—"*Liver.*—Rather small, rough on the surface, firm and healthy in general texture, deeply congested. In the anterior part of the right lobe was an hydatid cyst about the size of an orange. It consisted of a dense, white, leathery membrane, about a line in thickness, imbedded in the substance of the gland, which, immediately around, was quite healthy in texture, though rather compressed. Anteriorly, the cyst formed a buff-coloured projecting mass, not covered by hepatic tissue. In the exposed part of its wall, a portion of cartilage was imbedded. The interior of the cyst was lined by a yellowish pultaceous substance. The cavity contained several smaller cysts, varying in size from marbles to small walnuts; globular, colourless, and with clear, pellucid contents. There were also the remains of many dead cysts, which were collapsed, soft, and of a dirty yellow colour, being about the same general size as the living ones."

It is not probable in this case that the abdominal tumour had any connexion with the fatal event, nor is there any evidence to show how long it had existed. Probably it had not occasioned to the man any inconvenience. Hydatid cysts, unless either of very large size, or attended by inflammation of the parts around, do not appear to cause pain. The case furnishes us with a good example of a cyst in its living and probably progressing state. The following case, as far as the hepatic cyst is concerned, illustrates the same condition. For the details of it, as well as of the two preceding, we are indebted to the Notes preserved by Dr. Kirkes, late Medical Registrar, now Assistant-Physician to St. Bartholomew's Hospital.

Case 47.—LARGE HYDATID CYST IN THE PLEURA—COMMUNICATION WITH THE LUNG—PNEUMOTHORAX—DEATH—LARGE HYDATID CYST IN THE LIVER.

[Under the care of Dr. HUE.]

E. S., aged 24, a servant maid, originally a foundling, was admitted on July 16, 1850, under the care of Dr. Hue. She suffered from extreme dyspnœa, and complained of great pain in the left side of the chest, both of which symptoms had come on suddenly on the previous day. She had, however, for a long time been subject to some shortness of breath and to cough without expectoration, but with occasional slight hæmoptysis. The day before admission, while carrying a tray up stairs, she suddenly brought up "a large quantity of clear water," followed by a little blood. A severe fit of coughing then occurred, occasioning great pain, and she soon became so ill, that the safety of her removal to the Hospital was much doubted.

On the day of her admission, Dr. Hue ordered cupping to the affected side, and, although but little blood was drawn, yet great relief followed; and on the next day an examination of the chest was permitted. There was found to be undue and tympanitic resonance over the greater part of the left chest, while anteriorly no respiratory sounds were audible, excepting a feeble inspiration and a blowing cavernous expiration, which were heard beneath the clavicle. Posteriorly the respiratory sounds, though still very feeble, were better heard than in front.

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The girl lingered from day to day with the same distressing dyspnœa, with extreme fetor of breath, and without any material change in the auscultatory signs. Death occurred on July 30th, a fortnight after admission. On the day before death, a little movement necessary to the making of the bed produced an attack of dyspnœa so extreme, that it was expected to be fatal, but she rallied from it, and continued rather better until the following morning, when, after a slight exertion, another paroxysm occurred, which, after two or three hours, ended in death.

Autopsy.—Corpse rather emaciated. On opening the thorax, the right lung and pleura were found quite healthy. The left pleura, on being punctured, gave issue to a stream of air with which the whole of its cavity appeared to have been distended. When fully exposed, the sac was found to be everywhere lined by rough whitish fibrin in the form of a firm false membrane, and no part of the lung could be seen. The cavity was empty, excepting that in its lowest part there lay, quite loose and unattached, a collapsed membranous bag, containing a small quantity of turbid whitish fluid. This sac or cyst, capable of holding about half-a-pint of fluid, was formed of white rather delicate membrane, about a line in thickness. It was tolerably smooth on its exterior, but rough and nodular within, owing to groups of small semi-transparent vesicles filled with clear glutinous fluid.

The compressed left lung was spread out, and occupied the whole of the posterior and the greater part of the inner boundaries of the pleural cavity. Its tissue crepitated slightly on pressure, was of a pale reddish colour, and traversed by bronchial tubes, the mucous membrane of which was of a dark red colour, and covered with thick yellowish mucus. Here and there were small patches of solid grey granular texture, evidently masses of lobular pneumonia.

The cavity in which the membranous bag lay, was bounded posteriorly and laterally by dense false membrane spread over the pulmonary pleura and the tissue forming the mediastinum. In front, this membrane was continued over the parietal pleura, lining the ribs and the costal cartilages. The interior of that portion of the cavity corresponding to the lung, was rougher and of a darker colour than elsewhere, and was covered with flakes of soft, brownish, false membrane. It presented also several chinks of a semilunar form, which led to passages situated between the walls of the cavity and the surface of the lung. One at least of these passages was traced into a bronchial tube; with further trouble, several others might probably have been ascertained so to communicate. No bronchus was found opening directly into the cavity. The whole of the parts emitted in a concentrated degree the peculiarly offensive, almost gangrenous, odour which had been perceived in the breath of the patient during life.(a)

Between the diaphragm and the lower part of the left pleural sac was much firm lymph, in the meshes of which were collections of clear serous fluid. One of these collections was enclosed in a perfect cyst formed of delicate membranes, and was at first sight supposed to be an acephalocyst; but further examination made it probable that it was a result of inflammation merely.

The abdomen having been laid open, the liver presented the following condition:—It was very large, extending down into the right iliac region. The whole of its right, and a considerable portion of its left lobe was spread out over a large cyst, which presented a rounded prominence in the epigastrium, and extended backwards, so as to rest upon the vertebral column. The cyst was tense and fluctuating. It was of a yellowish buff colour, spotted with red, and at one part looked exactly like an abscess on the point of bursting. On puncturing, rather more than a pint of perfectly clear pellucid water escaped, and its walls collapsed. Within the cyst, and exactly adapted to every part of it, was a whitish membranous bag, loosely adherent to its roughened interior. The inner cyst, which exactly resembled that found in the cavity of the pleura, readily admitted of separation from the interior of the outer one, and shelled out whole. In its interior was a single cyst, about the size of a walnut, and floating in its fluid numerous perfect echinococci were found. The tissue of the liver itself was healthy, and there were no adhesions between its surface and the diaphragm, or any part of the abdominal walls.

Remarks.—It is only by the accumulation of evidence such as is afforded by the above case that we can hope to arrive at sound rules of practice in respect to the treatment of these cysts. At a future part of this report an attempt will be made to develope the conclusions indicated by a comparison of the various cases cited, and we need not, therefore, here enter upon the question, further than to ask the reader to note with especial attention a pathological fact mentioned in the above account. The hydatid cyst, although so large as to present prominently in the epigastrium and to press backwards on the spine, and so much thinned in front as to look like an abscess on the point of bursting, had yet not contracted the least adhesion to the abdominal wall. To have punctured such a tumour with a lancet, or even with a large trocar, would have been, in all probability, the death of the patient.

Respecting the pleural cyst, it is scarcely necessary to add anything to the simple narration of the case. The following points may, however, be pointed out as of especial interest:—1st. The cyst, which was loose in the sac of the pleura, had probably, before its rupture, been much larger than it appeared when collapsed, and had probably filled a considerable portion of that cavity. This is rendered probable by the size of the sac, which still adhered to the lung and thoracic parietes, and which was, no doubt, the fibrinous capsule in which the parasite had been enclosed. It is true that the latter might very probably have been much dilated by the admission of air, but could scarcely have been so to an extent sufficient to explain the great difference in the size of the two. 2nd. Although the patient had been able to keep at her work, yet the left lung had, no doubt, been for a long time so compressed as to be of little use. By this compression, the attacks of hæmoptysis, the hacking cough, and the habitual shortness of breath, are to be explained. 3rd. On account of the way in which the lung was firmly bound down, and the unyielding nature of the thoracic parietes, the case would not, if it had come under observation prior to the occurrence of the opening into the lung, have been favourable for operation. In all probability, long-continued and very profuse suppuration would have ensued, if any measure for the removal of the parasite had been attempted. By the occasional evacuation of small quantities of fluid with a needle trocar, however, the occurrence of rupture might probably have been warded off, and the dyspnœa, to some extent, relieved, without much risk being incurred. 4th. The peculiarly fetid and offensive smell of the interior of the cyst quite agrees with what has been observed in other cases, and presents a marked feature of distinction between hydatid and most other cysts. Dead acepholo-cysts, no doubt, exhale the same gases as other animal matter when in a state of decomposition. In the case under the care of Mr. Cock, recorded in our last Report,—(See page 57,)—to combat this smell became a matter of importance in the treatment.

(a) The cyst, and a portion of the lung from this case, are preserved in the Museum of St. Bartholomew's Hospital.

KING'S COLLEGE HOSPITAL.

Case 48.—LARGE HYDATID CYST IN THE LIVER EXISTING WITHOUT SYMPTOMS, AND ONLY DISCOVERED AFTER DEATH.

[Under the care of Mr. PARTRIDGE.]

It is matter of general experience respecting hydatid tumours, that they may occur in persons enjoying perfectly good health, and that excepting their bulk or position be such as to impede the function of internal viscera, that they do not induce cachexia. They do not even, for the most part, while living and unattended by surrounding inflammation, cause any inconvenience to the patient, and, if concealed, as when seated in the abdomen, may exist for a long time without his knowledge. An instance of a man living for twenty years with a large hydatid cyst in his liver, and all the time in very fair health, has already been quoted. In *Cases* 46 and 47, also, the cysts in the liver had never in any way excited suspicion of their existence. In the following one the tumour was yet larger:—

George C., an unusually stout man, aged 47, was under Mr. Partridge's care, in February, 1853, for strangulated hernia. An operation became necessary, and, although at first the man seemed doing well, yet within a few hours he sank into profound collapse, and died.(a)

At the autopsy no evidences of recent peritonitis were discovered, but the coils of small intestine were firmly agglutinated together by old adhesions. In the right lobe of the liver was found an hydatid cyst, the size of an infant's head. The sac

(a) The particulars of this case, as far as the operation is concerned, may be found detailed at page 445, *Medical Times and Gazette*, April 30 1853

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which surrounded it was thick, of fibrinous material, almost cartilaginous in character. The parent cyst was full of clear fluid, in which floated numerous smaller ones of very various sizes. The cause of death was not apparent, since no single lesion sufficient in itself to account for it was discovered. Very probably so large a tumour immediately beneath the diaphragm might have exerted some influence in impeding respiration and adding to the effects of the other morbid conditions. There was no knowledge whatever of the existence of the tumour on the part of the patient's friends or himself; it had caused no known inconvenience, and had not prevented him from becoming very stout and florid.

ST. MARY'S HOSPITAL.

CASE OF VARICOSE ULCER TREATED BY LIGATURE OF THE ENLARGED VEINS.

(Under the care of Mr. COULSON.)

The following case is a fair illustration of a mode of treatment now very frequently adopted in the various London Hospitals. Mr. Simon, of St. Thomas's, Mr. Lee, of King's College, Mr. Erichsen, of University College, and Mr. Coulson, of St. Mary's, may be mentioned as Surgeons with whom it is a very favourite practice. In a very large majority indeed of the cases so treated, no inconvenience results; and it is even quite exceptional for any ulceration or undue inflammation to occur about the needles.

E. W., aged 26, a stout, healthy-looking young woman, in service as cook in a family in town, was admitted into St. Mary's Hospital Oct. 27, 1853. The affection for which she was admitted was a varicose ulcer of the left leg, situated half-way between the knee and the ankle, at the anterior and inner part of the leg. The ulcer was the size of a shilling; the skin around soft and thickened. The veins of the leg, above and below, were considerably enlarged. This condition of the veins had existed for upwards of twelve months, but the ulcer itself was only of fourteen days' duration. A copious secretion of a clearish fluid was constantly going on. The surface of the ulcer exhibited hæmorrhagic points, interspersed with grey ones.

After some few days of preparatory treatment, consisting in the administration of aperients, and keeping the patient on rather a low diet, Mr. Coulson, on Nov. 4, proceeded to the curative treatment of the affection, by obliteration of the veins above the ulcer. Two large veins, separated by an interval of two inches, and extending upwards from the neighbourhood of the ulcer, were operated on in the following manner:—A needle was passed under each, and some thread twisted round the extremities of each needle, so as to compress the vein between the thread and it. The distance of the needles from the ulcer was two inches. The patient was directed to remain very quiet, and a simple diet enforced.

Nov. 12.—The needles were removed. At this time the appearance of the sore had materially improved, the part around the wounds inflicted by the needles was, however, highly inflamed, and the portion of skin included between the ligatures in a sloughy condition. Slight constitutional disturbance consequent on this appeared, and salines with a little tinct. opii were administered. The wounds were ordered to be dressed with the ung. elemi.

Nov. 14.—The sloughs separated. Still considerable inflammation of surrounding integuments.

17.—The leg was progressing favourably, although the sores produced by the needles did not exhibit a very rapid tendency to heal. The lotio sodæ chlorinat. was directed to be applied.

Dec. 11.—The leg is now in a very satisfactory state. The original ulcer has completely healed, leaving behind it simply a reddened portion of skin. The two sores produced by the needles are greatly diminished in size, and have every appearance of a tendency to heal soon. The veins operated on are not to be felt. The general health of the patient is good, and there is every prospect that the cure will be a radical one.

Dec. 15.—Discharged. The two sores exceedingly small, and the power of locomotion perfect.

MEDICINE IN PIEDMONT.—The severe calamities that have already visited the Royal Family, and the serious illness of the Duke of Genoa, who has for some time been suffering from an affection of the lungs, and who was bled nine times lately within a few hours, have attracted public attention to the system of medicine as taught in the schools of Piedmont.

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Medical Times & Gazette.

SATURDAY, FEBRUARY 5.

THE VALUE OF THE CORONER'S COURT.

ENGLISHMEN are eminently conservative. Most old institutions effect some good; and, fearful lest the good that pertains to them should be lost, we keep them with all their faults. The Coroner's Court is one of these Institutions,—one that ought long since to have been replaced by a less cumbersome and more efficient tribunal. The disgraceful scene that took place in the Court of the Middlesex Hospital, between that respectable representative of Bumbledom, as the *Times* styles our Middlesex Coroner, and a Police Inspector, in their contest for the custody of the man Baranelli, will doubtless lead to a review, by competent authorities, of the whole subject of Coroners' Courts; and we trust to an assimilation of the English law to the far better law of Scotland in reference to inquiries into the cause of death.

We are anxious to draw the attention of those who may have to deal with the matter to the importance of appointing in every District a Medical man competent to conduct the investigations that are now confided to the members of the Profession indiscriminately. In the majority of the cases which are brought before the Coroner, the Medical testimony is of the highest importance. The value of the testimony must, however, depend on the competency of the witness to give evidence on the points touching which he is examined. The Medical witness has to make a *post-mortem* examination of the deceased, in many cases an analysis of the contents of the stomach, perhaps of some of the viscera, and, it may be, even of the soil around the spot on which the body has rested, supposing it to have been interred for some time. Is it possible for a man engaged in the laborious and practical duties of his profession to be qualified to determine the points in question with reference to these subjects? It is not. In many large districts of England, the deepest prejudices exist against the examination of the dead; while the Practitioner has little time at his disposal for conducting such examinations. Now and then an interesting or obscure case may tempt him to urge on the friends the propriety of overcoming their prejudices; and in a few of these few cases he may succeed. But can the knowledge thus gained be considered sufficient to qualify a man to determine the delicate and important questions that he must answer before a Jury can find a verdict? And if this be true with reference to *post-mortem* examinations,

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à fortiori is it true with reference to chemical analysis Nine-tenths of those fresh from the schools would be sadly puzzled if called on to prove the presence of even a large quantity of opium in a complex fluid. What, then, must be the case with men who, busily employed in the important duty of treating disease, have necessarily allowed years to elapse since they had a crucible or a test-tube in their hand, save for the purpose of determining the presence of sugar or albumen in the urine?

Two or three cases have lately occurred, so forcibly illustrating the truth of our statements, that we shall briefly recapitulate their leading points. The other day, Sir John Wombwell was found dead in his bed. He had retired to rest in his ordinary health. His usual Medical attendant, who had seen him the evening before, declined to give a certificate of the cause of death, on the plea that he was unable to assign any satisfactory explanation of the fatal event. A Coroner's order was issued for the examination of the body; and what was the result? The abdomen and thorax only were examined; and a good deal of adipose tissue being found on the outside of the heart, this condition of the organs was supposed to be sufficient to account for death. The head was not opened, because "the position and appearance of the corpse did not indicate any mischief in the brain."

That the adipose tissue about the heart was the cause of death in this case seems to us highly improbable; and we think it would have been far better that the Medical witness should have stated that he found nothing to account satisfactorily for the death, than to give such evidence as this. The case has been much canvassed in professional circles, and we have not heard two opinions. Why was the head not examined? The reasons alleged for the omission are ridiculous in the extreme, for no peculiarity in the "position or appearance" of the body could have proved that death was not the result of apoplexy. Did the friends object to the head being opened? And if such objection was the cause of the omission, how can the examination of any part of the body be justified? In Scotland, no such farce as this could have been played. A preliminary inquiry would first have been made by the Procurator Fiscal to determine whether or not it was necessary for the ends of justice that a full investigation of the case should be made; and, if found to be necessary, then a man of reputation as a Medical jurisprudist would have been selected to conduct the examination of the body, and, provided an anatomical examination failed to explain the cause of death, to make a clinical examination of the contents of the stomach, etc. The ends of justice can never be served by such an inquest as that held over the body of Sir John Wombwell, although the feelings of the friends of the deceased are most fully outraged.

In a Surrey paper, the *County Herald*, of last week, is the report of an Inquest held at Hascomb, headed thus—

A DOUBLE POST-MORTEM EXAMINATION.

EXTRAORDINARY SCENE.

The particulars of the case are these:—An old man returned home from his work about half-past twelve, "complaining of a violent pain in the chest and shoulders; he wished for a little ginger-brandy," which was given him. He then lay down on his bed, and in a short time he was found to be dead. An order was issued to Mr. Chandler (of Godalming), to make a *post-mortem* examination of the deceased. The warrant was issued on Tuesday afternoon, the man having died on Monday. On Wednesday Mr. Chandler proceeded to make the inspection, and on his arrival at the house found that "the body had been already opened, the viscera cut and detached, and portions of them were not in the body." The pericardium could not be found. The large vessels had been detached from the heart and removed.

It seems that Mr. Yate (of Godalming) conceived that he ought to have been directed by the Coroner to make the *post-mortem* examination, and learning that the order had been issued to Mr. Chandler, went early on the morning of Wednesday and opened the body. For some reason, what we cannot surmise, unless to defeat the ends of justice, Mr. Yate caused a man who assisted him to bury the thoracic aorta and pulmonary artery. Mr. Chandler had the missing parts disinterred. We refrain from any remarks on the very unbecoming conduct of Mr. Yate at the Inquest,—conduct of which we should have supposed no member of the Profession could have been guilty,—and limit ourselves to pointing out the following very curious discrepancy in opinion between Mr. Chandler and Mr. Yate.

Mr. Chandler gave evidence to the effect that the lungs were "much diseased," and that the great vessels near the heart were "in an advanced state of disease;" while Mr. Yate maintained, that the lungs were perfectly healthy, and that there was no disease either in the heart or the great vessels. "Mr. Chandler," said Mr. Yate, "states, that the parts buried were in a diseased state. I challenge him to prove it. They were not in a diseased state."

Mr. Yate having assured the Coroner and Jury that every viscus of the dead man was, anatomically considered, in an unusually healthy condition, stated, that, in his opinion, the man "died of one of the most dreadful diseases to which human nature is subject,—viz., spasm of the heart."

Can any case more strikingly illustrate the necessity of there being connected with every Coroner's Court a qualified Medical Jurisprudist? Yet we must refer to one other case that fell under our own observation.

A man fell dead from his chair. The Coroner directed a Medical man living in the same locality to examine the body, and give evidence touching the cause of death. The day after the Inquest he stated to a friend that he had found the cause of death to have been a *lump of fat in the aorta*, and had given evidence to that effect, and added that the Coroner had recommended him to publish the case, as it was exceedingly curious. His friend, expressing a doubt respecting the accuracy of his observation, permission was obtained to re-examine the body, and lo! the lump of fat was a clot of fibrine, while the lungs were the seat of extensive tubercular cavities!

MEDICINE IN IRELAND UNDER THE POOR-LAWS.

We have heard, not without infinite surprise and extreme regret, that the Irish Poor-law Commissioners have spontaneously aimed a blow as unjust and unwarrantable as it was wholly uncalled for, at the Medical officers who have the ill fortune to be placed under their control. Those familiar with the general Poor-law economy of Ireland, and its administration by Boards of Guardians, will hardly accuse the latter of an extravagant expenditure of the funds at their disposal, more especially in the particular item of remuneration of their Medical officers. We have often before had occasion to call attention to the miserably inadequate scale of salaries which are daily offered by advertisement to the Irish Physician and Surgeon. And we must confess, that we indulged somewhat of a vague, but, as it now appears, unfounded hope, that in the Irish Poor-law Commission, in which a distinguished Irish Surgeon holds a seat, there lay a means of redress, and that to the just and well-grounded complaints of the Irish Profession no unwilling ear would be lent. What, therefore, was our surprise to learn that this very Commission had ordered the reduction of the salaries of two Medical officers, a Physician and an Apothecary. That Poor-law Guardians in Ireland awarded a particular salary, is clear *primâ*

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facie evidence that it was not extravagant in amount, or out of proportion to the duties involved.

For the present we refrain from entering into the particulars of the case further than to say, that the principal salary in question was but 100*l.* per annum, and this the Commissioners have ordered to be reduced to 80*l.* We are at a loss to know by what principle the Commissioners are guided, or what standard they adopt in estimating the value of Medical services. Comparing the duties, the dangers, the harassing cares, and, what is not less important, the scenes of their labours, with the corresponding conditions of Medical service in other public departments, we have no hesitation in saying that 100*l.* per annum is the lowest salary which should be offered to, or accepted by, any Medical officer under the Irish Poor-law system. We have often and often before pictured the distracting and oppressive nature of the duties of the Irish Poor-law Physician, his isolated position often putting him beyond the possibility of addition to his income from practice, rendering any savings impossible, and thus throwing his family a burden on the world when he has fallen a sacrifice in the discharge of his onerous and dangerous duties. The Medical service of the Poor-law forms a great necessary public department of medicine, second in real social importance to none other, consequently fully entitled to equal rank and pay with any. The very lowest salary should be, at least, 100*l.* per annum, with an increase in the amount proportionate to the additional duties required.

The present assault of the Commissioners strikes at the very root of the most important social interests of the Medical Profession in Ireland. For obvious reasons, we regard an interference of the Commissioners, to the extent of the reduction of a single salary by the amount of a single guinea, as of far more consequence than if a whole county of guardians decimated their Medical officers, or even some beggarly local Board cut them down to half. We advise the Irish Profession to make common cause against this one aggression. It strikes deeper and aims at more vital consequences than may appear at first sight. Let a combined effort, therefore, by protest or Petition, be made to resist it. It shall not be our fault if public attention be not effectually drawn to it by a question in the House of Commons.

We had witnessed with pleasure the indications of efforts that have recently been made by the Irish Commissioners as far as in them lay, to encourage or promote an improved standard of education and qualification in the Medical officers; they do well, at the same time, to bring in the weight of their authority to lower the standard of remuneration! Higher quality, and lower remuneration!

We must admit, however, that it is not Poor-law Commissioners alone who are to be blamed for the reduction of Medical salaries. A Board of three Irish Medical men awarded *five shillings a-day* to their Professional brethren for attendance on the poor during a great pestilence, although the whole of the Irish Profession, except three, joined in a Memorial Address to the Lord-Lieutenant, stating that the amount awarded by the Board of Health was "an insufficient and degrading remuneration." Among the signatures to this Memorial was "John M'Donnell, M.D., Surgeon to the Richmond Hospital," who now, as Poor-law Commissioner, calls on a Board of Guardians to lower the scale of payment to even less than the sum he had joined in memorialising as "insufficient and degrading." Mr. Wilde's exertions in opposition to the Board of Health should not be forgotten. He predicted what we might expect from Poor-law officials, if the award of the Board of Health was acted on. The result is now apparent; but it must teach us that the Profession must be true to itself before it can expect justice from the State.

THE MOTION FOR INQUIRY.

In the House of Lords, the Duke of Newcastle, in replying to attacks upon the mode of conducting the War, said:—

"My noble friend has referred to the Medical Board, and there again I consider great improvements might be made. An attempt has been made, possible in a time of peace, but impossible in a time of war, to maintain a Medical system exclusive to the Army. I think that it has broken down. (Hear, hear.) I am ready to do all justice to the eminent and zealous men serving in a professional capacity with the Army in the Crimea; but of this I am certain, that in the present state of the Army and of the Hospitals, it will be absolutely necessary, in spite of all opposition and all professional feelings to the contrary, to introduce into those Hospitals the civil element. I believe that the organization of the Medical Board at home is also defective, and there, again, I agree with my noble friend that alterations ought to be introduced."

Whether the inquiry deemed necessary by a very large majority in the House of Commons is or is not to be carried out, so far as regards the purely military department, we trust that the charges against the Medical Department will not be allowed to rest without the most full and searching investigation. We feel convinced that such an inquiry must terminate in a full acquital of the chief officers of this department of all share in the blame attaching to those whose ignorance or indifference has led to any want of care and comfort experienced by our sick and wounded in the East. We can state with confidence, that it is the Duke of Newcastle himself, and not the head of the Medical Department, the country should blame for the want of a sufficient and well-organised ambulance-corps, of Hospital-ships at Balaklava, of steam transports for the sick and wounded, and of vessels specially appointed for the conveyance of medicines and medical stores. The Minister treated the representations made to him with neglect, or met them by refusal, and then he turns round in the House of Lords and attempts to shield himself by blaming the Medical Department. This cannot be borne; the honour of the Profession demands a full and fair inquiry; and we have reason to believe that such an inquiry cannot be long delayed, for a Member of Parliament has promised to move for copies of correspondence upon this subject, which will prove all and more than we have stated. We venture to repeat, that the more thorough the investigation, the more fully will it redound to the credit of the Army Medical Department and its Chief.

REVIEWS.

Du Pannus et de son Traitement; avec Trente Observations de la Cure Radicale de cette Affection par l'Inoculation Blennorrhagique.

On Pannus and its Treatment; with Thirty Observations upon the Radical Cure of this Affection by Blennorrhagic Inoculation. By Evariste Warlomont. Pp. 98. Brussels, 1844.

The rather vague term "pannus," which is not much used in modern Surgery, is defined by Dr. Warlomont as a combination of plastic exudations and vascular developments upon the cornea. In the treatment of this subject, Dr. Warlomont first details the history of this affection from the earliest periods of ophthalmic Surgery; he then describes the structure of the healthy cornea, in which he makes use of the excellent researches of Mr. Bowman, and the pathological anatomy of pannus. It consists in the development of vessels and plastic effusions beneath the epithelial layer and beneath the anterior elastic lamina of the cornea. The following description is given of an advanced case of pannus:—

"To depict at one view the objective symptoms of confirmed pannus, we have only to bring together the elements we have just been studying. The appearance of the pannous eye is deeply modified; the patient opens it with difficulty, and bears with pain the impression of light; the tears flow in abundance. The cornea can no longer be defined; it appears most frequently pushed forward; its lustre is effaced; we can no longer see the pupil or the iris through its obscured tissue. It is of a variable

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colour, from a yellowish-grey to the most bright red; lactescent spots of variable size and thickness are distributed upon its surface. At the same time, vessels of all sizes, some flexuous, and others straight, anastomosing with one another, form in front of the eye, as well upon the cornea as upon the sclerotic, a kind of network with close meshes, filled, most frequently, with exudation matters. All this appears to form a new, opaque, and eminently vascular membrane, of which the different degrees of thickness, extent, and vascularity constitute also the degrees of the pannus itself. Lastly, the extreme sensibity of the eyes which induces the patients to avoid the action of light, the streams of tears which flow every time that they try to brave it, their manner of walking, which is recognised by the indecision of their step and the bending of the head towards the ground, and the slow and chronic development of these disorders, all constitute an assemblage of symptoms which does not allow of confusion or error."—P. 45.

In the treatment of this affection Dr. Warlomont strongly advocates the practice of blennorrhagic inoculation, although the plan has been discouraged or condemned by many distinguished opthalmologists. He recommends the employment of purulent matter, obtained either from the discharge from the eyes of newborn children, from gonorrhœal ophthalmia, or from the discharges of urethral gonorrhœa. The effect of this plan is to produce a violent inflammation of the eye. This after a time subsides, and produces a radical cure of the pannus. Thirty cases are adduced to show the successful results of this bold and, as we think, very hazardous method of treatment.

The Pathology of Drunkenness: a View of the Operation of Ardent Spirits in the Production of Disease, founded on Original Observation and Research. By CHARLES WILSON, M.D. Pp. 230. Edinburgh. 1855.

THE fertile theme afforded by the contemplation of the effects of ardent spirits in excess upon the body and mind of man has been treated by Dr. Wilson in this essay with great ability. But, although agreeing in the sentiments expressed by Dr. Wilson, we do not find that he has added anything to the subject in the way of original observation and research, as indicated in the title-page. The general truth, that spirit-drinking is the source of innumerable evils to the human race, has long been established, and, in justice to Dr. Wilson, it must be admitted, that no additional observations could give it additional weight. There is one subject, however, which Dr. Wilson treats rather elaborately; namely, that of spontaneous combustion. Dr. Wilson does not maintain the literal truth of the existence of cases of spontaneous combustion in the sense generally understood; but he adduces some instances where persons in a state of intoxication, and long addicted to that habit, have lain near some lighted body, as a candle, which, acting upon the vital structures, has dissolved the fat, which has then caught fire and communicated the flame to the whole body, and thus destroyed life.

Dr. Wilson's book is divided into ten chapters. In the first, he treats of the Medical history of alcohol; in the second he describes the effects of alcoholic fluids in the promotion of ordinary conviviality; in the third he points out the effects of occasional intoxication; in the fourth and fifth he traces the causes and the progress of habitual intoxication; in the sixth, he details the special results of alcoholic poisons upon the constitution, including, of course, many organic diseases, as of the brain, the liver, and the kidneys; in the seventh chapter, the mental results of drinking are portrayed, and insanity is shown to be one of the most common consequences; the eighth chapter is devoted to the subject of suicide from habits of intoxication; the ninth details the morbid phenomena observed in the different organs and tissues of those who have died from the effects of alcohol; and the tenth and last indicates the methods of prevention and cure of the wide-spread evil which the previous pages have depicted.

In the composition of this Essay, Dr. Wilson displays a thorough knowledge of his subject, and draws his conclusions with perfect fairness and a praiseworthy absence of exaggeration. In its execution he exhibits the accomplishments of the scholar and the zeal of the philanthropist. The powerful appeal contained in the book is calculated to be of great service in promoting the cause of temperance.

Medical Anatomy. By F. SIBSON, M.D., F.R.S. Fasciculus I. London. 1854.

THIS fasciculus contains three plates. The first represents the anterior surface of the organs of the chest and abdomen, showing the relation of the lungs, heart, liver, etc., to the ribs, and the relative position of the abdominal viscera in a robust man. In the second and third plates the same relations are pourtrayed in a slender, feeble youth, before and after the removal of the sternum, ribs, and cartilages. They are all taken from dissections made by Dr. Sibson, by the aid of a transparent tracing-frame. The outlines thus obtained "formed the groundwork for coloured drawings from the body, which, as well as the lithographs, were executed by Mr. Fairland." Mr. Sherwin has coloured the lithographs from the origiual drawings. In this manner the best guarantee for perfect accuracy has been obtained. The drawings are admirably executed, and if the future Parts bear out the promise of the first, the work must become exceedingly popular with all classes of the Profession. The very moderate price—five shilings for three beautiful coloured engravings, with descriptive letterpress—must insure an extensive circulation. Indeed, it is difficult to understand how even a very large sale can remunerate the publisher; and it is very certain that, until within the last few years, no such plates could have been offered at double the price.

Surgical Anatomy. By J. MACLISLE, F.R.C.S. Second Edition. Fasciculi V., VI., and VII. London. 1855.

THESE fasciculi fully support the high character obtained for the work by the First Edition, and by the first three Parts of the Second Edition. It is one which must prove of the greatest utility both to Surgeons and Surgical students. The drawings in the Seventh Fasciculus of the Surgical dissections of the inguino-femoral region are especially valuable and beautiful.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

CASE OF ERYTHEMATOUS FEVER, OR SCORBUTIC ERYTHEMA.—CRITICAL HÆMATURIA.

By M. LIEGEY.

Upon the 4th of last April, the author was requested, early in the morning, to see a woman, aged 46, living in a state of indigence, and born of feeble parents, both of whom died in middle life. She had been affected, as was the case with her father, with asthma from infancy. In spite of her bad constitution, she had five natural labours, all terminating favourably, the last eight years ago. She had been regular as regards the menstrual function from youth upwards; but her courses had stopped for the last two months. From the time of this suppression she had been subject to abundant perspirations, accompanied by rachitic pains in various parts of the body. For two days the sweats had suddenly ceased without appreciable cause.

On the 2nd of April, towards evening, the patient was seized with violent shivering and general trembling. Having been put to bed, she experienced burning heat, supra-orbital headache, pain about the spine, general lassitude, cramps in the limbs, and thirst. On the third day, red, burning, hard, and knotty tumefactions appeared over the upper extremities. On the following day, the same was observed upon the inferior extremities. These tumefactions increased for some days, and then changed their characters. There was great prostration, great emaciation; complexion yellow; lips covered with a black crust; tongue, with a whitish-brown fur; breath fetid; thirst, nausea, and constipation. The upper extremities presented a marbled aspect from ecchymotic tints; there was pain upon pressure along the course of the nerves. The administration of tartar emetic, in small doses, was followed by a marked general improvement, and by considerable action upon the bowels. On the 7th, the pains in the limbs returned; but, on the 8th, she enjoyed a calm, and would have slept constantly, had it not been for the desire to make water twice, indicated by a slight vesical tenesmus. In the morning, she was surprised to find a quantity of blood in the chamber-pot. Several times during the next

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twenty-four hours she passed blood, but mixed with gradually increasing quantities of urine. The pains ceased, the appetite returned, and she enjoyed some broth. On the 9th, the patient left her bed, the eruption being much lessened; perspiration continuing. Menstruation was reproduced. Allowed improved diet: wine and water. On the 25th, she was pronounced well, except that she still suffered from weakness, which was removed by the administration of tonics and steel medicines.

The author remarks, that this is the first case in which he has noticed critical hæmaturia. He has already reported, in the *Journal des Sciences Médicales et Naturelle de Bruxelles*, a case of critical hæmatemesis, and has witnessed epistaxis in various stages of febrile disease. Sometimes this critical evacuation may pass its proper bounds, and then place the patient in a perilous condition.—*Gazette des Hôpitaux*, December 12, 1854.

GENERAL CONDITION ANNOUNCING THE APPROACH OF AN ERUPTIVE FEVER.—TROUBLESOME EPISTAXIS.—MILIARY ERUPTION.

The author was requested, on the 20th April, to see the daughter, aged 2½ years, of a coffeehouse keeper in Besançon. The child, who had been vaccinated, but had not had measles, had experienced since the 12th great prostration, fever, and headache, attended by coryza and flow of tears, and slight soreness of the fauces. The tongue was of dotted rosy tint, and there was manifest injection of the ocular conjunctiva. An emetic was ordered; the limbs were to be bathed in vinegar and water. On the 21st, at 2 a.m., the father came in haste to announce that blood was flowing from the child's mouth: he believed that it came from the chest, as its appearance was attended by slight cough. But examination proved that it was an attack of epistaxis, sufficient in degree to cause palor of the child. It was arrested by the application of cold, and did not return; but two days afterwards the surface of the body was covered by a miliary eruption. On the 27th, the symptoms were subsiding, and on the 30th the child was able to leave the house to take the fresh air.—*Gazette des Hôpitaux*, December 12, 1854.

THE THERAPEUTIC ACTION OF LUPULIN.

By ZAMBACO.

Debout's observation on the favourable influence of lupulin in quieting painful erections induced the author to institute some experiments with the medicine, which, to prevent mistakes, he administered to the patients with his own hands. The form was threefold; pure lupulin, the tincture, or mixed with an equal part of sugar. The doses were different: of pure lupulin, 1—16 scruples (these high doses caused no disturbance of the nervous system); the tincture, 2—16; the mixture with sugar, 2—3. From eight well-marked cases of painful erection, consequent on gonorrhœa, out of a much larger number, the author was enabled to draw the following conclusions:—Lupulin possesses a remarkable effect upon the genital organs; the erethisms were quieted in four-fifths of the cases. It is of therapeutic utility when there exists the necessity for keeping the penis in a state of rest. Camphor given in large doses, with a similar object, both irritates the alimentary canal, and often fails in its end. The sedative and anti-blenorrhagic influence of lupulin depends upon a resinous, æthero-oily principle; while the bitter principle yields a real tonic. The author has seen lupulin given with good effect in scrofula.—*Bull. de Ther. Août.*, 1854; (from *Schmidt's Jrbuch.*, 1854. No. XII.)

OBSERVATIONS UPON THE NATURE OF SYPHILITIC CONSTRICTIONS OF THE RECTUM.

By Dr. JOSSELIN.

The lesions which characterise syphilitic constrictions of the rectum are seated either in the sphincter, or in the ampullar portion of the bowel. In the sphincter portion we find ulcerations, condylomata, and the cicatrices of ulcers; this portion is limited by a fibrous ring which may be detected during life. In the ampullar portion, which is limited above by a serrated collar of mucous membrane, there is not any true constriction, but only a little want of extensibility of the walls. The mucous membrane may be partially destroyed in some situations, and entirely in others; a quantity of pus flows from the anal outlet.

Syphilitic constrictions of the rectum usually proceed from chancres about the anus or vulva; but they may be likewise produced by a peculiar inflammation,—a form of secondary disease; the pus is not inoculable. Mercurial treatment does not avail against this affection.—*Société de Biologie. Compte Rendu des Sciences pendant le Mois d'Août.* 1854. *Par M. Al Porchat.*

FOREIGN CORRESPONDENCE.

MEDICINE IN HOLLAND.

In pursuance of my promise I send you abstracts of some of the most interesting practical papers which have lately appeared in the Dutch Journals. The first is a case of

REMOVAL OF AN INTESTINAL STRICTURE,

By Dr. VAN DOMMELEN.

P., aged 29, of a choleric temperament, a soldier in the 6th Regiment of Infantry, and formerly in the East India army, was attacked at the end of 1849, at Soerabaya, with dysentery, for which he was for three months under treatment in the Hospital of that place, and from which he recovered, but has since had extreme difficulty in passing fæces. In 1851, he was, according to his statement, sent home on account of the constant recurrence of palpitations of the heart, which the Physicians attributed to the heat being more than he could endure. He remained at home as a citizen for a year, when he got himself received into the Militia; but from the time he joined he was repeatedly admitted into Hospital, complaining of colicky pains. The peculiar appearance of the fæces immediately struck us; they were, in fact, not thicker than the stem of a pipe, and long, like a small cord in the bed-pan. This was readily explained, on local examination; the finger introduced into the rectum encountered, at a distance of eight centimetres, (3·1496 English inches,) from the anus, a ring-shaped septum, which did not admit the passage of even the point of the pipe of an enema syringe. This septum was tolerably tense, and was as hard as cartilage, especially round the opening.

After having in vain endeavoured, by means of evacuants, laxatives, and enemata, to regulate the alvine discharges, I proposed operation, to which the patient at once consented. Everything which could be necessary during its performance having been prepared, and the rectum having been previously cleared out, he was placed as for lithotomy, and was steadily held in this position by assistants. I now introduced the in lex-finger of the right hand, smeared with cerate, into the rectum, and so far through the stricture that the opening rested exactly on the top of the finger. I afterwards, with my left hand, passed a long, slender, blunt-pointed bistoury, the end of which was protected by having lint rolled round it, along the index finger, to the stricture; I then drew the finger a little backwards behind the knob of the bistoury, by which means the latter came exactly opposite the narrow opening, and so passed into it. I now turned the back of the bistoury towards my finger, and with the latter pressed upwards, successively to both sides, and downwards. Immediately these incisions were made, the constriction ceased, and the finger, with the bistoury, with great ease glided further up.

As there was no hæmorrhage of any consequence, no plugs were introduced, and the patient was merely recommended to keep perfectly quiet.

In the afternoon (seven hours after the operation) the patient passed some coagula of blood, mixed with serum, but without fæces. He also occasionally perceived a spasm in the sphincters, but was in other respects well. Early next morning he had a fæcal evacuation, differing in no respect either in form or quantity from what would be passed by the most healthy man. He continued under my observation during a period of three weeks, and I had each day an opportunity of observing the beneficial effects of the operation. I met him three months afterwards, when he stated that he had had no return of his infirmity.

From the distance of this stricture from the anus, we thought that a decisive result was to be expected only from such an operation as that above described. The introduction of plugs of lint, of little bags to be afterwards filled up with lint, or of bladders distended with air or fluid, would in this case have been inefficacious; the shortness of the canulas of Bermond de Bordeaux, which consist of cylinder over cylinder, and are only six centimetres (a little more than two and a-third English inches) in length, would prevent their being available; while, even if this were not the case, it would have been difficult, on account of the great exertion used in defecation, to retain the external cylinder in its position during the removal of the most internal necessary to admit of the discharge of that function; and, lastly, Costallat's instrument (a closed piece of intestine, introduced on a probe, and subsequently filled with lint) could scarcely have been introduced with the probe alone.

Dr. Van Munnikrede has described a case of medullary carci-

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noma of the femur—amputation—recurrence of the disease in the lungs—death.

The patient was a farmer, aged 41. The carcinoma had been slowly developed, and was probably the result of an external injury, received many years before on the outer side of the knee. When amputation was first proposed, the tumour was painless, and had not yet become softened, and the general health was undisturbed. The patient refused to submit to the operation, nor did he consent to it until six months later, when the swelling having become larger and painful, presented here and there fluctuating points; the leg and foot were œdematous and hot; the general condition was impaired; hectic fever, perspiration, and general emaciation were present; the patient had a cachectic aspect. Three months after the performance of the operation, which took place under chloroform, he was released from treatment, in an improved state of health, the principal functions being duly performed. On examining the amputated limb, it was seen that the tumour was formed by an extraordinary enlargement of the lowest portion of the femur, and that it belonged to Nelaton's third variety of osseous cancer, the so-called "spina ventosa." About six months after the operation, the patient returned with an affection of the lungs, which was diagnosed to be carcinoma, and under which he sank in four months from the time of his return. On opening the thorax, the lungs were found to be throughout the greater part studded with cancerous nodules, some of which were hard, while others had passed into the stage of softening. Permission was not obtained to examine the other cavities of the body.

Dr. Muntendam gives a short statement of the clinical results obtained by him as to the use of quina in phthisis pulmonalis. The number of cases briefly reported by him amounts to 22; by the denomination "phthisical," he understands those who labour under pulmonary tubercles, who, at the same time, are feverish, and whose febrile condition is dependent on the morbid process in the lungs. He thinks that, from his observations, he may infer: 1st. That quina administered with, and often without, acetate of morphia, is capable, in very many cases, of prolonging the lives of phthisical patients, and that it not unfrequently even saves them, if fresh depositions of tubercle do not again excite the morbid condition. 2nd. It is capable of prolonging life where the local process is not too extensive; when administered in the commencement of the disease it may, especially in children, married and puerperal women, if circumstances are in other respects favourable, save life. 3rd. The frequency of the pulse does not diminish under the use of quina until later, after the assimilation is restored; or it may also do so in a person labouring under pulmonary tubercle, who has been attacked with intermittent fever. 4th. The transient hyperæmias or determinations to the head, chest, or intestinal canal in these patients do not contraindicate the use of this remedy. The fever for the most part disappears after some time, but is easily re-excited; or the febrile attacks may be obstinate, and may require the administration of quina to be continued for some weeks. In acute, and in many chronic cases, the cough and expectoration are at first increased; an indirect effect of the quina is also the recurrence of the menses; the effusion in the lungs remaining, as œdema, or hydrops-fibrinosus, after the congestions have disappeared, is then expectorated under the form of a gelatinous, more or less frothy mucous mass, or as serum, together with, in chronic cases, globose, nummular sputa. 5th. Dietl justly observes, that the effect of quina on the organs of the circulation is unexplained. 6th. Sulphate of quina administered continuously, and in small doses, excites neither dyspnœa, nor diarrhœa, nor any other injurious symptom. 7th. Sulphate of quina deserves to occupy a principal place in the treatment of many, not to say of all cases of phthisis pulmonalis. 8th. Exclusion or antagonism between tuberculosis of the lungs and intermittent fever, does not exist, unless, perhaps, when by the latter term we understand "feverish dyscrasia."

Dr. Gobée concludes his essay, "Something Further on Uræmia," in which he gives a sketch of the history of the group of phenomena comprehended under the term, with the communication of a case in which the functional symptoms of that condition and Bright's disease played a principal part. The patient, a man of 26 years of age, came under treatment with effusion in the left pleura, which had already lasted some weeks. He continued in the same state for above three months, after which time the case assumed all the appearance of uræmia. Although all the distinctive characters of the affection co-existed in a well-marked degree, the presence of carbonate of ammonia could not be demonstrated either in the expired air, the blood, or any of the secretions. The patient sank in a fortnight from the time the first uræmic phenomena had appeared. On *post-mortem* examination, circumscribed arachnitis was observed on the upper surface of the brain; there was very great cerebro-spinal effusion; however, the author is of opinion, that uræmia must be looked on as the principal cause of death, when the condition of the kidneys, which were both found in the second stage of Bright's disease, is taken into account.

AUSTRALIA.

MELBOURNE, Oct. 27, 1854.

WE have had some very warm weather already, and, if we do not have a good deal of rain yet, it is likely to be a very hot summer. Already there have been hotter winds than are usual till the middle of summer. The sun beats very strongly, especially in the middle of the day, and the heat is radiated from everything around. The ground becomes warm, and causes the feet to swell; and a strong wind blows, which is like the blast of a furnace. This is not exaggerated, for I have sometimes felt the wind so hot, that I was tempted to believe it would set on fire anything combustible. This wind is always from the north, and is accompanied with clouds of dust, in town at least, which renders it necessary to wear veils or eye-preservers. In winter, when there has been rain, the north wind is quite cool; but there is a dryness even then in it, and it generally has an effect on the health,—at least many persons know, in the morning, that a north wind has sprung up, from the languor or headache they have. The change of wind is very remarkable; it is in a moment, from north to south,—from hot to cold. One side of your face is still burning with the hot wind, when, like a shot, the other is struck with the cold. This wind carries back the dust in great clouds, and is almost sure to be succeeded by showers of rain. In Van Diemen's Land they have not this intensely hot wind, from the intervention of Bass Straits.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

EDINBURGH, Jan. 27, 1855.

MEDICAL EVIDENCE IN CRIMINAL CASES.

As good often comes out of evil, so it would appear likely that the trial of Glover *v.* Syme, however painful and discreditable it may be considered by those who are of opinion that all such public appearances should be avoided by members of our Profession, is likely to direct attention to a gross abuse which has for some time existed in the criminal jurisprudence on the north of the Tweed.

In Scotland, as most of your readers are aware, all criminal prosecutions are conducted by a functionary called the Procurator Fiscal, one or more of whom are attached to each county. When a crime is committed or suspected, it becomes the business of one of these officers to collect all the evidence he can in regard to it, and, having prepared his brief, he submits it to the Crown lawyers, who then decide whether or not a prosecution should be instituted.

A practice has of late years crept in among some of these officers, of neglecting altogether to examine the Medical man by whom an injured person has been attended, and to send some other Surgeon, often their own family attendant, to make a *post-mortem* examination in the event of death, or a report on the state of the patient during life, and to rely on this as the sole Medical evidence. It was from an attempt on the part of Mr. Syme to resist this that the proceedings which issued in the trial originated, and no doubt he did a thing right in itself, but in his own peculiar way. The *Caledonian Mercury* newspaper here has taken up the matter very warmly, and immediately after the trial Glover *v.* Syme a powerful article appeared in it, which showed evident traces of being written by a strong partizan of the Professor.

Among other illustrations used was that of the case of a man Collison, who, some time ago, was tried for the murder of his wife, and condemned to death. He had injured her most severely in a drunken brawl. The unfortunate woman was taken to Mr. Syme's wards in the Infirmary, where, after lingering a few days, she expired. The Procurator Fiscal directed Professor Miller and Dr. Gairdner to examine her body, and in their official report, as also in their oral evidence at the trial, they gave an unhesitating opinion that the woman had died in consequence of

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the injuries inflicted by her husband, and on this he was sentenced to death. Mr. Syme was not examined at all. On this the Professor addressed a petition to Lord Palmerston, as Home Secretary, containing, among other allegations, the following:—

1. That neither he nor any of his assistants had been examined.

2. That the Medical men who were examined as to the morbid appearances found on dissection had never seen the deceased during life.

3. That there was, therefore, a want of evidence as to the cause of death, the case affording room for a diversity of opinion as to whether it should be ascribed chiefly to the injury or to *delirium tremens*.

The capital sentence was thereupon remitted.

On this case the writer in the *Caledonian Mercury* insisted strongly, as showing, that, by the neglect of the authorities to examine Mr. Syme, an innocent man was condemned. It having transpired that the Author of the article in the *Mercury* was a lecturer on the practice of physic, whose vehement and satirical pen did much some years ago to unmask Homœopathy, and who has often been, and, I believe, still is suspected in many quarters of being your Edinburgh Correspondent, a rival lecturer was stirred up to reply, for which he had the apology that he was one of the Medical men who examined the body of the deceased.

Accordingly, in the following Number of the *Mercury*, Dr. W. T. Gairdner published a letter alleging, that if the woman did die of delirium tremens, her husband was the party responsible for her death.

The Profession at large seemed inclined, and I think rightly, to side with Dr. Gairdner, the general opinion being that the husband was saved merely to illustrate a principle, and that the allegation that the woman died of delirium tremens was what Dr. Gairdner properly termed it, a "*façon de parler*."

At the same time, a very general feeling has been raised against the system of obtaining Medical evidence, to which I have alluded, and the trial of Glover *v.* Syme has, at least, had the good effect of directing public attention to it.

GENERAL CORRESPONDENCE.

DIAGNOSIS OF ABDOMINAL TUMOURS.

[To the Editor of the Medical Times and Gazette.]

SIR,—The graphic character of the woodcut illustrating the 40th Case of the "Series of Abdominal Tumour Cases," (*Medical Times and Gazette*, Jan. 20, 1855,) brought to my mind a case of abdominal enlargement which has recently presented itself in my practice, and which may probably be deemed interesting by the side of other cases, similar in general appearance, but widely different in their essential characters.

On the first day of the new year, I found myself called on to make a diagnosis in the case of E. W., a married mother, 43 years old. Before questioning her or her friends, inspection showed her abdomen increased to double its normal size, the enlargement being general, and the anterior surface raised into three or four prominent rounded ridges, with intervening depressions, these being rendered at intervals much more visible synchronously with an agonized expression of countenance. Palpation met with an equal amount of resistance over the whole surface, and failed to detect the least fluctuation. Percussion elicited resonant sounds everywhere and in every position of the patient; but these were not markedly tympanitic. No stethoscope was needed to bring to one's ears the mumbling borborygmi, which told of imprisoned and struggling gases finding vent only in the upward belch or eructation. Inquiry elicited the facts, that the enlargement commenced in the left iliac region, spreading upwards and towards the right; that this increase in bulk had been gradually taking place for nearly twelve months; that it had been early accompanied with constipation, amounting, in July and August last, to almost total obstruction for five weeks! After this, by use of medicines, daily motions were obtained for two months, during which time the swelling much subsided. It was now asserted that for the past two months nothing had passed downwards, injections returning almost unstained. During the time of obstruction in the summer she is said to have had stercoraceous vomiting, which was now present to a most unequivocal and unpromising extent, being occasioned by every injestion of food or medicine. There was no external hernial tumour, nor could the finger detect ought abnormal, either per anum or per vaginam. She suffered great pain at short intervals, accompanied with a contracted, hardened state of the large rods above described running obliquely up and down the tumour, and which were clearly enormously distended folds of intestines.

She attributed the return of the symptoms entirely to her neglect of those aperients which, after the first stoppage, for a time prevented its return.

Obstruction of the large gut in or about the sigmoid flexure was of course the diagnosis; and, in the absence of any recognisable tumour of an adjacent organ, and with a history of a former temporary relief, stricture was the most probable proximate cause.

She had been, up to the time of my being called in, entirely under the control (we cannot say "care") of an unqualified Practitioner, whose whole treatment seems to have consisted in the use of drastics, and her husband being instructed twice a-day to use an injection by means of a short pipe and sheep's bladder. He had now, very correctly, given her up as a lost woman. Her general health was, of course, at a very low ebb; emaciation extreme, pulse feeble and rapid, sleepless, and mostly in pain. At an earlier stage, copious injections, by means of an œsophagus tube, and the use of bougies of various sizes, would have been indicated; and both were even now gently resorted to, but with no other result than an increase of pain and more rapid sinking, so that promotion of the Euthanasia by opium in pill, and morphia in powder, with laudanum to the surface, was all that remained for me to do. She lingered a fortnight, and expired.

Forty-four hours after death I found a stricture at the point at which the sigmoid flexure assumes the name of rectum, *i. e.*, at the sacro-iliac synchondrosis. The fact, however, of my being still able to pass my thumb through the constriction shows that the chance of prolonging life at an earlier stage when the patient had more strength, was by no means small. The contents of the bowels were of no greater consistence than thick gruel. The gut, having softened down, readily tore at the seat of stricture.

Rugeley, Staffordshire. D. H. MONOKTON, M.B.

TREATMENT OF ŒDEMA OF THE GLOTTIS.

[To the Editor of the Medical Times and Gazette.]

SIR,—The recent decease of a respectable member of the Medical Profession, and an esteemed friend, from acute laryngitis, leads me to submit to the Profession a mode of treating that disease which I have had many years in contemplation, but which I have had no opportunity of putting into practice.

It relates to the more advanced stage, when effusion has taken place into the submucous cellular tissue. As this is the cause of the fatal termination of the disease, it has occurred to me, that if this were given exit to, relief would be immediately obtained. How can this be efficiently accomplished? As the submucous tissue on the anterior surface of the epiglottis is affected in the effusion, and as it communicates with the cellular tissue of the larynx, I consider that if the mucous membrane were incised, a free exit would be given to the effused fluid. Some difficulty might be experienced in the operation, but usually not insurmountable.

I am, &c. M. W. HILLES.

7, Princes Street, Bedford Square, Jan. 26, 1855.

[The practice recommended by Mr. Hilles has been frequently adopted. A hernia knife is the most convenient instrument to use for the purpose.—ED.]

ST. THOMAS'S HOSPITAL AND MILITARY SURGERY.

[To the Editor of the Medical Times and Gazette.]

SIR,—Finding that some of the Metropolitan Hospitals have been noticed in the papers, as having placed at the disposal of Government a number of their beds for the military casualties now arriving in this country from the Crimea, I think it but justice to the authorities of this Hospital respectfully to request your insertion of this note, with the enclosed letter addressed to the Right Hon. Sidney Herbert, when it will be seen from the date, that St. Thomas's was not only the first to make such a proposal to Government, but, in addition, was anxious to esta-

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blish a chair of Military Surgery in connexion with the Medical School.

I am, &c.

R. G. WHITFIELD, Resident Medical Officer.

St. Thomas's Hospital, January 30, 1855.

"St. Thomas's Hospital, November 15, 1854.

"Sir,—Under the sanction of the Treasurer of this Hospital, I take the liberty of writing to inquire whether, in the event of his being ready to appropriate a considerable number of beds for the reception of military casualties, as they arrive in England from the seat of War, it would be agreeable to the Government to avail themselves of this arrangement, by ordering such cases to be conveyed to the hospital for treatment.

"In asking this question, I believe I may assume that large numbers of wounded persons (chiefly with injuries of bones and joints) will constantly be arriving in England with a view to various measures of surgical treatment, not applicable in the first periods of injury. The large resources of this Hospital, and its immediate proximity to the railroads by which such persons would reach the Metropolis, might render St. Thomas's peculiarly convenient for the purpose suggested.

"Perhaps I ought further to state, that my object in troubling you with this question bears reference to the possible establishment of a department of Military Surgery in our Medical school; and that for this educational purpose it would be important (both for our own students and eventually for the public service) that military casualties should be seen under treatment, so far at least as can be done, away from the field of battle.

"I have the honour to be,

"Your obedient servant,

"R. G. WHITFIELD, Resident Medical Officer.

"To the Right Hon. Sidney Herbert, Secretary-at-War, etc. etc. etc."

[Mr. Whitfield has not favoured us with the answer to this letter.—ED.]

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 23, 1855.

Dr. COPELAND, President, in the Chair.

A paper was read

ON THE SYSTEMATIC REMOVAL OF THE FIRST FOUR MOLARS AT AN EARLY PERIOD IN A LARGE MAJORITY OF CASES, WHEN INCIPIENT CARIES IS PRESENT IN THEM.

[BY SAMUEL MACLEAN, Esq.]

This mode of treatment is not new. It was recommended by Mr. Fox in 1803, and is supported by the author, although it has not received general support. The advantages are:—

1. The prevention and correction of the simpler forms of irregularities in the easiest and most desirable way, in a great majority of cases, without the aid of mechanical means; in all, in such a manner as least to disfigure the appearance of the mouth.

2. The promotion of a healthier state among the remaining teeth; the prevention (probably) of caries, certainly an increase in the facility of treating it.

3. The prevention of the distressing, in some cases even very serious, symptoms which frequently accompany the development of the wisdom teeth in corroded arches, and a material diminution in the chance of the formation of sinuses in after-life.

These statements were supported by cases, illustrated by numerous accurately-executed casts. The author also exhibited forceps of a novel construction, by which he was enabled to remove carious teeth. Each instrument consisted of a pair of narrow forceps sliding over one another, so as to be able to grasp the tooth in two different levels.

Mr. Robert Thompson wished to know if the author recommended the removal of the deciduous teeth before the permanent ones presented themselves, as he thought he could produce a case in which great irregularity had been caused by their removal with a view to allow the permanent set room to grow.

Mr. Maclean called attention to the casts (on the table) of Mr. Nasmyth, which represented the mouth of a lady who never had more than sixteen permanent teeth, yet the circle of the arch remained perfect, and did not adapt itself to the teeth in it. He said, that he never removed primary teeth except in cases where an irregularity was established by them; and that the fangs of the primary were not always removed by anticipative absorption. He believed, as he had stated in his paper, that active absorption was produced by the growing pressure of the advancing permanent tooth.

Dr. Snow said, he considered the operation alluded to by the author one of the best occasions for the use of chloroform.

Mr. Vasey said, that the author of the paper appeared to have overlooked the fact that patients attending Hospitals were of a class who paid very little attention to the irregularity of their teeth. With respect to the forceps which had been exhibited, he felt a strong objection to them. The acknowledged principle was to have them as broad as possible; but with four points pressing on the teeth, they must at once be crushed, especially in the case of teeth hollow in the centre.

A paper was read by Mr. Holmes Coote, describing a preparation laid before the Society of

OSSEOUS ANCHYLOSIS BETWEEN THE HUMERUS AND THE SCAPULA.

The author remarked, that osseous anchylosis in this situation was very rare. He had met with accounts of two similar specimens; one by Mr. F. W. Smith, of Dublin, the other in the Musée Dupuytren. The preparations were interesting in relation to the operation of resection, as showing the possibility of cure after disease by this process.

Mr. Fergusson said the specimen exhibited and remarked on by the author was a very interesting one of anchylosis, and one not often seen. Various deductions might be drawn from it. One was, that from the small size of the scapula and that portion of the humerus which was exhibited, and the distinct line of union of the epiphysis with the bone, he should have thought it had been taken from a person under 30 years of age, and it was therefore an excellent proof of what he had often observed,—that when disease is developed in bone there is an arrest of development. Then they had a very interesting feature,—a subject not often referred to, that after the shoulder-joint had been arrested in development, it was astonishing to what an extent of movement the parts might be brought in course of time. He thought that the case before them was one of ulceration and not of caries, between which he drew special distinction. It was one of those cases in which an operation should not be performed. Such cases would get well, the ulceration not leading to death of the cartilage. Conservative Surgery, in such a case, then, would consist in waiting the efforts of nature,—with some certain exceptions. In some of these instances the cure was rapid; but in others it would take years to effect it. And some persons could not afford to wait for so long a time. It might be desirable to operate at an early period of the disease, and give the patient a useful limb. The progress of Surgery now was such that the Surgeon would not be satisfied in all cases with simple anchylosis in cases of diseased or resected joints, but would expect in some cases the formation of a false joint, not only in the elbow, but other joints. This might be effected, in many cases, when the patients were in good health, by taking the proper means.

The author, in reply, concurred in the remarks of Mr. Fergusson as to ulceration, and regretted that the use of a particular word had given rise to the apparent difference between them.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

SATURDAY, JAN. 27.

E. HEADLAND, Esq., President, in the chair.

DR. O'CONNOR, referring to his communication at the previous meeting respecting the combination of cod-liver oil and quinine, the precise mode of preparation of which he was then unable to state, said he had requested Mr. Bastick, the chemist, to attend, in order to give any explanations which the Society might desire.

Mr. Bastick, at the request of the President, stated that the preparation was made in the following manner:—The requisite quantity of disulphate of quinine is dissolved in distilled water with the aid of a little dilute sulphuric acid. The quinine is precipitated from this solution by means of an alkaline carbonate.

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The precipitate is treated with boiling alcohol; the resulting alcoholic solution, after being filtered, is evaporated to dryness. The residue, which is pure quinine, is then added to the cod-liver oil, and the mixture is heated in a water-bath until solution is completely effected, which is known by the oil becoming perfectly transparent.

Dr. Richardson exhibited a preparation showing a stricture and ulceration of the œsophagus in a woman who died (as was believed) from asphyxia in an attempt to vomit. The patient could not swallow solid food, and could only take fluid by holding her head back. The trachea was found filled with fluid.

Dr. Rowe referred to the possibility of giving nourishment through artificial openings.

Mr. J. F. Clarke mentioned the case of a postboy who had cut his throat, dividing the trachea and œsophagus, and who lived a considerable time, but ultimately died through the accidental settling of a piece of bacon in the trachea.

Mr. Streeter said, Dr. Richardson's case was one of organic disease. He remembered Mr. Key, when a young man, proposing to Sir Astley Cooper to open the œsophagus in a case of organic disease; and the latter replied, "Do you think the patient could live three weeks after it? If so, would three weeks of life sustained in that way be sufficient to justify the operation?"

Dr. Thudichum said, he had known a dog live for more than half-a-year after the division of the œsophagus; the dog was fed also by an artificial opening in the stomach.

The President said, that, thirty years ago, he succeeded in restoring a man who received by his own hand a severe wound in the throat, going through the trachea, and wounding the œsophagus. He was fed artificially for some time, and ultimately did well. In his case, however, the œsophagus was healthy, so that there was no difficulty, as in Dr. Richardson's case, in passing a tube. He believed that the result of cases of injuries to the throat was, upon the whole, very unsatisfactory. Such cases often went on well up to a certain point, and then suddenly proved fatal.

Mr. Streeter said, when there was a disease of the throat the operation of tracheotomy was very difficult. He remembered seeing a Surgeon more than an hour in opening a larynx, in consequence of the changes effected in it by disease.

Dr. Gibb then read a paper

ON THE PATHOLOGY OF SACCHARINE ASSIMILATION,

of which the following is an abstract:—

Before entering upon the pathology, he gave a brief summary of the physiology of the subject to the present time, and referred to the discoveries of Bernard, Pavy, and himself. He considered that the relation subsisting between fat and sugar, more especially in the liver, and as likely to help in the working out of the pathology of fatty degeneration, was a discovery, the importance of which could not be over-estimated. He gave a table of the pathological conditions of saccharine assimilation, and considered some of the more important. In diabetes, he supported Prout's view of the formation of quantities of sugar in the stomach, which, owing to paralysis of the converting function was absorbed into the circulation. This condition he looked upon as the result of the paralysis of the saccharine functions of the liver, which he believes to be arrested in this disease, and not over-exerted, as Bernard believes. The principal evidence he brought forward in support of this view was the invariable absence of sugar in the liver after death, and the "starved" state of the liver, from its poorness in fat. In fatty liver only did he consider the saccharine function abnormally active. The gorged condition of the portal venous system, found after death, he looked upon as owing to hepatic obstruction, due to the paralysis of the special function of the liver, from taking too much gastric sugar to that organ which it could not assimilate. If thoracic disease was a frequent termination of diabetes, it was due, he believed, to the want of the naturally formed hepatic sugar to undergo combustion, and not from excessive combustion of the sugar, as Bernard maintains. He admitted, however, that diabetes and allied affections were under the governing power of the medulla oblongata and its branches, and sympathetic communications. One of the uses of healthily-formed sugar in the liver, independent of combustion in the lungs, he said, was to form fat; and he believed it to be one of the great sources of the fat throughout the system; and that, if sugar was convertible into fat, fat could not be reconverted into sugar; and he supported this view by reference to experiments. He next considered oxaluria, in connexion with sugar, and believed there is a mutual relationship existing between the two, but not constant. In dwelling upon diseases of the liver, he mentioned that fatty liver was the only abnormal condition which did not interfere with its healthy function; but here it was increased, and, as the lungs did not consume it proportionate to its secretion, it was converted into fat in the liver. He drew an analogy between this condition in the marine mammalia, marine birds, etc., and the same condition in man; in the former it was a normal process, while in the latter it constitutes disease. He related some cases of disease in the body, accompanied with fatty liver, to prove that the severity of a disease elsewhere does not necessarily destroy the saccharine function of the liver. In one recent instance he found sugar in fatty liver, coincident with cancer of the same organ. In other diseases of the liver sugar is absent; in cholera, sugar is more easily detected in this organ than in health. In relation to nervous affections and saccharine assimilation, he believed there was a very great sympathy between the two, perhaps more so than in other classes of disease. He confirmed the observations of Dr. Goolden, having found the urine saccharine in many nervous affections; he had found this fluid saccharine in epileptics, even when convulsions were threatened, but which passed off; also in pertussis, both in its simple and complicated forms. He briefly went over the special conditions of the base of the brain, as likely to influence saccharine assimilation. From the length of his paper, the author was only able merely to allude to the influence of dyspepsia, gout, boils, and carbuncles, Bright's disease, tuberculosis, abscesses, diseases of the respiratory system, cholera, milk, and the effects of certain medicines, upon saccharine assimilation. The peculiar effects of each were shown in a large diagram.

Dr. Goolden expressed his concurrence in the views entertained by the author, and mentioned that in an analysis of the urine of a large number of patients suffering from nervous disease, sugar was discovered in many of the cases; but very recently, the analysis having been continued by the same person (Dr. Dundas Thompson), sugar was not found to anything like the same extent. The cholera in 1832 was preceded by a greater amount of saccharine matter in the urine of patients. He (Dr. Goolden) had traced many cases of diabetes to injury of the brain. One resulted from a kick of a horse, and another from the falling of a piece of timber on the patient. In both these cases the quantity of urine was diminished from twelve or fourteen to about five pints, below which it was difficult to reduce it when the quantity was at first considerable, even after the saccharine principle had disappeared. The kidneys, once accustomed to secrete large quantities, continued to do so. His treatment had not been so successful as he at first had anticipated, but in many cases he had materially relieved the patients. In his experience animal diet did not diminish the quantity of urine, and he always allowed his patients milk and farinaceous food *ad libitum*. He saw no benefit to be derived from prohibiting fluids. Opium influenced the amount of sugar in some cases, but not in all.

Dr. Garrod asked what methods of detecting sugar Dr. Gibb employed.

Dr. Gibb said, that, in very marked cases, he had found the liquor-potassæ test sufficient; but he often used yeast as well as Trommer's and Barreswil's tests.

Dr. Garrod said, that the difficulty of detecting small amounts of sugar in the urine was excessive, owing to the occasional presence of other substances producing similar results. The fermentation test often failed; for he (Dr. Garrod) had added two grains of grape sugar to an ounce of healthy urine, and was unable afterwards to detect it by fermentation. The most satisfactory test for minute quantities of sugar was the following:—Precipitate the urine with sub-acetate of lead; filter through coarse paper; add carbonate of soda; refilter through coarse paper; there is then a fluid, colourless as water, which boils with a small portion of pure hydrate of potash, and the presence of sugar will be detected by the bright orange colour which the fluid assumes. The presence of sugar in urine was not always an unhealthy symptom. No sugar was usually present in the urine of a healthy person at a period remote from feeding, (as early in the morning;) while it might be detected several hours after taking food. The author supposed that the liver in diabetes did not contain sugar; but he (Dr. Garrod) remembered a case in which a thick syrup was produced from the boiling of a diabetic liver; and he believed he had seen other cases in which sugar was distinctly present in such livers. It might sometimes be absent after death, as it was occasionally from the urine. He did not believe with the author, that oxalic acid was formed from sugar in the body, but that it was rather produced by the decomposition of uric

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acid. Sugar was found in the urine in many diseases besides diabetes.

Dr. Webster thought it was not surprising, considering the enormous quantity of sugar consumed as food, that some of it should appear in the urine, even in healthy subjects.

Dr. Goolden said, that, in most cases, Dr. Dundas Thompson was satisfied in his analyses with the liquor potassæ and Trommer's tests. It was only in exceptional cases that sugar, taken as food, passed off with the urine.

Dr. Pavey did not think, with the author, that sugar was found in the saliva of diabetic patients. In examining the saliva it was necessary to be very careful not to include the mucus from the bronchial tubes, which was sometimes mixed with it, and which contained sugar, phthisis often occurring with diabetes. German physiologists stated that the saliva of diabetic patients contained lactic acid, and not sugar. Dr. Gibb thought that sugar might sometimes be formed within the stomach; and certainly if an animal was placed artificially in a diabetic condition, which could be done by puncturing the medulla oblongata, and then fed on animal food only, saccharine matter would afterwards be found in the contents of the stomach; but he (Dr. Pavey) thought that the sugar in such cases came from the gastric juice, it being an established fact that in diabetes all the secretions contain saccharine matter.

Dr. Crisp referred to the fattening properties of sugar, and denied a statement which he said had often been made, that fat was not present in many of the lower animals.

The author then replied, and the Society adjourned.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

Dr. SEATON, Vice-President, in the chair.

Dr. Fuller read a paper on

SOME POINTS IN THE TREATMENT OF GOUT, RHEUMATISM, AND RHEUMATIC GOUT.

He commenced by stating, that in all diseases, but especially in those which, like gout, rheumatism, and rheumatic gout, are attributable to faulty assimilation and the consequent formation of a morbid matter in the blood, the success of treatment must necessarily depend upon the care and judgment bestowed on four several points,—first, the history of the case; secondly, the appearance and general condition of the patient; thirdly, the character of the excretions; and, fourthly, the selection and adaptation of proper remedies to meet the various exigencies of the case. He then proceeded to point out the bearing of each of these considerations upon the course of treatment to be pursued, and after drawing attention to the close relationship subsisting between the amount and character of these various excretions and the condition of the system generally, he insisted on the necessity of providing for the full and perfect action of all the excretory organs. He instanced cases which had fallen under his care at St. George's Hospital, in which the long continuance of the disease was evidently referable to the sluggishness of some one particular organ; and others in which the obstinacy of the symptoms was attributable to the imperfect action of all the excretory organs, rather than to extreme sluggishness in any one of them. These latter cases, when not attended by fever, and when characterised by affection of the muscular structures, are often benefited by bark and hydrochlorate of ammonia, which, under such circumstances, has the effect of promoting an increased flow of all the excretions, and so of eliminating the *materies morbi* and checking the disease. Dr. Fuller, however, dwelt especially on the fact, that under different conditions of the general health, very different remedies are needed to regulate the various excretions. He showed, that when the system is low and deficient in vital energy, tonics, such as bark, quina, sarsaparilla, steel, and cod-liver oil, together with change of air, change of scene, freedom from anxiety, and the use of proper baths, and a due amount of exercise, form the most effectual means of checking the mal-assimilation on which the formation of the poison depends, and of increasing the action of the excretory organs, whereby its elimination is brought about; and that, unless such remedies are exhibited, and the tone of the system is improved before colchicum, guaiacum, and other so-called "specifics" are administered, no good results can be produced. He attributed the failure of treatment, in many instances, to want of care in tracing out the history of the case, whereby it happens that purely neuralgic pains, as well as the pains which follow the incautious use of mercury, and the pains and swellings resulting from a gonorrhœal taint, are confounded with gout and rheumatism, and are wrongly treated accordingly. He regards the too frequent habit of treating disease in accordance with its name, rather than according to the condition of the patient and the character of the secretions, as another cause of failure, inasmuch as it leads to the practice of prescribing each of the so-called specifics separately, and apart from other remedies. He pointed out, that, in most cases, the action of all the excretory organs is disordered; and that, whereas no single remedy will excite them all equally to action, the judicious practitioner should employ such a combination of remedies as will prove efficacious for the purpose. Dr. Fuller combated the opinion advanced by Dr. Garrod as to the non-existence of such a disorder as rheumatic gout; and avowed his belief that the three forms of disease which form the subject of his paper are referable to different forms of mal-assimilation and the consequent formation of different poisons in the blood; and he urged the remarkable differences observable in the age, sex, and physical condition of the sufferers from rheumatic gout, in the ascertained causes of the disease, the mode in which it makes its attacks, its symptoms, its behaviour under treatment, and the pathological changes to which it gives rise, as evidence in favour of its being a disease essentially distinct both from gout and rheumatism. He admitted the value of Dr. Garrod's uric acid test as a means of distinguishing, in most instances, between gout and rheumatism, as well as between true gout and rheumatic gout; but he did not admit the absence of uric acid from the blood as proof of the disease being pure rheumatism. Moreover, admitting the value of the test theoretically, he denied its practical utility. Its only indicational value is in regard to the administration of colchicum, and even in this respect it cannot be trusted. In no cases is lithic acid more abundant in the blood than in those old cachectic cases of gout, accompanied by the formation of chalk stones in the joints and by granular degeneration of the kidneys, yet in none is colchicum of less avail or more ill borne by the system. On the other hand, when the blood is free from lithic acid, as it usually is in true rheumatism, colchicum is often of great service, by acting as an evacuant and influencing the secretions of the kidneys, liver, and bowels. Colchicum, therefore, should not be relied upon in all cases of gout, neither should it be discarded in all cases of rheumatism; and in the one as in the other, the history of the case, the condition of the patient, the stage of the disease, and the character of the excretions, must be our guides to the administration of that or of other remedies.

A discussion of considerable interest followed, and the meeting adjourned.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.—MONDAY, JAN. 29.

THE CRIMEA.

Earl Grey moved:—"That it is the opinion of this House that great evils have arisen from the present division of authority and responsibility in the administration of the army, and that the whole of the business connected with this important branch of the public service, which is now distributed among different offices, ought, therefore, to be brought under the direct control of a single and well-organised department."

In the Duke of Newcastle's reply to Earl Grey, he said: "I do not think that, at the present moment, the system in that department works well. An attempt has been made, impossible in a time of war, to maintain a Medical system exclusive to the army. I think it has broken down. I believe that the Medical Board at home is also defective." But, so far as the Home departments are concerned, that which had failed and broken down more completely than any other part of our system, the noble Duke said, was the transport service, to which he ascribed many of the misfortunes which have attended the instructions given at home. Then the Commissariat had been completely overburdened; and, "if the present system of leaving to the Commissariat the purchase, and conveyance, and transport of provisions and stores be continued, your army," said the noble Duke, "will never be in a really effective condition."

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HOUSE OF COMMONS.—MONDAY, JAN. 29.

THE CRIMEA.

On the adjourned debate on Mr. Roebuck's Motion for inquiry,

Mr. Stafford stated what he saw in the Hospitals at Scutari and at Constantinople, and charged the Government with the grossest and most melancholy neglect. The Right Hon. gentleman entered into details to show the exceedingly defective arrangements at the Hospital at Balaklava, the utter absence of all proper arrangements on board the transport ships appointed to convey the sick and wounded to Scutari, and advocated the immediate establishment of hospital-ships, at whatever cost. He also contrasted, from his own personal observations, the difference between the French Medical Hospital system and our own.

LAW INTELLIGENCE.

THE PHARMACEUTICAL SOCIETY.

THE QUEEN *v.* SMITH, REGISTRAR OF PHARMACEUTICAL SOCIETY.

IN this case, which came before the Court of Queen's Bench on the 26th ult., Lord Campbell gave judgment as follows:—

"By the Charter the Society consisted of members of four classes,—1, those who were chemists on their own account at the date of the Charter; 2, those who should have been examined, or the Council should have deemed proper; 3, those who should have been certified to be duly qualified for admission; and, 4thly, those who should be elected as superintendents by the Council. The Legislature intended an examination to be in general the condition on which members were to be elected. But some other classes had been made admissible by the Charter, to prevent the displacement of existing interests, and the admissibility of the same classes was continued by the Act on the same principle, leaving the extent to which it should be carried to be regulated by bye-laws, to be made under proper precautions. The Act makes no distinction between different classes of members in respect of registration, the Registrar being forced by Section V. from time to time to make a complete register of all persons being members of the Society, that is, members at the time the register is made. The meaning of the term 'pharmaceutical chemist' was the subject of some discussion, and the Act does not give any definition of it. The sixth Section implies that 'pharmaceutical chemist' is the generic term under which each member of the Society is comprised as a species; and the tenth Section implies that a person who has passed his examination without being elected a member is another species; and these two species or classes are expressly declared by the Act to be entitled to be on the register of pharmaceutical chemists, and any person not on the register is prohibited by the Act from using the title either of pharmaceutical chemist, or member of the Society. To this extent the statute is clear; and this is sufficient for the decision of the present case. For these reasons we think the Registrar is shown by the verdict to have done his duty, and that the judgment must be for the defendant.

Judgment for the defendant.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 26th ult.:—

GIBSON, EDWARD TAYLOR, Shap, Westmoreland.
JOHNSON, CHARLES, Army.
JOHNSON, DAVID, Sedgley, Staffordshire.
JONES, MORGAN JONES, Army.
KEALY, JOHN ROBERT, Gosport, Hants.
LANGFORD, WILLIAM, Brixton.
LOUTTET, JAMES, Wick, N.B.
RIMMER, JOHN WHITTLE, Army.
ROBINSON, EDWARD HENKELL, Nova Scotia.
SMITH, GEORGE WILLIAM, Army.

At the same meeting of the Court,

HARDINGE, FRANCIS,

passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date June 28, 1850.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Jan. 25, 1855:—

GRAHAM, ROBERT, Holly Cottage, Homerton.
GREGORY, CHARLES FOSTER, Leigh, Tonbridge.
SUMMERS, SAMUEL, Stourbridge, Worcestershire.
HOWARD, CHARLES ALDCROFT, York.
HEPWORTH, ALFRED JOSEPH LUMLEY, Army.

BEQUESTS.

THE LATE MISS FREEMAN, of Lexden, Essex, has bequeathed to the Essex and Colchester Hospital 2,000*l.*; and to the Asylum for Idiots 400*l.*

DEATHS.

ANDERSON.—Jan. 3, on board ship, in the harbour of Balaklava, of typhus fever, deeply regretted, William Abbot Anderson, Surgeon 41st Regiment.

BAXTER.—Jan. 24, Alexander H. Baxter, Esq., M.D., aged 54, late of H.M.S. Trafalgar (22nd Dec., 1836.)

BARKER.—Jan. 25, at Ashbacking, John Barker, Esq., M.D., of Beach House, Aldeburgh, Suffolk.

LING.—Jan. 22, at Stogumber, Somerset, John Southcomb Ling, Esq., Surgeon, in his 71st year, M.R.C.S.E. 1805. Mr. Ling had practised the Medical Profession at Stogumber during nearly half a century, with much eminence, coupled with a kindness and urbanity which won the regard and respect of all who knew him.

MACKENZIE.—Jan. 26, at Hemingford Villas, Islington, after a few days' illness, Duncan Mackenzie, Esq., late Surgeon in H.E.I.C.S.

MAINWARING.—January 30, at Bournemouth, Hants, of pleuro-pneumonia, Edward Vincent Mainwaring, aged 46 years. The deceased was the originator and anxious promoter of the Bournemouth Sanatorium; his very heart and soul were devoted to its best interests, and under his supervision the foundation-stone of the building was laid; and to his untiring energy and perseverance may be mainly attributed the present advanced state of the edifice. The Sanatorium is not yet completed for want of funds,—no less a sum than 1,500*l.* being required to carry out and perfect this benevolent Institution. To the exertions of Sir John Forbes, indeed, is to be attributed much of the success of the undertaking; and to this circumstance Dr. Mainwaring made marked reference before his death. Dr. Mainwaring is no more! A sad and melancholy bereavement is felt among that class of society by whom he was so justly appreciated, esteemed, and beloved,—his own Profession. His Professional brethren around the county will truly sustain a great loss. In gentlemanly deportment, kindness of heart, and unflinching professional and moral integrity, he could not have been surpassed by any of his surviving brethren, metropolitan or provincial. His friend Dr. Crabb, of Poole, was first sent for to attend him, and soon afterwards Mr. Wiblin, of Southampton, both of whom, in conjunction with Mr. West, of Poole, continued to be with him until the fatal termination of the disease. M.D. Glasgow, 1842; M.R.C.S.E., 1827; formerly in the Hon. E.I.C. Service; Vice-President of the Literary Institution of the town and county of Poole.

ST. THOMAS'S HOSPITAL.—The authorities of this Hospital, anxious to promote a sound general education, as an important preliminary to the studies of the Medical Profession, some years ago instituted for their matriculating students a voluntary examination in classics and mathematics; and they have annually awarded a prize of 20*l.* to the first candidate in this competition. They have had every reason to be pleased with the result of this arrangement, as regards the improved state of preparatory education among their students; and they have had the further satisfaction of finding it in harmony with regulations since made by the Royal College of Surgeons and the Apothecaries' Company. In order still further to encourage and reward a good general education among pupils entering the school, it is now resolved to extend the examination of matriculating students to three divisions of preliminary education, viz.:—1. (as heretofore) In classics and mathematics; 2. In physics and natural history; 3. In modern languages and modern history. Attendance at these examinations is optional, but all matriculating students are at liberty to compete in any one or more of them; and a prize of 20*l.* is given to the successful candidate in each division. A praiseworthy example.

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BIRKENHEAD HOSPITAL AND DISPENSARY.—The Annual General Meeting of the Governors of the Birkenhead Hospital and Dispensary was held on the 29th ult. The Secretary read the Annual Report, which stated, that, after being deprived of the services of Dr. Jephson, as House-Surgeon, by his resignation, the Committee have to lament the death of Mr. W. R. Crouch, his successor, which had occurred in the house, in November. The situation had been filled up by the appointment of Mr. A. W. Marshall as House-Surgeon and Apothecary. The Chairman then produced a letter from Mr. Vale, which contained the resignation of the position he had held as Hospital and Dispensary Honorary Surgeon, the duties of which important office he had discharged for nearly ten years with the utmost fidelity and judgment, combined with kindliness and skill. Mr. Sloman, concurring in the remarks that had fallen from the Chairman, moved, that the thanks of the Governors be given to Mr. Vale for his past services, and that he be appointed one of the Consulting Surgeons to the Institution. Dr. Craigie seconded the motion, which was carried. Mr. Sherlock moved, and Mr. Sloman seconded the motion, that Dr. J. F. Stevenson and Dr. James Craigie be re-appointed Honorary Surgeons, which was carried.

UNIVERSITY UNION.—MARISCHAL COLLEGE.—We understand that the Senatus Academicus of Marischal College and University, after discussion at meetings held during the last week, by a considerable majority, adopted a finding to the effect, that, while adhering to the opinion which the Senatus formerly expressed in favour of a Union of the Colleges, as well as of the Universities; yet, considering the unanimity of opinion among the public, including the Graduates, that has been expressed in favour of a Union of the Universities and not of the Colleges, they resolve to intimate to Her Majesty's Government their willingness to accept of a measure on the basis of a Union of the Universities, if the Government shall see fit to introduce such a measure into Parliament.

TREATMENT OF THE WOUNDED IN ENGLAND. — An anonymous letter appeared in the *Times* of the 23rd inst., in large type, and in a most conspicuous part of the paper, containing charges of inhumanity against a Board of Medical Officers assembled at the office of the Army Medical Department. It is stated that a young officer, who had lost his foot at the Alma, was ordered for inspection before a Medical Board. This is true; but the order emanated from the Military, not the Medical authorities; and, had the gentleman written to say that he was unfit to attend, a Medical officer would have been directed to see him at his own house. To all the other charges we can give the most unqualified denial. The officer was not compelled to *stand* in the waiting-room, as stated by the anonymous writer. It is not true that he was told he must sell his commission. It is not true that any want of feeling or politeness was evinced towards him by any member of the Board. We are well acquainted with the President of the Board, and can state that he is one of the last men in the Profession who could behave with harshness or rudeness to a wounded soldier; and may add, that the letter we complain of was written without the knowledge or consent of the officer whose case is made use of to accuse the heads of the Medical Staff of our Army of a want of common sentiments of humanity. Several officers, who have been surveyed by the Board, have, to our knowledge, written to the *Times*, pointing out the injustice of this letter, but no notice has been taken of their communications. The charges are printed in large type; the replies are not suffered to appear in any form.

MEDICAL NEWS FROM THE SEAT OF WAR.—The following is derived from Correspondents of the *Times*:—"The mortality of the Turkish troops, which had, as I stated some time ago, assumed the dimensions of a plague, has now begun to be attended with much of the physical appearances of the same terrible disease, and their sanitary condition has excited the liveliest apprehensions of our Medical officers in Balaklava, who have, over and over again, represented to the authorities the danger of allowing the Turks to remain in the town. Their small force is losing men at the rate of 20 and 30 a-day. It is gratifying to be able to note an improvement in the condition of our own troops. The arrangements of the Hospital-ships in Balaklava also are improved, and the Hospitals on shore are better managed and better provided than they used to be. The returns of sickness and mortality in camp show a slight decrease, but the strength of the army has been very materially diminished for the time by illness. The diseases which pursue our Army are aggravated by a peculiar condition of mind which the Medical men have remarked very frequently in their patients—an extreme listlessness and indifference to life—a languor which induces the convalescent to regard "rest" as the greatest happiness, and deprives them of any inclination to make the least effort, or even to take food and nourishment. We have now on the Bosphorus and Dardanelles no less than eight hospitals, containing an aggregate of nearly 5000 sick and wounded. The largest and by far the most important of these is the Barrack Hospital, which holds from 2000 to 3000 patients (all of them severe cases), and which is portioned off into three divisions, each under the care of a first-class Staff-Surgeon. Next in size to the Barrack Hospital is the General Hospital, also filled with cases requiring active treatment and superintendence by two senior Medical officers. Adjoining the Barrack Hospital are extensive cavalry stables, the upper rooms of which have been made tolerably comfortable, and contain about 150 sick. Then there is the Sultan's Spring Palace, beyond the General Hospital, which was intended for convalescents, though there are a good number of cases in it at present which cannot be considered so: here there are now between 400 and 500 patients. The Hospital at Abydos, on the Dardanelles, is also for convalescents, and about 400 men have been draughted there from Scutari. Kululee, on the Bosphorus, was originally appropriated to the Russian wounded, but they are to be removed to the arsenal at Stamboul, and our own sick have already taken their places to the number of 350 or 400. Besides these six Hospitals on shore, there are the two floating Hospitals for convalescents in the Golden Horn—one a Turkish hulk, containing 560 men, the other the Bombay transport, containing 100. The engineers are now constructing in the square of the Barrack Hospital a temporary building for 1000 patients. Experience has taught our Allies, and will, I hope, teach our authorities, if the war continues, that the mule-litter is the best possible conveyance for a sick or wounded man. A movable jointed frame of iron with a canvass-stretcher is suspended from a light pack-saddle at each side of a mule. If the sick or wounded man is able to sit up, by raising the head of the litter a support is afforded to his back. If he wishes his legs to hang down the frame is adjusted accordingly, and he rides as if he were in an arm-chair, suspended by the side of a mule. Should he like to lie down he has a good and comfortable couch,—comfortable, in so far as the pace of a mule is easier than the jog of an ambulance, and he is not crowded with others, like hens in a coop. These mules can travel where ambulance carts cannot stir; they require no roads or beaten tracks, and they are readily moved about in the rear when an action is going on. Eleven hundred more sick are on their way here from the Crimea, and the latest news received thence affords no ground for hoping that the amount of disease and mortality in the army is on the decline. On the contrary, there is every reason to fear that both are increasing; for the weather is now dreadfully severe, with heavy snow one day and biting frost the next. The evidences of this are manifesting themselves in a most marked and painful way. We have already in Hospital from thirty to forty cases of mortified feet from exposure, and the spectacle which men thus afflicted present is far more distressing than the severest wounds. It is remarkable how on cold and stormy nights the dead ran up; and another singular feature is the extent to which on such nights the dysentery patients rave. The heavy mortality which has prevailed here for the last few weeks is not diminishing. On the 15th, the number of burials was 47; on the 16th, 41; and on the 17th, 34: making, in three days, a total of 129. At the last-mentioned date there were in the hospitals here 4365 non-commissioned officers and privates, and 65 officers. The Colombo, which came down yesterday from Balaklava, brought with her 235 sick, of whom no fewer than 23 died on the passage. It gives some idea of the slowness with which everything moves in this country, that we are still without the advantage of the special transport service organised several weeks ago."

LORD RAGLAN AND HIS MEDICAL STAFF.—The *Examiner*, remarking upon Lord Raglan's censure of two Medical Officers, says, "We should be glad to see some praise as well as blame, and that the meritorious services of Medical Officers do not escape notice more than their faults. Was a word of honour given to the memory of Dr. Thomson, for a noble example, who volunteered the charge of 700 wounded Russians on the field of the Alma, assisted only by a single servant, as devoted to duty as himself? This hero in the cause of humanity died of cholera, immediately referable to his exertions and exposure among putrefying bodies. Had he lived, would he have obtained the praise which is bestowed on a staff-officer for galloping with a message on the field of battle, or for helping the Commander-in-

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Chief in doing nothing in a soldiers' battle and victory." The smallest services of the men with names and positions are overweeningly prized,—the noblest services of the unconnected and humble are unnoticed and unhonoured.

HOSPITAL-SHIPS AT BALAKLAVA.—The Porte has placed at the disposal of the English one of its largest frigates, to be converted into an Hospital at Balaklava. The Royal Mail steamship Severn, chartered by the English Government, is being fitted at Southampton for the conveyance of an infantry regiment. The fittings of this vessel are to be so arranged, that, on her arrival at the Crimea, she may be easily converted into an Hospital-ship.

CIVIL HOSPITALS FOR THE ARMY.—The Governors of St. Bartholomew's Hospital have, with extreme liberality, placed forty Medical and forty Surgical beds at the free disposal of Government for the use of the sick and wounded from the Crimea. It will be seen, from a letter in another column, that the authorities at St. Thomas's have also offered Hospital accommodation to the Government. Mr. Arnott has not accepted the office of Chief Surgeon to the Hospital at Smyrna. It is expected that Government will apply to all our large Hospitals to assist in the formation of a staff both of Medical men, dressers, and nurses.

NAVAL ASSISTANT-SURGEONS.—The *Times'* correspondent at Constantinople writes as follows:—"I spoke in my former letters about the want of Assistant-Surgeons in the Navy, which makes itself every day felt, but which in any extraordinary emergency, such as an action or an epidemic, is ten times more felt. A comparison between the number of vessels commissioned since the prospect of war and the number of Assistant-Surgeons who have entered the service since that is sufficient to prove the impossibility that they should properly attend to their duty. In 1854, 20 first and second-class vessels have been commissioned, their crews amounting to at least 17,000 men; besides these, about 5000 men have been added to those already in commission, in consequence of an order to fill up complements. For all these 22,000, besides numbers of small steamers and gunboats, only 54 new Assistant-Surgeons have been appointed in 1854, giving from 400 to 500 to the charge of each Assistant-Surgeon, not counting the smaller vessels. How can one expect that they should attend to their charge after an action? Moreover, there are nearly 200 transports which have, with very few exceptions, no Medical officer on board, and expect—I will not decide whether rightly or wrongly—to get assistance from the men-of-war. It is impossible for any man to do all that is required of him under such circumstance; so there are no persons to blame; on the contrary, the way in which the Medical officers of the fleet perform their hard duties deserves the highest praise; but the thing will not be altered so long as the position of Assistant-Surgeons remains as it is, and so long as their position is not made such as to induce students of some capacity to enter the service, which they will not do if they have to pass through the ordeal of the gunroom before they are thought fit members of a wardroom mess. During the last few years before the War, the number of new entries of Assistant-Surgeons had been continually dropping off, and, had it not been for the patriotic feelings stimulated by the present War, there can be no doubt that the Admiralty would have had considerable difficulty in enlisting even the services of the fifty-four Assistant-Surgeons who were commissioned in 1854.

MEDICAL STAFF OF THE FRENCH ARMY.—The Medical Staff Officers attached to the army are constituted as a corps under the title of *Corps de Santé de l'Armée*, etc. It consists of two classes, viz., Surgeons and Apothecaries. Of the first there are seven inspectors, 40 *principaux* of the first class and 40 of the second; 100 majors of the first class and 220 of the second; 340 aides-majors of the first class, and 340 of the second: making a total of 1087. The Apothecaries are divided into—1 inspector, 5 *principaux* of the first class, and 5 of the second; 15 majors of the first class, and 30 of the second; 45 aides-major of the first class, and 45 of the second: making a total of 146. The number of both these classes is the same in war as in peace; but, in case of necessity, auxiliaries, whose number is unlimited, are appointed by the Minister of War. Their number varies with circumstances. None can be appointed to this corps who have not passed through the Military School of Medicine. A portion of the Inspectors form a council, whose duty it is to watch over all improvements in Surgery, and to report from time to time to the Minister of War.

ALLEGED WANT OF LINT AT SCUTARI.—Mr. Bracebridge, writing to the Messrs. Cuthbert, from Scutari, on the 13th inst., says:—"We are greatly obliged by your exertions, and by the benevolence of the public. At this moment, I am compelled to say, it is not only useless, but embarrassing to find room. We are far from wanting any more old linen. *Lint never was wanted; it was a pure mistake to say so, and not Miss Nightingale's mistake. Bandages, also, are here in great quantities.* The Hospital is full of sick, not wounded, and there never can be occasion to use the masses of old linen—some excellent—for a year to come. The freight in sending more would be wasted." This quite bears out what we have stated from the first.

MILITARY SURGEONS IN FOREIGN SERVICE.—The enlistment of Surgeons for the Russian army has been put a stop to in Prussia, mainly by the representations of the British Ambassador in Berlin, supported by his Austrian colleague. An interpretation has been put upon the 18th Article of the Act of Confederation; and, as it draws no distinction between combatants and non-combatants, it is admitted that the engagement of Military Surgeons for a foreign Power is considered illegal, and prohibited for the future.

TEMPERATURE IN RUSSIA.—By recent letters it appears that the thermometer was down as low as 24° Reaumur under zero (17 under 0,) or 47 below freezing point Fahrenheit.

THE COST OF MEDICAL RELIEF IN SCOTLAND IN 1851 (excepting the counties of Argyll, Inverness, Ross, and Sutherland, for which separate returns are made), was 24,730*l.*, and the sum received from Parliament for that purpose was 8712*l.*

IN THE LEGISLATIVE COUNCIL OF VICTORIA, on October 18, after the Compulsory Vaccination Bill had been advanced a stage, Mr. Miles recommended that the felons of the colony be in future killed by means of chloroform or charcoal!

SAUSAGES.—In an "establishment" at Birkenhead the police discovered, the other day, the carcase of a horse, from the flesh of which puddings, pies, and sausages had been manufactured for the Liverpool market!

MORTALITY NOTABILIA.—The high mortality announced in recent reports has undergone a further increase. In the first three weeks of the current month the deaths registered in London were 1404, 1466, and 1549; in the last week they rose to 1630. Of males whose deaths are now returned, the number is 791; of females, 839. In the corresponding weeks of the years 1845—54, the average number of deaths was 1102, which, if raised in proportion to increase of population, becomes 1212. Hence there were recorded last week 418 deaths more than the average rate. Last week the mean temperature was considerably lower than the average of ten years, 29·1° 711 persons under 20 years of age, 205 at that age and under 40, 289 aged 40 years and under 60, 347 who were 60 years old but under 80, and 77 octogenarians, died last week. The increase is confined entirely to persons who had completed their fortieth year, the deaths of those in the earlier periods showing a decrease. Bronchitis was fatal in 239 cases, pneumonia in 127. Hooping-cough and influenza, which stand in the epidemic class, were fatal in 73 and 23 cases; 174 persons sunk under phthisis. Scarlatina destroyed 75 lives, measles 43. This last complaint rages in Norwood Workhouse, where 6 children died of it last week.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	1	2	12	9	3	5
North	490,396	7	8	20	22	..	7
Central ..	393,256	1	6	12	10	4	3
East.....	485,522	8	9	18	16	4	13
South	616,635	10	18	13	16	8	16
Total..	2,362,236	27	43	75	73	19	44

Births.—The births of 830 boys and 822 girls, 1652 children, were registered; average, 1466.

Meteorology.—Mean height of the barometer in the week, 29·829 in. By 9 h. a.m. on Thursday the reading had increased to 29·96 in. The mean temperature of the air in the week was 29·3°, which is 7·7° below the average of the same week in 38 years. The mean daily temperature, which was below the average on every day of the week, was 14·1° below it on Sunday, and 10·5° below it on Monday.

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DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, January 27, 1855.*

Causes of Death.	In the week ending Saturday, Jan. 27, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp. 29·3						39·5
All Causes	1630	711	205	289	347	77	1102·3
Specified Causes	1625	709	205	287	346	77	1091·7
Diseases:—							
1. Zymotic Class	348	279	24	18	26	1	240·6
2. Dropsy, Cancer, and others of uncertain seat	69	12	8	21	24	2	48·0
3. Tubercular Class	232	83	74	58	15	2	184·5
4. Of Brain, Nerves, etc.	180	76	20	39	39	6	121·4
5. Of Heart, etc.	58	6	8	20	20	2	38·4
6. Of Respiratory Organs	427	133	42	95	138	19	239·8
7. Of Digestive Organs	56	23	6	12	14	1	61·7
8. Of Kidneys, etc.	21	8	3	7	7	1	12·5
9. Of Uterus; viz. — Puerperal Disease, etc.	8	..	6	1	1	..	9·7
10. Of Joints, Bones; viz.— Rheumatism, etc.	8	1	3	1	3	..	8·3
11. Of Skin, etc.	5	2	1	..	2	..	2·1
12. Malformations	3	3	..	..	..	..	3·9
13. Debility from Premature Birth, etc.	30	30	..	..	..	..	24·5
14. Atrophy	49	33	..	4	12	..	21·8
15. Age	81	..	..	..	40	41	56·2
16. Sudden	14	8	2	..	3	1	9·4
17. Violence, Privation, etc.	36	15	3	9	2	1	29·1

BOOKS RECEIVED.

Quarante Années de Pratique Chirurgicale. Par P. J. Roux. Paris: Masson. 1854.

The Pathology of Drunkenness. By C. Wilson, M.D. Edinburgh: A. and C. Black. 1855.

Elementary Treatise on Chemistry. By W. Gregory, M.D. Edinburgh: A. and C. Black. 1855.

Lithotomy Simplified. By G. Allarton. London: Ash and Flint. 1854.

The Diagnosis of Surgical Cancer. By J. Z. Laurence. London: Churchill. 1854.

Euthanasia. By Robert Garner. London: Churchill, 1855.

Hilton on the Cranium. By F. W. Pavey, M.D. London: Churchill. 1855.

Medical Anatomy. Fasciculus I. By F. Sibson, M.D., F.R.S. London: Churchill. 1855.

Surgical Anatomy. Fasciculi V., VI., and VII. By J. Maclise, F.R.C.S. London: Churchill. 1855.

Muspratt's Chemistry. Part XII. Glasgow: Mackenzie. 1855.

On Foreign Bodies in the Air Passages. By S. D. Gross, M.D. Philadelphia: Blanchard and Son. 1854.

Transactions of the Belfast Clinical and Pathological Society. Belfast. 1854.

The Pathology of the Bronchio-Pulmonary Mucous Membrane. Part II. By C. Black, M.D. Edinburgh: Sutherland and Knox. 1855.

TO CORRESPONDENTS.

Treatment of Sciatica and Scabies.

[To the Editor of the Medical Times and Gazette.]

Sir,—I observe in your last week's number a paragraph on the treatment of sciatica by Dr. Blakiston, wherein is advocated the application of a small blister over the chief seat of pain, after which the acetate of morphia with white sugar, and kept open as long as required.

Having suffered repeated attacks myself many years ago, after trying several remedies, such as aperients, hyd. pot. colchium, etc., in vain, I applied two dozen leeches to the part, after which a large blister, on the removal of which I had acet. morph. one grain, with a little white sugar sprinkled over and continued for three or four days, using some mild ointment. Leeches, followed by the application of a large blister, etc., as before stated, have always given full relief. I have been for a number of years in the habit of employing the same remedies on my patients with the most satisfactory results. I have also occasionally tried the effects of the heated button over the parts, which I have found equally efficacious. The diagnostic symptoms are such as cannot well be mistaken; for pressure with the thumb or finger on the sciatic nerve will immediately convey a sense of numbness and tingling throughout the limb to the toes; persons susceptible of such attacks should be very careful to keep their feet dry, and to avoid sitting on cold ground or stones.

While I have my pen in hand, I will just state the remedy I usually employ in scabies. Many remedies have been from time to time reported in the Medical Journals. What I always recommend is from six to eight ounces of the sulphur vivum of the shops, mixed with eight ounces of lard, to be divided into three equal parts, one of which to be well rubbed in, over the body, before a fire every four hours, the patient lying on a straw mattress or a bundle of straw; it will be necessary to administer stimulants, such as strong coffee or brandy and water, during the operation. The time occupied will be twelve hours, after which it will be requisite to have the patient well rubbed with soap and water, for it is rather difficult to get off the ointment without. It may happen, that some irritation will continue for several days; but a little soda or liq. ammon. sesquicarb. will soon remove it. This has always effected a perfect cure.

I am, &c. J. Clarke.

Mr. Blake's case shall appear.

Mr. Morris.—It was a misprint; for *coltsfoot, candytuft* should have been reported—the *iberis amara*. Dr. Sylvester promises to send us a paper on the uses of the seed of this plant in diabetes.

Dr. Canney's Case of Uterine Polypus shall appear.

Mr. Leigh's Case of Poisoning by Dover's powder is marked for early insertion.

Dr. M.—The "glass brushes for the application of fluid caustics, which were recently figured in our Hospital Reports," may be obtained of most instrument makers. Mr. Ferguson, of Giltspur-street, has shown us some neatly mounted, in a case, and very convenient for the pocket.

W. G.—We doubt the facts stated, but will make the experiment.

Communications are in type from Dr. Paget, Dr. Deville, Mr. Tinsley.

COMMUNICATIONS have been received from—

Dr. Rigby; Dr. Schaible; Messrs. Warner and Barclay; Mr. Whitfield; Dr. Macloughlin; Mr. Anderson; Messrs. Charles Fox and Co.; Mr. T. R. Jones; Mr. Wippen; Dr. Stokes; Dr. Lyons; Mr. Toynbee; Sir William Burnett; Mr. Gribbon; Mr. Wilkinson; Dr. Hofmann; W. G.; Mr. Clarke; Mr. Blake; Mr. Morris; Dr. Canney; Mr. Leigh; Mr. Wiblin; Mr. Cousins; Mr. Marshall; Dr. M.; Mr. Walton; Mr. Erichsen; Mr. Milnes, etc.

APPOINTMENTS FOR THE WEEK.

February.	Miscellaneous Register.	Society Meetings.
3. Saturday	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m. Anniversary Dinner (67th) of Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity, at Freemasons' Tavern, 6½ p.m.	*Medical Society of London*, 8 p.m.: Mr. Henry Lee, "On Certain Effects of Morbid Agents in producing Coagulation of Blood in the Human Body." *Royal Institution*, 3 p.m.: Dr. J. H. Gladstone, "On the Principles of Chemistry." *Pathological Society of Dublin*, 4 p.m.
5. Monday	Operations at Charing-cross, 2 p.m.	*Epidemiological Society*, 8½ p.m.: Dr. Headlam Greenhow, "On the Cholera in Tynemouth in 1831-32, 1848-49, and 1853." *Royal Institution*, 2 p.m. General Monthly Meeting. *Chemical Society*, 8 p.m.
6. Tuesday	Operations at Guy's, 1 p.m.	*Pathological Society of London*, 8 p.m. Council meets at 7 p.m. *Royal Institution*, 3 p.m.: Professor Tyndall, "On Magnetism." *Linnæan Society*, 8 p.m.
7. Wednesday	Gulstonian Lectures at the Royal College of Physicians, 4 p.m.: Dr. Parkes, "On Pyrexia." Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Westminster Ophthalmic, 2 p.m.	*London Medical Society of Observation*, 8 p.m., at Dr. Hare's, 41, Brook Street: "On Diseases of the Cerebro-Spinal System." *Pharmaceutical Society*, 8½ p.m.
8. Thursday	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	*Royal Society*, 8½ p.m. *Royal Institution*, 3 p.m.: Mr. W. B. Donne, "On English Literature."
9. Friday	Gulstonian Lectures at the Royal College of Physicians, 4 p.m.: Dr. Parkes, "On Pyrexia." Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m.	*Royal Institution*, 8½ p.m.: Professor Owen, "On the Orangs and Chimpanzees, and their Structural Relations to Man."

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James's Powder. — Physicians and

other Medical Practitioners having complained of the frequent use of Antimonial Powder, instead of the genuine "James's Powdor" prescribed, have represented to Messrs. Newbery, that the price of the powder has greatly led to this fraudulent practice, and has also greatly prevented the more general use of the powder. Messrs. Newbery have therefore yielded to the suggestions of the Profession, and have reduced the price; and, to secure the use of the genuine medicine, recommend that the same should be prescribed as prepared by Messrs. Newbery—thus, "Pulv. Jacobi Ver." (Newbery's.) The price for dispensing will henceforth be reduced from 21s. to 9s. an ounce. The genuine has the name "F. Newbery, 45, St. Paul's" engraved on the Government Stamp.

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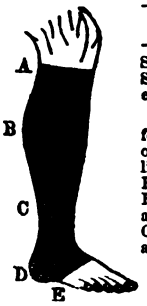

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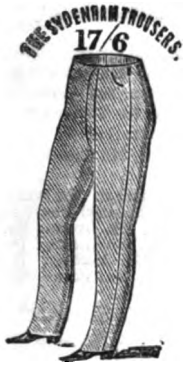

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Fig. 1. Fig. 2.

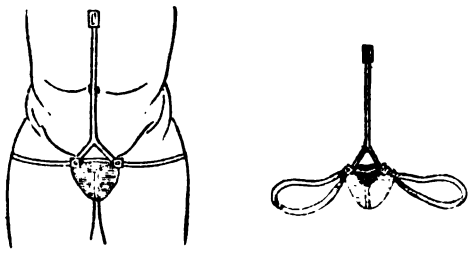

Fig. 1. Mr. BOURJEAURD'S NEW SUSPENSORY BANDAGE, as applied to a patient.—Mr. Bourjeaurd begs to state, that the bag supporting the scrotum is made of a delicate webbing of Silk and India-rubber; the bands running round the thighs consist of the most yielding elastic tissue, and will stretch to twice their length; a third band is adapted to the upper part of the bag, the former being intended to be fastened to the flannel waistcoat of the patient. The scrotum is thus kept raised and fixed *in situ*, without distressing the organ in the least, the suspensor allowing of the most varied movements of the body.

Fig. 2. The same suspensory bandage, taken off.

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"Fellow of the Royal College of Physicians,"

"Physician and Professor of Materia Medica at Guy's."

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Royal College of Surgeons of ENGLAND.—The HUNTERIAN ORATION will be delivered in the THEATRE of the COLLEGE by Mr. HODGSON, on WEDNESDAY, the 14th of FEBRUARY NEXT, at Three o'Clock. Cards of admission will be issued to Members of the College upon application to the Secretary. EDMUND BELFOUR, Secretary.

Apothecaries' Hall.—The next Pre- LIMINARY EXAMINATION in CLASSICS and MATHEMATICS will take place on TUESDAY, MARCH 20, at Eleven o'Clock, at this HALL. The Subjects selected are—The First Book of the Georgics and Sallust's Catiline War, in Latin; the Gospel of St. Luke and the 1st Book of Homer's Iliad, in Greek; the 1st Book of Euclid, Algebra, and Common Arithmetic.

HENRY BLATCH, Secretary to the Court of Examiners.

University of London.—Matricula- TION EXAMINATION, 1855.—The ANNUAL COURSE of LECTURES on each of the subjects appointed for this Examination will Commence at King's College, London, on Monday, March 5, at Three o'Clock, and will be continued each Monday, Tuesday, Thursday, and Friday, through the Months of March, April, May, and June (with the exception of the first fortnight in April). Fee, £5 5s. For further particulars, apply to J. W. Cunningham, Esq., Secretary, King's College, London. R. W. JELF, D.D., Principal.

January 29, 1855.

University of St. Andrew's.—Notice is hereby given, that the NEXT GENERAL EXAMINATION for the DEGREE of DOCTOR of MEDICINE will commence on WEDNESDAY, the 2nd of MAY. Candidates can only be admitted to examination at other periods by a special grace of the Senatus Academicus. Fellows and Members of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin, of the Faculty of Physicians and Surgeons of Glasgow, and Licentiates of the London Apothecaries' Company, are eligible for Examination.

Every candidate is required to communicate, by letter, with Dr. Day, the Professor of Medicine, fourteen days before the period of Examination, and to present himself to the Secretary for Registration on or before the 1st of May.

By order of the Senatus Academicus,

JAMES M'BEAN, A.M., Secretary.

St. Andrew's, January 30, 1855.

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Huddersfield Infirmary.—Wanted, a HOUSE-SURGEON, legally qualified. He will be required to remain three years. Salary, £80 a-year, together with board, lodging, and washing. A Dispenser and Apprentice are employed. The Meeting of Governors for the Election of House-Surgeon will be held on the 7th day of March, 1855, at the Infirmary, at Eleven o'Clock in the Forenoon. The testimonials must be sent to the Infirmary on or before 28th February Next. There is no local candidate.

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A Meeting of the Committee will be held at the Dispensary House, on Monday, the 19th day of February Next, at Three o'Clock, to receive and examine the Testimonials of Candidates, whose presence will be required. The Election will be by Ballot, to commence at Two, and terminate at Four o'Clock precisely. J. S. PHILLIPS, Secretary.

5, Bishops-court, Lincoln's-inn, January 26, 1855.

Liverpool Southern and Toxteth HOSPITAL.—Wanted, a JUNIOR HOUSE-SURGEON. Salary, 50 Guineas per Annum, with Board and Lodging in the Hospital. Candidates are required to have the Diploma of one of the Royal Colleges of Surgeons, and the Licence of the London Society of Apothecaries. Applications, with testimonials, to be addressed to James Houghton, Esq., Treasurer, at the Hospital, on or before Saturday, the 17th inst.

N.B. The Candidates whose testimonials are satisfactory, will have notice to appear before the Medical Board on or before the Day of Election.

Chester General Infirmary.—Notice is Hereby Given, that in consequence of the resignation of Mr. Moreton (appointed Surgeon of the Stafford Infirmary), a Special General Board of the Governors will be held in the Board-room, on Monday, the 19th of February, 1855, at the Hour of Twelve o'Clock at Noon, for the purpose of ELECTING an ASSISTANT-SURGEON.

The Duties may be known on application at the Infirmary. Unexceptionable Testimonials will be required of moral conduct, and the Candidates must be members of one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin, and legally-qualified as Apothecaries. Salary, £60 per Annum, with Residence and Maintenance in the House. Testimonials to be addressed to the Chairman of the Board, on or before the Morning of Election. J. JONES, Secretary.

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By W. WHITE COOPER, Esq., F.R.C.S.
Ophthalmic Surgeon to the Hospital.

We have now, gentlemen, in this Hospital, a man who was gored by a cow, the horn striking him at the inner corner of the right eye. Another man has recently left the Hospital who received a formidable wound from a stable-fork, which, penetrating the orbit, nearly cost him his life. As such injuries are always important, I propose to offer a few remarks upon them.

For the particulars of the following case I am indebted to Mr. Cyrus Daniell.

Frederick Bishop, a powerful man, 28 years of age, was admitted into St. Mary's Hospital, under Mr. White Cooper, on Saturday, December 16, 1854, at 12·50 p.m., having, half-an-hour previously, received an injury to the left eye, alleged to have been inflicted by a stable-fork. He walked to the Hospital; and, when he arrived, was sensible, conversed rationally, and spoke of his assailant (who was present, in custody of a policeman) as giving an incorrect statement relative to the accident. He was bleeding from the nose, and from wounds hereafter described. The left upper eyelid was considerably swollen, tense, and of a bluish colour, from effusion of blood; and could not be raised, so as to enable us to ascertain with any degree of accuracy the exact amount of injury the structures in the orbit had sustained.

While I was gathering the necessary particulars, the patient suddenly became faint, and his pulse weak and intermittent. He was removed to bed, and hot bottles applied to his feet. At 1·20 p.m. he was suddenly attacked with convulsions, with lividity of the face and lips, exclamations at the onset, clenching of the hands, and general spasmodic contraction of the muscles of the limbs and face. This fit subsided in about four minutes, the countenance regaining somewhat of its natural expression; but he laid insensible till 1·35, when he slightly regained consciousness. Mr. White Cooper now arrived, and made an attempt to examine the eye, but had scarcely commenced, when the man was seized with another fit, severer than the first, and of longer duration. The pulse being imperceptible, and the patient's life evidently in imminent peril, venesection was employed. The blood flowed slowly at first, but more freely after a little time; and, as the circulation was relieved, the fit subsided; but he lay insensible, breathing stertorously, with suffiation of the cheeks. After an interval of about twenty minutes he became rational, and answered questions.

An examination of his wounds was now made. There was a gash three quarters of an inch in length over the lower part of the left orbit, extending upwards and inwards, towards the inner canthus of the eye; a probe could be inserted to the depth of nearly an inch, and there was a smaller wound above the other, near the margin of the lid; there was also a graze on the left arm.

(It may be mentioned here, that the patient thus described the affair of the injury:—He had words with the other man, who flew into a violent passion, seized the stable-fork and jobbed it at him twice. The first time it struck his arm; the second time his face. The culprit, on the other hand, denied that he had struck him at all, saying that the man was in liquor and had fallen against the point of the stable-fork.)

As soon as the patient recovered sufficient consciousness to swallow, three grains of calomel and fifteen of jalap were administered, and his head was shaved; to the head and to the wounded side of the face an evaporating lotion was ordered to be constantly applied. As considerable stupor continued, twelve leeches were applied to the left temple at 10 p.m., and the action of the purgative hastened by an enema.

On the following morning, the 17th, his condition was improved; he was conscious, but complained much of his head; and a considerable erysipelatous blush extended from the wound over the cheek and scalp, to beyond the ear; nitrate of silver was swept round its margin, and at once arrested the progress of the cutaneous inflammation. He was ordered to take an ounce of the mixtura magnesiæ sulphatis twice daily, and five grains of calomel that night. The upper lid was still too swollen and distended with blood to allow the eye to be seen.

Monday, 18th.—His condition has greatly improved; bowels well opened, and head nearly free from pain. The erysipelas less. With some difficulty a view of the eye was obtained, and it was a satisfaction to ascertain that it was uninjured. For the first time it was then clearly made out that the prong of the pitchfork had passed between the eyeball and the side of the nose, and had doubtless injured the cribriform plate of the ethmoid. How far the brain itself might have been touched, was uncertain; he was, therefore, ordered to pursue the same course of absolute quiet, low diet, and mild purgatives.

It is unnecessary to trace his progress further day by day, for nothing of importance occurred. Steady progressive amendment took place; there was no return of convulsions or pain in the head, and the only complaint the patient made was that of hunger. The wounds healed kindly, and he left his bed on the 24th. A little quinine was now tried, but abandoned after the fourth dose, as there arose slight pain in the head. He was discharged from the Hospital as convalescent on the 29th.

I have seen him twice since, and his recovery is perfect.

George Bailey, aged 57, was admitted into St. Mary's Hospital, January 1, 1855. A short time previously, he was engaged in feeding cows, when one of them, throwing her head sharply round, struck him with the point of her horn at the lower margin of the right orbit, inflicting a wound which caused him to be brought at once to the Hospital. On examination, it was found that the lower eyelid had received a wound upwards of an inch in length, which had detached its inner half, that portion hanging as a flap, and exposing the eyeball. The point of the horn had lacerated the conjunctiva at the inner corner, and had apparently passed a short distance between the eye and the parietes of the orbit. The surface of the globe presented extensive ecchymosis, but there was no rupture of the sclerotic, nor was the sight injured.

Mr. Tyrwhitt Smith having cleansed the wound, carefully adjusted the detached portion of the eyelid, and secured it by sutures and strapping. Cold water dressing was applied, and a purgative administered. A saline mixture was ordered every six hours. Simple diet.

I saw him on the following day. The upper lid was much ecchymosed, and considerable chemotic puffiness of the conjunctiva of the eye existed. The wounded lid looked well. The same treatment to be continued.

6th.—The chemosis has subsided, and the ecchymosis has nearly disappeared. The sutures were removed on the 4th, and the wound dressed with simple strapping. Being feeble, he was placed on ordinary diet, with half a pint of porter daily. It is observable, that there is a degree of ptosis in the upper lid, which covers half the cornea. In the left eye the cornea is fully exposed when the lids are open.

13th.—The wound has united kindly, but there is a very slight displacement just at the margin; to obviate this, collodion was ordered to be applied, and to the upper lid also, as the ptosis remains the same.

17th.—The displacement at the angle has been completely removed by the collodion, and the ptosis is greatly lessened. Being now convalescent, the patient may be discharged.

The case of Frederick Bishop, the first patient, is instructive in several ways. He walked to the Hospital, and rationally detailed the circumstances attending his wound. After the lapse of about an hour from its infliction, he was suddenly seized with convulsions of a most formidable character; and these were succeeded by a comatose state, which led me to believe that hæmorrhage was going on within the cranium; yet all these symptoms passed away, and he made a good recovery, without any drawback. It is by comparison with other cases that the full bearing of all the facts are to be learned, and therefore I will relate two, which, in the nature of the accident, and the general character of the earlier features, resembled this; but the fatal result of each caused me to regard Bishop's condition with great anxiety.

A soldier was brought to the Hospital at Brest at eleven o'clock in the evening, having been wounded with a pitchfork at the middle of the left upper eyelid. The wound was oblique, about three lines in length, and appeared to implicate only the skin and orbicularis palpebrarum. There were no bad symptoms. The patient asserted that he had experienced nothing particular at the moment of the injury, and had scarcely been stupified by it. He slept well, and the next day walked about the wards, quite lively. However, at seven that evening, he was attacked with convulsions, supposed at the time to be epileptic. The day after, he was bled. The convulsions returned, and he was

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again bled, but from the foot. Vomiting, uneasiness, agitation, and delirium came on, the pulse failed, cold sweats appeared, and the patient died at two o'clock in the morning.

Post-mortem examination showed that the prong had pierced through the orbital plate of the frontal bone, and wounded the dura mater. The anterior lobes of the cerebrum were in a state of suppuration, and the anterior fossæ of the basis of the cranium were covered with pus.

In Dublin, one dark night, an officer was caught in a shower of rain, and, running to obtain shelter, came in contact with an old man, who, enraged, made a thrust at him with his umbrella, the point striking him below the left eyebrow. The wound was attended with very little pain, and he walked without difficulty full half-a-mile to Sir Philip Crampton's house. He made light of it to Sir Philip, who found a wound three-quarters of an inch in the fold of the upper eyelid. Vision was quite unimpaired. The wound having been united with two sutures, the patient walked home, slept well, got up to breakfast, and merely complained of slight stiffness in the lid. At seven o'clock the next morning Sir Philip was sent for in urgent haste, and found him in violent convulsions, which continued, with short intervals of coma, till the evening, when he died about nine o'clock.

Post-mortem examination showed that the brass ferrule of the umbrella, two inches long, had penetrated the orbital plate, and had actually lodged in the substance of the left hemisphere of the brain, where it was found in a coagulum of blood.

Here you have cases where injuries, regarded as trivial in the first instance, and unattended with bad symptoms for many hours, proved not only fatal, but in one discovered an amount of damage which is hardly credible considering the slight inconvenience it caused. It is only by a knowledge of parallel cases that the bearings of those before us are fully understood.

When Bishop was attacked with convulsions, they were at first regarded as epileptic seizures, and a doubt arose as to the propriety of abstracting blood. When, however, I saw him at the very point of death, pulseless and livid, I felt that relief must be afforded; and a vein was opened by Mr. Daniell, without even waiting to tie up the arm. As the blood flowed—languidly at first, more freely afterwards—the colour returned to his lips; and when four or five ounces had been abstracted, the convulsions ceased, and he returned to a condition of profound stupor, puffing his cheeks at each expiration. From this he gradually recovered, though severe headache remained. The strict discipline to which he was subjected removed this, and it did not return.

The appearance of erysipelas rapidly spreading added to my anxiety; but, the head having been shaved, the nitrate of silver was carefully swept round the margin of the entire blush, and at once arrested its progress.

It is, of course, impossible to say what was the precise nature of the injury inflicted on the brain which gave rise to the convulsions and stupor. It has been suggested that the blunt prong did not pierce through the bone, but bulged it before it, and that this bulging irritated the brain for a time, and then gradually subsided. The pressure being thus removed, no further head symptoms occurred. That such a bulging may take place in a thin living bone is shown by a case related by M. Massot, who compared the depression of the wall of the orbit to that which would be produced on the shell of an egg by slightly cracking it and pressing it in with the thumb.

Whatever the condition was that caused the symptoms in Bishop's case, he may be regarded as fortunate to have recovered so quickly and so completely.

Not less fortunate was the man Bailey, for he escaped two formidable evils likely to have arisen from such an accident as a thrust from the horn of a cow at the lower and inner corner of the eye. That was just the injury to have driven the eye from the socket,—a description of accident to which I shall presently refer. Had the man been a little nearer the animal's head, the probability is, that not merely would the eye have been dislocated, but the orbit injured,—perhaps fatally. As it was, the point to be chiefly attended to was to so accurately adjust the edges of the torn eyelids, that no eversion should take place. Where nice adaptation is desirable, collodion is useful, for it draws the parts closely together, and thoroughly excludes the air. It occasionally happens, that in fatal cases of wounds of the orbit the external injury is so trifling as to escape observation except on close examination. A striking instance fell under my own notice. Some years ago, when I was a dresser at St. Bartholomew's, a little girl was brought into the Hospital under the following circumstances. Some boys were amusing themselves with firing a toy cannon in a street near the Hospital. To make the report louder they rammed into it a piece of tobacco pipe. The girl was standing a few paces in front of the cannon, and on its being fired she instantly fell, and was forthwith brought into the Hospital quite dead. At first no injury could be detected, but a minute speck of blood was noticed at the corner of one of her eyes, and careful probing discovered a small wound just by the caruncle. *Post-mortem* examination discovered that the piece of tobacco pipe had entered here, been driven through the orbital plate of the frontal, and had entered deep into the anterior lobe of the cerebrum, where it was found.

In contradistinction to this, I will relate a very remarkable case which also fell under my own observation, showing tenacity of life under terrible mutilation. On Lord Mayor's-day, 1836, some men were engaged in firing a salute from an iron cannon, when it burst, and wounded five of them. They were brought to St. Bartholomew's, I being the dresser of the day, under the late Mr. Earle. One was hurt in the thigh, another in the face and leg, a third in the abdomen, a fourth in the hand, but the fifth, poor fellow—Charles Spencer by name, a fine youth of 20—was struck between the eyes by a fragment weighing about a pound. The two orbits were knocked into one by the complete smash of the septum dividing them; the right eyeball was burst and pushed out of its place, and projected at the external angle of the orbit; the left eye was also much displaced, and the sight destroyed; portions of the superior maxillary bone, the lachrymal, ethmoid, superior turbinated, and frontal bones, were extracted from the wound.

The posterior walls of the right orbit were gone, and the pulsations of the brain were clearly perceptible. A more ghastly wound I never beheld. For three days did this poor fellow linger, quite conscious, and in indescribable suffering until within a few hours of his death. The blood constantly trickled from his nostrils, and he died exhausted on the night of the twelfth. On making a *post-mortem* examination we found that the brain had protruded through the right orbit, filling up the cavity of the wound; the right eye, burst at the time of the accident, had disappeared altogether. There was a large quantity of pus beneath the dura mater; the membranes of the brain were highly inflamed, and the left hemisphere softened. The cribriform plate of the ethmoid was entirely gone, and many fragments of bone were sticking into the anterior lobes of the cerebrum.

Here, gentlemen, you have the extremes, as it were, of injury, yet the man survived this frightful hurt three days; while the small fragment of a tobacco-pipe admitted into the brain of the girl by an imperceptible wound, caused instantaneous death.

The case already related, which occurred in the practice of Sir Philip Crampton, has shown what slight symptoms may be caused by severe injury from a thrust with an umbrella point. The following instructive case teaches us that a totally different train of symptoms may follow such an injury:—

Thomas Cuss, aged 22, a stout countryman, applied at Guy's about 1 p.m., January 4, 1830, on account of a wound in the left eyelid, inflicted by an umbrella point, from without to within and backwards. He would not allow any examination of the wound; but when put to bed complained of severe headache and thirst. At about a quarter to three, he became so violent as to need a strait waistcoat; this violence was subdued by a full bleeding and purging, and during the afternoon he was able to give a collected account of his injury, but became gradually worse, and died at half-past four on the following morning.

On examination, the brain was everywhere covered by extravasated blood. On raising this, the dura mater was observed torn by the anterior clinoid processes of the sphenoid, which were driven inwards. The shattered bones left an aperture through which the finger might be introduced. The brain was found lacerated in the left fissura Sylvii, the extravasated blood being derived from the branches of the cerebral artery which had itself escaped. The umbrella point had then pierced the intervening parts to the left crus cerebri, which was quite destroyed; beyond this it went into the right lateral ventricle, and must have penetrated the central parts of the brain for at least two inches.

There is a remark appended to this case by Dr. Bright, which it will be well to bear in mind:—"When I saw this patient enter the ward, supported by two men, his whole demeanour led me to suppose that he was intoxicated; but I afterwards learned that this was by no means the case, and the symptoms are purely ascribable to the violence of the injury he had sustained."

The case just related throws considerable light on a distressing accident which occurred in the early part of the last century, whereby Mr. Hallam, a skilful performer at Drury-lane Theatre, was deprived of life by the celebrated comedian, Macklin, who, it may be remarked, attained the patriarchal age of upwards of

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107 years. Mr. Hallam and he were sitting in the green-room of Drury-lane Theatre, when high words arose about a wig. Macklin started up from his chair, and, with a stick, made a lunge at the other, thrusting it into his left eye. Shocked at what he had done, he threw the stick into the fire. The wounded man clapped his hand to his eye, and said it was "gone through his head." He was going to sink, but they set him on a chair. Macklin then went up to him, and put his hand to his eye. "It is out," exclaimed the sufferer. "No," said Macklin, "I feel the ball roll under my hand." Mr. Coldham, a Surgeon, was sent for, and dressed the wound; but the patient died the next day, and a *post-mortem* examination showed that the stick had passed through the bones of the orbit, and wounded the brain. Macklin was tried for wilful murder, and found guilty of manslaughter. This allusion to a case of historical celebrity recals to my mind another; and you will pardon me if I digress for a moment to mention it.

One of the ablest Generals of the Parliamentary forces in the Civil War was Robert Lord Brooke, and to him was entrusted the siege and destruction of the beautiful cathedral of Lichfield. He was a great fanatic, and is reported by Dugdale, the historian, to have devoutly prayed that the Almighty would by some special token manifest his approbation of the design. Having done this, "he went on and planted his great guns against the south-east gate of the close, himself standing in a window of a little house near thereto, to direct the gunners in their proposed battery." Now, it so happened, that on the chief steeple of the cathedral there were two marksmen, to pick off the cannoneers. One of these, a deaf and dumb man, seeing an officer clad in complete armour leave the window, and come to the door of the cottage, fired at him, and the ball entered the small opening in the defensive armour of the face, and, passing through the eye, pierced the brain, and killed him on the spot.

A likely mode of injuring the eye and the orbit is by what is called "loose play" in fencing; that is, lunging and parrying with a foil or stick, without the face being protected by a mask. In the lunge *en carte*, there is a natural tendency in the point to strike higher than intended, in consequence of the hand delivering it not being thrown sufficiently up; thus, the stroke aimed at the breast hits the face. This I have seen occur many times with great peril to the eye.

In the reign of James I., Lord Sanquhar challenged a fencing master to a trial of skill, and unfortunately received a thrust in the eye, which blinded him. In revenge, he caused the fencing master to be assassinated, for which His Lordship was tried, condemned, and hanged.

When called to a hurt which may have injured the eye or the orbit, it is important to ascertain the precise direction in which the thrust was made. The most dangerous lines are backwards and upwards, or backwards and inwards; the least dangerous, downwards.

In concluding this portion of the subject, I will offer the following remarks, all of which you will find borne out by the cases related.

When called to a patient who has received a thrust, or similar injury, in the immediate vicinity of the eye, the following points are to be attended to:—1st. The patient's manner. When the brain has been injured, it is not uncommon to find a wild, excited, confused manner, which may easily be mistaken for intoxication. Should your patient exhibit this, inquire particularly into the circumstances under which the wound was inflicted, for a common defence made by the culprit is, that the injured man was drunk and fell against the weapon, whatever it might be. You will remember that Dr. Bright thought his patient intoxicated; and the man who injured Bishop took precisely the line of defence I have mentioned, though without a particle of justification. Should the Surgeon fall into the blunder of ascribing drunkenness when it did not exist, the error might be fatal to the patient's life and the Surgeon's reputation, for it would afford a fine opening for forensic declamation and reprobation, if the person who inflicted injury should be put on his trial.

2ndly. Lose no time in carefully examining the wound—its extent and direction. The eyelids swell so rapidly, that ere long it becomes impossible to obtain a view of the eye; and the condition of so important an organ should, if possible, not be matter of conjecture.

3rdly. It is highly desirable to see and examine the weapon, as the blood stains may afford valuable information, and perhaps the ferrule or end may have been broken off, and left in the wound, as in the case of the officer at Dublin.

4thly. If there be reason to suspect that the weapon has pierced the orbit, the patient should be put to bed with the head well raised, constantly watched, and the most absolute quiet enjoined. If convulsions come on soon after the injury, they will indicate irritation of the brain, but not necessarily a fatal termination. If they arise after the lapse of twenty-four or thirty-six hours, especially if they are attended with strabismus, delirium, and coma, they may be regarded as premonitory of death.

The treatment, gentlemen, may be comprised in a few words,—quiet, judicious depletion, and the strictest antiphlogistic measures.

Nor will the patient be safe for some time; any irregularity of diet, especially as to stimulants—any improper excitement—may set up mischief long after the first symptoms have passed away. A slight headache, a shivering fit, convulsions, coma, and death, may unexpectedly thwart the well-founded hopes of recovery; and an injudicious indulgence in liquor, or a too hearty meal, may literally fly to the head, and plant an abscess there.

In connexion with injuries to the orbit, I will offer a few remarks on Dislocation of the Eye. In certain parts of America, Virginia particularly, this used to be an every day occurrence. Mr. Weld, in his Travels in North America, says, when describing Richmond, Virginia, "It is by no means uncommon to meet with those who have lost an eye in combat, and there are men who pride themselves on the dexterity with which they can scoop one out. This is called gouging. The combatant twists his forefingers in the side locks of his adversaries hair, and then applies his thumbs to the bottom of the eye to force it out of its socket."(a) In this country we occasionally see dislocation of the eye as the result of injury now and then self inflicted. The following example came under my notice:—

A youth of morbidly enthusiastic temperament, 18 years of age, took it into his head that his sins could only be expiated by putting a literal construction on the 29th and 30th verses of the 5th chapter of St. Matthew. Availing himself of a favourable opportunity, he contrived to force his right eye from the socket, and had just commenced cutting his wrist with a table-knife, when the accidental entrance of a servant put a stop to his proceedings. He was at once secured, and Medical assistance promptly sought. I saw him in a very short time, and found him held on a sofa, the eye projecting in a ghastly manner beyond the lids, and blood trickling down his cheek. I proceeded as follows: an assistant stretched open the lids which rather tightly grasped the back of the eyeball, and then taking the globe between the points of two fingers and a thumb, I made gentle steady pressure. In about half a minute, it suddenly slipped back into its place. The lids were closed, and strips of plaster applied. The patient being very unmanageable, this was all that could be done. Rather sharp inflammation followed, which, with the mental excitement, was subdued by local and general depleting measures, and this gentleman recovered the perfect use of his eye.

When we consider to what an extent the optic nerve must be stretched in such cases, it is singular that sight is not destroyed. That such a calamity is the exception, is proved by many cases,—the following, related by Mr. Benjamin Bell, being one of the most remarkable:—He was called to a man, one of whose eyes was completely thrust out of the socket by a piece of iron, which had penetrated the orbit, and remained firmly fixed there for a full quarter of an hour. All this time the eye was so protruded, that Mr. Bell concluded the optic nerve must be ruptured, and doubted whether it was of any use to return the globe. When, however, the iron was at length pulled out of the head, the sight of the eye, hitherto extinguished, suddenly returned. Mr. Bell then replaced the globe, and the patient recovered with as good sight as before the accident.

If then, gentlemen, you should chance to meet with a dislocated eyeball, you may view the case favourably, though appearances are much the other way. What you have to do is this:—Have the lids widely opened, make gentle pressure on the eye, and it will spring back by the action of the stretched muscles. Afterwards the lids should be closed, a light bandage applied, and the eye kept cool with refrigerating lotions or simple cold water. It is advisable to guard against inflammation by laxatives, low diet, and repose. More active treatment is seldom required.

Finally, it will be gathered from what has been said, that the danger of wounds in the vicinity of the orbit bears no proportion to the magnitude of the injury inflicted. The eye being only separated from the brain by a thin paper-like plate of bone,

(a) Mr. Spencer Wells informs me, that precisely the same horrible process is followed by the Maltese at the present day.

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affords little protection to that important organ; while the form of the bony walls at the inner corner of the orbit is calculated to guide any weapon striking there, in a fatal direction. Never, therefore, make light of wounds of these parts; by treating them as serious, danger may be averted; but a life may be sacrificed to the want of proper caution.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS.

No. XXIX.

EXTRACTS FROM A REPORT ON CHOLERA IN THE BALTIC FLEET IN 1854.

By Sir WILLIAM BURNETT, M.D., K.C.B., Etc.
Director-General of the Medical Department of the Navy.

(Continued from page 108.)

The disease appeared in the Nile when off Cronstadt. There were a few cases of diarrhœa, and one fatal case of cholera; but the Surgeon has not mentioned how the ship was cleansed or ventilated. At the same time and place it appeared in the Princess Royal; ten cases out of about sixty terminated in death. The solution had been previously used in the sick-bay to prevent the extension of scarlatina, of which there was one case only; but it is not mentioned that it was used in any other part of the ship. In the Royal George there were twenty-seven cases, eleven of which terminated in death. The solution appears to have been used both in the sick-bay and on the lower deck, after the disease broke out. Twenty-one cases occurred in the St. Jean d'Acre, of which ten proved fatal. The instant the disease declared itself, recourse was had to the solution, which was sedulously used according to the instructions issued with it; after which, the Surgeon states, that "the cessation of the disease was nearly as sudden as its invasion; it may, therefore, be fairly inferred that the free application of the solution had the effect of preventing the further dissemination of the disease on board."

The Majestic suffered more severely than any other vessel of the Fleet. In July, when at Baro Sound and Ledsund, there were forty-two cases, twenty-two of which had a fatal termination. During the prevalence of the epidemic, "the chloride of zinc was used in very large quantities; it was poured into the pump-well, hold, and bilges, and applied to other parts of the ship." As the disease did not immediately cease, the Surgeon doubted its influence as a disinfectant, though, from long experience, he admits its high value as a deodorising agent. The crew of the Hannibal also suffered severely, but under peculiar circumstances. She conveyed French troops to Ledsund, which she reached on the 30th of July. Two days afterwards the disease broke out among the soldiers, and on the 2nd of August it began to attack the crew; but between the 9th and 14th the attacks were few, and from that day to the 19th they had altogether ceased, when a number of Russian prisoners were embarked, among whom the disease existed. It then again spread rapidly among the ship's company; sixteen cases terminated in death.

The immunity of the crew of the Neptune, which lay alongside the other ships in Baro Sound from the 11th to the 25th, is also deserving of special notice. The Surgeon, a most intelligent and observing officer, speaking of small-pox, which had been prevalent during April and May, states, "that from the first appearance of the disease the solution of the chloride of zinc was constantly used; and I can bear evidence to its great utility in destroying every trace of fetid emanations within the screened berths, where all the necessary evacuations were performed. By its use all offensive effluvia were destroyed. The solution was extensively used in the sick-bay, in purifying it after the removal of the cases that occurred there. In the small-pox wards (screened berths) all the utensils, urinals, pans, and buckets, were regularly purified by it. It was sprinkled on the decks, outer screens, and outer sides of the cots, and blankets dripping wet with it were hung up in the sick-bay and in the berths. Every man, previously to his being discharged to duty, was obliged to wash out all his clothes; and, before being washed in the ordinary way, they were subjected to a diluted solution of the chloride." Whether these measures adopted immediately before the cholera made its appearance had any effect in protecting the crew from that disease may be questioned; but, in my own mind, I feel assured that they had a most salutary effect. The crew, as regards their health-condition, were, in fact, like the inhabitants of a clean town, who seldom suffer severely from cholera, while those inhabiting dirty towns are generally swept away by it in vast numbers.

With respect to the origin of the disease, it is clearly evident that it did not exist in the Fleet previously to its arrival in Baro Sound; but, as to whether it was contracted there, at Hango, or at both, is doubtful. It may, however, be gathered from the Returns, that it had previously broken out among the inhabitants on shore, and that it extended along the Finnish coast even to the head of the Gulf; it is, therefore, presumable that the cause, whatever that may be, was in existence at both places, though it did not extend seaward in sufficient force to affect the health of the Fleet previously to its anchoring. After the Fleet sailed from Baro Sound the attacks became more numerous, and even more malignant in some instances, while proceeding up the Gulf; but, after it had anchored off Cronstadt, they became more numerous still, and cases occurred in some of the vessels which hitherto had escaped. This gave rise to the opinion that the exciting cause, or the epidemic influence supposed to be present in the atmosphere, existed there to a much greater extent than at Hango or Baro; consequently, about the 30th, the Fleet again weighed and stood down the Gulf, after which the force of the disease in most of the vessels began to decline.

In assuming that the increase in the number and severity of the cases off Cronstadt was owing to an increase of the epidemic influence in the atmosphere, it seems to have been forgotten that sufficient time had not elapsed to exhaust, or to wear out of the living system the morbific germs imbibed or contracted at Baro —the incubative period of the disease, in fact, had not expired; and, as the Fleet lay so far off the land—said to be three leagues —it would certainly have been more in accordance with previous observation to have assumed that the attacks then occurring were either the result of exposure to the epidemic influence supposed to have been in existence at Baro Sound; or, if the contagious nature of the disease be admitted, to the poisonous halitus or emanation which escaped from the bodies of the sick, and accumulated in the atmosphere between the decks of the affected vessels in consequence of defective ventilation, caused by their lying quietly at anchor, and probably head to wind.

The following vessels, namely, the Bulldog, Arrogant, Gorgon, Dragon, Driver, Impérieuse, Lightning, Magicienne, Penelope, Porcupine, and Vulture, were all exposed with the Fleet at Hango and Baro Sound to whatever atmospheric causes inimical to health existed at either of these places, and also subsequently off Cronstadt, yet they entirely escaped cholera. Whether this was the result of mere chance, or of some cause which cannot be explained, or in consequence of the more free use of the solution previously employed for the purpose of destroying offensive effluvia, it would be difficult to give a decisive opinion; but as the disease has seldom or never acquired any great virulence in vessels where it was employed systematically according to the instructions, I am inclined to believe that the exemption from the disease which the crews of these vessels enjoyed was entirely owing to the frequent use of the solution, without which steamers of this class would never be free from the intolerable smell of sulphuretted hydrogen, and other offensive gases which are abundantly generated in their holds from coal-dust, oils, and other matters that collect under the machinery, whenever the introduction of the solution is omitted.

The Basilisk, Boscawen, Conflict, Cruizer, Odin, Leopard, and Valorous, were principally employed in the Gulf of Bothnia, off Courland, or on the south side of the Gulf of Finland, where the disease does not appear to have been prevalent; consequently, their crews likewise escaped.

Although it may be difficult to form an opinion as to how the solution acts on the exciting cause of the disease, there can be no reason to doubt its effects; the question, therefore, is not in a worse condition than others which for ages have baffled the earnest inquiries of scientific men. We know that quinine and arsenic will cure ague, though we neither know why the fever occurs at regular intervals, nor how the medicines act. We know that water will rise in a capillary tube, yet the cause of its rising has not yet been ascertained. With respect to the influence of the solution, however, this much has been clearly proved: when applied even in a very dilute form to any body undergoing a fermentive or putrefactive change, it instantly arrests the process, and prevents the evolution of effluvia; and, when exposed to the air on extended surfaces, like the floor and sides of the hold of a ship, or the two sides of a ship moistened with it, and hung up in a cabin or chamber, it effectually destroys any offensive emanations or effluvia perceptible to the

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sense of smell. There is, therefore, little difficulty in so far understanding how it acts as a prophylactic; for there is no more fruitful source of disease than an atmosphere polluted by the offensive emanations which arise from putrefying bodies, or from animal excretions, especially when discharged in a diseased condition.

Whether the solution has any direct influence over the special exciting cause of cholera, may perhaps be ascertained when the nature of that mysterious agent is better understood; but, if it be of an infectious nature, and if there be any truth in the theory which regards an atmosphere charged with mephitic exhalations as the peculiar medium by which it is borne from place to place, and even, according to some writers, increased and multiplied, the indirect influence of the solution then becomes self-evident; for, if properly used, it will at once clear the atmosphere of its impurities, and thus not only prevent the extension of the malady, but disarm it of more than half its terrors, namely, the power of propagating itself by an infectious emanation from the bodies of the sick.

That these views are fairly deducible from the facts detailed, and strictly in accordance with the laws of natural science, I think will hardly be disputed. The effect of the solution in destroying offensive effluvia, and arresting, at least for a time, the decay of organised bodies, has been admitted, and the influence of filth and foul air on health the reports of the late Board of Health have amply proved; I therefore assume that I cannot be far wrong in attributing to the frequent and systematic use of the solution in most of the vessels employed in the Baltic, the comparatively small loss which the Fleet sustained by two distinct invasions of cholera during the preceding summer.

ON THE STRUCTURE OF THE MUCOUS MEMBRANE OF THE ALIMENTARY CANAL.

By ERASMUS WILSON, ESQ., F.R.S.

(Continued from page 110.)

VILLOUS MUCOUS MEMBRANE.

The term "villous," derived from "villus," meaning wool, coarse hair, the nap of cloth, pile of velvet, etc., and itself derived from "vellus," a fleece of wool, seems aptly applied to the appearance of the mucous membrane of the small intestine. The "nap" is quite evident, particularly when the naked eye is aided by a magnifying lens, and the view is greatly assisted by immersing the membrane in water, and examining it in that fluid. When the mucous membrane of the ileum is viewed in this manner with a lens of low power the fidelity of the comparison with the pile of velvet is very obvious, for not only is the "nap" apparent, but the pili also which compose the nap; these pili being the villi, which by their abundance constitute the villous surface. Pursuing, then, the idea suggested by the term "villous," we are led to its component element, which we find to be a pilous projection of the membrane, an enlarged papilla, a villus; the latter term in this sense being synonomous with pilus (a hair), so that we might use indiscriminately the term villous or pilous.

Such appears to me to be the anatomical signification of the terms "villous" and "villus." We first apply the term as indicative of the vellus or fleece of the mucous membrane, "vellus" being derived from "velare," to clothe; and, secondly, we analyse the construction of the vellus, and find it to be composed of minute pili, to which we give the name villi, and from the latter we deduce the adjective villous. In this sense, therefore, villous not only applies to a fleecy nap developed on a surface, but also to the particular composition of that nap of pili or villi.

I am thus particular in my endeavours to fix the exact meaning of the term "villous" and "villi," because a large portion of the mucous membrane of the small intestine is constructed on a different principle to this, one in which there are no villi, but in their place the surface of the membrane is raised into laminated or lamellated folds, these folds or plaits having a gyrated or convoluted arrangement. Hence, the villous, or rather vellous, mucous membrane admits of a division into that which is composed of villi, the true villous, or simply the villous and the lamellated.

In the villous mucous membrane the villi are, for the most part, conical in shape with obtusely rounded points, and slightly flattened, the base of the villus having an oval form. Such a villus as the one now described, divested of epithelium, measured $\frac{1}{60}$ of an inch in length, $\frac{1}{60}$ of an inch in greatest breadth at the base, and from $\frac{1}{125}$ to $\frac{1}{150}$ of an inch at the summit; and this may be taken as the average measurement of the villi. Some are smaller, and more or less cylindrical in form; one of these measured $\frac{1}{300}$ in diameter, and others are broader and flatter, and form a transition to the lamellated membrane. The length is the same in all.

Fig. 3.

A portion of the mucous membrane, magnified nineteen times, showing conical villi. In the hollows between the villi are seen the apertures of simple follicles *(b)*; and near the bottom of the figure is a zone of follicles *(a)*, surrounding what has been described as a solitary gland. These villi measured $\frac{1}{60}$ of an inch in length, by $\frac{1}{60}$ in breadth at the base, and from $\frac{1}{125}$ to $\frac{1}{150}$ of an inch near the summit.

In structure each villus is composed of the transparent granular tissue of the corium enclosed in limitary membrane; a capillary plexus, with its afferent artery and efferent vein, a lacteal vessel, and probably a nervous loop. The capillary plexus occupies the surface of the villus lying immediately beneath the limitary membrane, while the artery and vein are situated in the interior substance of the villus, running sometimes together, and occupying the central axis or one side of the villus, but more frequently apart, in which case, and particularly in the flat villi, the artery ascends the villus on one side, while the vein descends on the other. In its course within the villus, the artery gives off branches, which form the capillary plexus with large open meshes of the surface of the villus.

The ground of the mucous membrane between the bases of the villi is of small extent in comparison with the surface occupied by the villi themselves, the latter appearing to be as closely placed together as is possible for a number of oval-shaped discs, which represent the bases of the villi. This ground surface, which nowhere approaches in extent to the diameter of a villus, is concave, rising on all sides into the slopes of the villi. In structure, it is composed of a capillary plexus, with large open meshes. The capillary plexus is continuous with that of the villi, and the large meshes are occupied by the openings of the crypts or simple follicles of the mucous membrane. In the centre of the area between the villi, there is a cluster of three, four, or five follicular openings; while around the base of each villus there is a more or less complete circle of such openings.

It follows from this description, that if a villus were cut off near its base, the latter would be seen to be surrounded by a circle or zone of follicular apertures; or if a villus remained undeveloped, the same appearance would be obvious. Now, this latter phenomenon does take place; certain of the villi are undeveloped, aborted villi; they have the oval shape of the base of a villus, with the circle or zone of follicular openings around their circumference, the central area being perfectly flat, or slightly raised according to the degree of arrest of development; an oval zone of these openings, such as I am now describing, measured $\frac{1}{60}$ of an inch in length by $\frac{1}{90}$ of an inch in breadth. The central area differs, then, in its degree of conical prominence, such prominence being sometimes wholly wanting; but whether such prominence exist or not, there is always the same arrangement of vessels as in a perfect villus, a central artery and vein, and a delicate capillary plexus, finer considerably than that of the villus, radiating from the centre to the circumference, and there being continuous with the intervillous plexus, the zone of crypts or simple follicles occupying the larger meshes of the intervillous plexus around the base of the aborted villus.

The structure which I am now describing, that is to say, a slightly convex disc surrounded by a zone of simple follicles, has heretofore been considered as a gland of the small intestine, a sacculated follicle or gland without excretory aperture, as in

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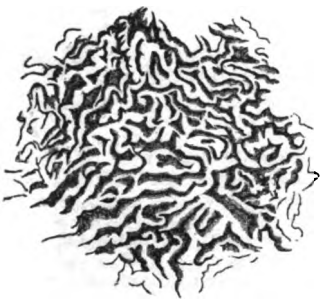
fact the glandula solitaria of the small intestine. After close examination I can find nothing to warrant such a conclusion.

The Lamellated Mucous Membrane I found upon and between the valvulæ conniventes of the jejunum; it was composed of lamellæ $\frac{1}{750}$ of an inch in breadth (divested of epithelium) and variously convoluted and intertwined. The lamellæ were of con-

Fig. 4.



A portion of the mucous membrane of the jejunum lying between the valvulæ conniventes, magnified nineteen times, and showing the lamellated and convoluted form of villi; the breadth of the lamellæ is $\frac{1}{750}$ of an inch.

siderable length, and about equal in depth to the villi ($\frac{1}{60}$ of an inch), but so closely packed together that no ground surface was visible between them. I was therefore unable to determine the presence or absence of simple follicles.

GLANDS OF THE ALIMENTARY MUCOUS MEMBRANE.

The glands of the mucous membrane of the alimentary canal are usually divided into three groups—tubular, saccular, and compound.

Tubular Glands.—The tubular glands are the simple crypts or follicles, mere inflections of the limitary membrane into the substance of the corium terminated in *cul-de-sac* or in small dilatations or loculi.

The follicles of the stomach, the gastric or pepsiniferous follicles, are longer than those of the intestine, and loculated at the extremity. They open, as already described, into the floor of the alveoli, from six to twelve into each alveolus. Their apertures are oval in shape, and, divested of epithelium, measure in long diameter $\frac{1}{1500}$ of an inch.

The follicles of the small intestine, the crypts or simple follicles of Lieberkühn, are simple cœcal pouches, terminating in *cul-de-sac*, without loculated extremities, and shorter than the gastric follicles. They are found most abundantly in the villous mucous membrane; namely, in the intervillous spaces, where they occur in small clusters—two, three, four, or five; around the bases of the villi, where they form circles or zones; around the aborted villi (the so-called solitary glands), where they also form circles or zones; and in the floor of the alveoli of the aggregated glands of Peyer.

Simple follicles have also been described as entering into the structure of the large intestine, the alveoli of the mucous membrane have been mistaken for the apertures of glandular crypts. The alveoli and the glands which they contain are, however, perfectly distinct from the follicles now under consideration, and different in structure. If simple follicles exist at all in the mucous membrane of the large intestine, they are most likely to be found at the bottom of the hollow cavities of the solitary glands, where I think I have detected them.

Simple tubular follicles or crypts are, therefore, found in three situations; namely, 1. In the stomach, under the name of gastric follicles; 2. In the villous mucous membrane of the small intestine; and 3. In the alveoli of Peyer's glands. Their presence in the lamellated mucous membrane of the small intestine I hold to be undetermined; and in the large intestine I hold them to be absent with the exception mentioned above.

Saccular Glands.—The so-called saccular glands, consisting of a lentil-shaped sacculus or capsule placed beneath the limitary membrane, and having no excretory aperture, I believe to have no existence. The recognised instances of these glands are the lenticular glands of the stomach, the glandulæ solitariæ of the small intestine, and the glandulæ agminatæ of the same intestine. The first of these I have not examined; the second, namely, the glandulæ solitariæ of the small intestine, particularly of the ileum, are, as I have already described, aborted villi surrounded by a zone of simple follicles, and not glands; their whitish appearance, when contrasted with the neighbouring mucous membrane being due to the less degree of vascularity of their area. The glandulæ agminatæ of Peyer, presently to be described, are not saccular glands; nor are the solitary glands of the large intestine.

Compound Glands.—The compound glands usually described are small lobulated glandular bodies, termed pharyngeal and œsophageal, in connexion with the pharynx and œsophagus, and duodenal or Brunner's glands in connexion with the duodenum. In structure they resemble salivary glands, being composed of acini, efferent ducts, and an excretory duct. These are all the compound glands generally recognised; but I have now to call attention to another form of the compound gland more simple in structure and more superficial in position than those already mentioned, and approaching very closely in appearance and structure to the sebiparous glands of the skin; they are very probably the true muciparous glands of the alimentary canal.

The muciparous glands are found both in the small and large intestine. In the latter they occupy the alveoli, and constitute the floor of those cavities. They are white, semi-transparent, obscurely lobulated, and provided with an excretory aperture. In a word, they correspond so completely with the sebiparous glands of the skin that the analogy between them is forced on the mind in regarding them; their whiteness and semi-transparency being due to their epithelial structure, as is the case with the sebiparous glands. Commonly each alveolus has its separate gland; but occasionally, and especially when the alveolus is longer than usual, there may be two glands and two excretory apertures. The gland fills the alveolus, rising almost to the level of its brim, and thereby rendering the cavity of the alveolus very shallow; and the excretory aperture is surrounded by a protuberant lip.

As I have before remarked, on those elevations of the mucous membrane of the large intestine constituting the solitary gland, the alveoli are deeper and smaller; so deep, in fact, that the floor is not seen: hence probably the supposition generally entertained with regard to them, that they are a mere aggregation of simple follicles.

The muciparous glands of the small intestine have hitherto escaped observation, or have been confounded with irregular patches of aggregated glands. I have found them only in the lamellated mucous membrane, and principally on the valvulæ conniventes. In this portion of the membrane they seem to take the place of simple follicles, which latter appear to be wholly absent. They occur in patches as large as a lentil, but perfectly flat, and are identical in structure with the mucous membrane of the large intestine, consisting of a reticular framework and alveoli. The septa somewhat thicker than those of the large intestine, measure (divested of epithelium) between $\frac{1}{600}$ and $\frac{1}{750}$ of an inch in breadth, and contain from two to four rows of minute capillaries, which form a plexus with close meshes. The alveoli are polygonal, for the most part hexagonal in form, and some-

Fig. 5.

A portion of the free border of one of the valvulæ conniventes of the jejunum, magnified 19 times, and showing an alveolar and glandular structure, not hitherto described. The mode of transition of the lamellated into the alveolar structure is seen. The alveoli measured $\frac{1}{250}$ of an inch by $\frac{1}{750}$, being as large as those of the stomach, and somewhat larger than those of the large intestine; the septa measured between $\frac{1}{600}$ and $\frac{1}{750}$ of an inch in width; the alveoli were shallow, and contained in their base a mucous gland with an excretory opening.

what larger than those of the large intestine, measuring (divested of epithelium) between $\frac{1}{500}$ and $\frac{1}{600}$ of an inch in longest diameter. Each contains a muciparous gland, which forms its floor, and the gland is furnished with a central excretory opening; indeed, in every way, except in being somewhat coarser, this glandular structure is identical with that of the mucous membrane of the large intestine. Around the circumference of the glandular patch, the reticular structure is imperceptibly lost in the lamellæ of the lamellated membrane.

Peyer's Glands.—The surface structure of the glandulæ agminatæ, Peyer's glands, resembles that of the mucous membrane of the stomach, in being composed of a reticular frame-

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work with included alveoli; the floor of the alveoli being perforated by the apertures of numerous simple follicles. The raised portion of the network or septa measure (divested of epithelium) between $\frac{1}{1250}$ and $\frac{1}{700}$ of an inch in breadth; the alveoli are very variable in size, $\frac{1}{600}$ of an inch being a general average. An alveolus of small dimensions measured $\frac{1}{600}$ of an inch by $\frac{1}{700}$; while another measured $\frac{1}{450}$ by $\frac{1}{600}$.

The reticular framework has the appearance of a very delicate membrane puffed up to its proper elevation, and pierced with numerous small angular and oval openings, the openings being

Fig. 6.

A portion of one of Peyer's glands, magnified nineteen times. The alveoli are deep, they measure $\frac{1}{70}$ by $\frac{1}{80}$ of an inch, and the septa between the alveoli measured from $\frac{1}{1250}$ to $\frac{1}{700}$ of an inch. A vascular network and the openings of numerous simple follicles are seen in the floor of the alveoli; and the septa are marked by numerous circular and elongated sulci.

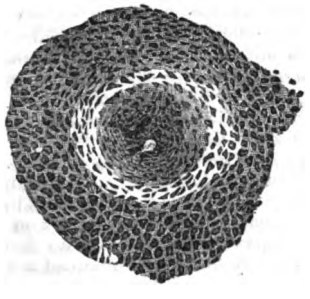
the mouths of shallow pits, and resembling the depressions on some light material such as muslin, produced by the process termed "quilting." These openings might, on a superficial observation, be taken for simple follicles; but I am inclined to think that such is not the case. The reticular framework presents on the surface a rich network of capillary vessels with small meshes.

The alveoli have a general squareness of form, but are indented upon the sides more or less deeply, and hence are very irregular in outline. Their size is about $\frac{1}{600}$ of an inch in diameter, and they are slightly longer in one direction than in the other. They are sharply cut along the margin, and about $\frac{1}{1250}$ of an inch in depth. The floor of the alveoli is somewhat raised in the centre, and from this raised part are given off ridges or spurs, which radiate towards the circumference, and become continuous with the walls of the cavity. This structure reminds us of the floor of the alveoli of the stomach, and, like it, the raised portion and the spurs consist of a plexus of fine capillary vessels. The spaces or foveolæ, between the spurs, from five to eight in number, are deeper than the rest of the floor, and in them are seen the apertures of follicles, two or three in each foveola; hence the entire number of follicles opening into each alveolus would be from 16 to 24.

SOLITARY GLANDS OF THE LARGE INTESTINE.

The solitary gland of the large intestine seen by the naked eye has the appearance of a small circular opening in the mucous membrane, bordered by an elevated rim. With the microscope, the elevated rim and sloping sides of the opening are seen to be composed of a reticular framework and alveoli similar to the rest

Fig. 7.



A solitary gland of the large intestine, magnified 19 times. The alveoli of this portion of the membrane are deep and large, measuring $\frac{1}{110}$ of an inch by $\frac{1}{220}$, and the septa narrow, $\frac{1}{550}$. The alveoli within the crater are smaller and the septa thicker. In the floor there is a vascular network, and the openings of simple follicles.

of the mucous membrane, excepting that the alveoli are more angular and deeper, and the septa thinner. The alveoli are so deep that their floor is not perceptible; they are larger than those of the rest of the membrane, measuring $\frac{1}{170}$ by $\frac{1}{550}$ of an inch; and the septa, measuring $\frac{1}{5000}$ of an inch in breadth, contains only a single capillary. The alveolar structure is continued to the bottom of the crater of the gland, where I thought I could perceive the apertures of several follicles.

CASE OF POISONING BY DOVER'S POWDER.

By JOHN LEIGH, Esq.

R. S., of St. Ives, Hunts, aged 19, was found, on the morning of the 25th inst., at one o'clock, in an insensible state. He had gone to bed poorly, with a cold, after his day's work in the open air. He took a powder which had been given him in a packet of six. He went to bed about eight, having just said to a neighbour, who inquired how he was as he went into his home, "All right." At eleven he awoke his mother for a handkerchief, saying his nose bled. He had lost, as his mother supposed, a quart of blood in the course of the last four days. The mother gave him a handkerchief, but did not see much blood, and, inquiring how he was, he said he was better.

The mother was awoke again at one by a "dismal" groaning and effort to cough. She said he often made a bad noise in sleep when trying to cough. Finding him insensible, she sent for a doctor. The father went first to the man who supplied the powders, who keeps a druggist's shop, and at the same time illegally visits, unqualified as he is. This man told the father he could not come because he had put his feet into warm water; and when the father said he was afraid his son was dying, and, being asked how, replied, he was in a deep sleep, Muir, the druggist, said, the powders were to sleep him, and shut down his window.

The father then ran to the parish doctor, who sent his assistant. The young man found the patient insensible, breathing convulsively and stertorously, and with a contracted pupil. He suspected poisoning, and inquired whether he had taken opium, when he was shown the powders. The patient was carried into a larger room, being totally unable to walk. A mustard emetic was given, which only produced some efforts to vomit, nothing being brought off. Mustard cataplasms failed to arouse him, and the assistant sent home with a request for the stomach-pump. Mr. Girling, the principal, went and used the pump, washed out the stomach, and then injected some ammonia. Finding, notwithstanding all, the man was sinking, he came for me. I found the patient totally insensible—indeed, with the facies Hippocratica. This was about four a.m. We attempted, by the stomach-pump, to introduce some sulphate of zinc in gin-and-water; but this time neither of us could succeed in introducing the tube. The pupils dilated, and the sphincter ani was relaxed, when we injected a turpentine enema, which quickly returned. The breathing was stertorous and catching, and for a quarter of a minute to half a minute ceased; the pulse scarcely perceptible. On placing him upright before we used the stomach-pump, while his feet were in hot water, a younger brother, in bed in the room, woke up and exclaimed, "He is dead!" About five he died.

An inquest was held, where the foregoing facts were elicited, and, further, that the five powders being weighed, three had fifteen grains, one seventeen, and one twenty grains. Muir, the druggist and unqualified practitioner, stated, that the man came to him for some sweating powders, and brought a paper with "10 grains of Dover's powder upon it." He gave him six powders, telling him not to take more than three a day.

A *post-mortem* examination was made. The brain was found congested superficially, and on removing it from the cranium about ℥iss. of serum was collected at the base of the cranium. No fluid in the ventricles, nor any extravasated blood anywhere, though the whole brain was carefully sliced away.

The right lung was throughout adherent from old adhesions, and that lung was congested, but no marks of recent inflammatory action, nor any effusion of serum or blood. The left lung quite healthy. The liver was large and congested, but every other organ sound, the bladder containing about half a pint of urine.

In examining the stomach, and what was brought off by the

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stomach-pump, no trace of opium could be found in the contents. The internal surface of the stomach was red, which redness was attributed to the mustard. By scraping the mucus and boiling it, we found meconic acid by the tinct. ferri sesquichlor. test; but from boiling part of the stomach itself we found none.

The medical opinion was—"Death from opium: the man being in a plethoric state, and having influenza, the dose was hazardous."

The Coroner directed the jury to dismiss from their minds everything that Muir had said, and that, seeing he acted as a druggist, he had a right to sell whatever quantity was asked for. The prescription, however, was not forthcoming. The Coroner further remarked, that, although the deceased had told his mother he had got the powders from Muir, that was not to be taken in evidence, seeing the man said it when he had no thought of dying.

The jury found, "Died from an over-dose of opium," and directed the Coroner to reprimand Muir.

CASE OF FALSE MEMBRANE FORMED IN THE VAGINA.

By G. A. BLAKE, Esq.,
Late Resident Surgeon to the Birmingham Lying-in-Hospital.

P. M., aged 32, admitted into the Birmingham Lying-in-Hospital October 20, 1854, at ten p.m., having been sent by two general Practitioners of Wolverhampton. She is a plethoric woman, previous health good, and has had four confinements, of which the first was natural, the second instrumental, third natural, and the fourth instrumental. The first and second children were born alive. In the present case, on examination on admission it was found that a false membrane had formed in the vagina, extending from its walls, where an old cicatrix had formed, having a small opening at the posterior part, large enough to admit of the uterine sound; the head was easy to be detected through the membranes. On consultation it was thought advisable to divide the membrane laterally, when the os uteri was found to be much dilated; therefore it was thought advisable to wait until the head should have descended fairly upon the mouth of the uterus, the membranes being entire; a full dose of opium to be given, and to be left quiet.

21st, 10 a.m.—Passed a restless night; head lower; membranes ruptured, and the os uteri thoroughly dilated. Ordered brandy and gruel to keep up her strength.

3 p.m.—Pulse somewhat quick and irritable, in other respects much the same as when admitted.

10 p.m.—On further consultation it was agreed not to delay the operation any longer, as the pulse was becoming more irritable, and she a little delirious, evidently showing that the brain was beginning to suffer; therefore it was agreed to enlarge the opening more laterally, when a little hæmorrhage occurred, which was stopped by pressure, after which the head was perforated and delivered by means of the crotchet and craniotomy forceps. Brandy and ammonia being given at intervals, the uterus contracted nicely; still the placenta had to be removed. She lost very little blood; a good bandage was put on with a pad, and a full dose of opium given, and ordered to be kept quiet.

22nd.—She has passed a good night; slept well, but complains a little of thirst and sickness. Gruel, and to continue mixture.

23rd.—Passed a good night; sickness left her; vagina to be washed out night and morning with milk and water. The bowels not having acted, to take ol. ricini ℥ss. st.

24th.—No bad symptoms; bowels relieved; cough better; tongue clean; passes her water well, and continues to syringe the vagina out with yeast and water.

25th.—Continues as before; ordered beef-tea and rice-pudding.

26th.—Progressing favourably; bowels confined. Rep. ol. ricini. Breasts a little troublesome; to be rubbed with lin. camph. co., ℥ss.; ol. camph., ℥ij., bis vel ter in die utend.

Nov. 1.—Going on well; bladder irritable; unable to hold her water, it passing involuntarily; discontinue the injection.

9th.—Much the same; ordered to get up.

15th.—Improving; she is able to hold a little of her water, which it was thought desirable to draw off three times a-day.

30th.—Left the Hospital, having had no bad symptoms since last report; the urine unable to be retained, except at times, probably arising from some small sinus in the bladder, which could not be detected, or otherwise from a weakened state of it.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

STRANGULATED HERNIA.—DEATH AFTER REDUCTION BY TAXIS.

[Case under the care of Mr. LUKE.]

It is very important, in attempting to lay down rules for practice in cases of strangulated hernia, to bear in mind the course which will ensue if the condition be unrelieved. That course is with sure and rapid steps towards a fatal event, and the degree of danger attaching to any individual case is usually in exact proportion to its duration. The operation of herniotomy is thus made to labour under great disadvantages, and its risks become much exaggerated. We count up the cases operated on, and enumerate the deaths, and then speak of the results as something valuable in the way of "statistics." Nothing could be more fallacious than thus to estimate the degree of danger belonging to the operation, since the cases in which it exerts any prejudicial influence whatever are probably very exceptional. The deaths after it, are *in spite of*, and not *from* it, in a proportion of perhaps ninety-five out of every hundred cases. The public will gain largely when the Profession generally comes to regard the operation as of far less serious nature than is at present the case, and the permitted persistence of strangulation as of far more. We could make strong statements on this subject. It has been our painful duty to watch case after case brought into Hospital in a state utterly hopeless from neglect. The patient in extreme collapse, peritonitis already having almost run its course, strangulation of five, six, or seven days' duration. In not a few of the cases which have recently been included in our Statistical lists under the head "Herniotomy," has the Surgeon proceeded to a task which was rendered sad and painful by the conviction that it afforded scarce a chance of benefit. Let us glance for a moment at those in our last list, the operations performed during December. (See *Medical Times and Gazette*, for January 27, page 84.) Out of sixteen cases, no fewer than ten ended in death; and of the latter, no fewer than three were admitted into hospital actually moribund. In three of the cases referred to, strangulation had existed upwards of three days; in two, four days; in one, five days; in one, six days; and in one no less than eight days. We will not pain our readers by here repeating the statement of the errors of omission and commission which truth obliged us to record as having occurred during the treatment to which some of those patients had been subjected. A glance at the table will at once demonstrate that the cases which do well are those in which, first, the operation is done early, and, secondly, in which the taxis has not been abused. Another element of much importance in this question, is the fact, that recovery is by no means certain, even if reduction be effected without resort to the knife. Hospital practice affords, every now and then, an example of death occurring after successful taxis; and one such we deem it our duty this week to bring before the attention of our readers. That such are not common, may be freely admitted; but the experience of the London Hospitals during the last two or three years would enable us to bring together at least half a dozen such, exclusive of two in which the gut had been ruptured by too vigorous attempts at taxis. But it must be borne in mind, that the cases in which taxis is effectual, are almost invariably the most favourable; those, namely, in which neither is the stricture tight, nor the strangulation of long duration. Just in proportion to the length of time that the gut has been strangulated, and to the tightness of the constriction, do the chances of its reduction by taxis diminish. Supposing that in the whole sixteen cases comprised in our last month's list, it had been possible to reduce by taxis instead of by the knife, there is good reason for doubt whether the results would have been materially different. The majority of the cases were such as it was plain beforehand must almost inevitably die, and in none were the symptoms in any way aggravated by the operation. We write earnestly on this subject, for it is one of very great importance. The diminution in the fatality of hernia operations is to be obtained not so much by increased attention on the part of the operator, not so much by discussions as to opening or not opening the sac, or making the smaller or the greater incision, as by a recognition on the part of those Practitioners who are consulted in the early stages, that delays are absolutely criminal, and that prolonged taxis is fraught with far greater danger to the patient than the division of the stricture

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by the knife. We will now proceed to the narration of the case which has suggested the above remarks. Its particulars have been supplied to us by Mr. W. W. Harkness, from notes by Mr. Ross, one of Mr. Luke's dressers. It is needless to add, that the last-named gentleman had no part in the treatment of the case, as it was only admitted under his care a few hours before death.

Ann H., aged 75, was admitted into the London Hospital, under the care of Mr. Luke, on January 3, 1855. According to her daughter's account, she had had a hernia reduced by a Surgeon just before her admission. A swelling about the size of a walnut existed on the right side in the situation of the femoral ring. The bowels had not acted for six days, and during this period she had suffered from severe sickness. When admitted she was almost pulseless, and took directly two ounces of wine, after which she rallied, and was ordered ten ounces more wine, with four ounces of brandy. It was believed that the hernia had been returned. During the first two hours after admission three loose evacuations from the bowels took place, accompanied with the escape of a great deal of flatus, and she was sick once. The abdomen was swollen, and very tender; she became gradually exhausted, and died fourteen hours after admission.

Autopsy.—Body small and rickety; a rounded tumour, about the size of a walnut, occupied the right groin; the abdomen was distended, spheroidal, and circumscribed in the centre. The cavity of the peritonæum contained about one quart of turbid yellow serum; the intestines externally were of an intense uniform red colour, and adherent to each other by means of soft lymph; the visceral layer of peritonæum in the pelvis was intensely and uniformly vascular, of a deep purple colour, soft, and coated with lymph; the opening of the femoral ring was puckered, plicated, contracted, and just sufficient to admit a small probe. A probe inserted at this point led into the interior of the tumour already noticed, which proved to be the thickened and inflamed sac of a hernia; externally the sac was of a blackish-green colour, but not soft, about the size of a walnut, and the walls were very thick; it contained only a little turbid fluid; in the cavity of the pelvis, and near the orifice of the femoral ring, lay the portion of small intestine, which had been strangulated to the extent of about two inches in length. When the intestine was laid open the strangulated part was seen as a dark, elliptical patch on the convex surface of the intestine, surrounded by a ridge of pretty firm lymph; the strangulated part was firm, its mucous membrane was very dark, but also firm, and exhibited only submucous capillary extravasation. The liver was small, dark, and coated on its capsule with old induration matter; the spleen was very small and firm, weighing only nine drachms; the kidneys were small, lobulated, slightly granular, and studded with cysts; the uterus and bladder were free from disease; the head and chest were not examined.

Remarks.—The cause of death in this case was evidently acute peritonitis. The reduction had been complete, as shown first by the action of the bowels, which had been for six days constipated; and secondly, by the condition of the gut found at the *post-mortem*. The case is a good instance of acute and general peritonitis, not from wound of the peritonæum involved in an operation, but simply from strangulation of the bowel allowed to continue.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

CASES OF ARRESTED PHTHISIS.—SUDDEN DEATH FROM HÆMOPTYSIS.

[Cases under the care of Dr. PEACOCK and Dr. RISDON BENNETT.]

WITHIN the last few weeks there have occurred among the out-patients of this Hospital three instances of sudden death from hæmoptysis. The subjects of all of them had been, for very prolonged periods, under treatment in an advanced stage of phthisis; and in all the active inroads of the disease appeared to have been arrested. In two, *post-mortem* evidence fully confirming the latter fact, was obtained. Whether it be that the occurrence is a mere coincidence, or that there is something in the condition of a tuberculous lung in process of cicatrisation which peculiarly renders it liable to become the seat of hæmorrhage from rupture of large trunks, we shall not here attempt to decide. As examples, however, on the one hand, of advanced phthisis successfully combatted, and, on the other, of the rare lesion just mentioned, the cases seem worthy of a short mention here.

Case 1.—J. A., aged 41 at the time of death, a porter in a wholesale shoe-shop, had been under treatment for rather more than two years prior to January 6, 1855. His phthisical symptoms had commenced six years ago, and the first attack of hæmoptysis had occurred in the beginning of 1852. Under Dr. Risdon Bennett's care he had taken cod-liver oil and a mixture containing the sulphate of iron and dilute nitric acid, almost continuously, for the two years preceding death. At the commencement, and throughout the whole of this period, there had been present evidences of a large cavity in the upper lobe of the right lung, and of smaller ones in the opposite apex. The man improved greatly in health, and gained some flesh, continuing, however, extremely pale and anæmic. He followed his occupation at times, but was never able to do a day's work. Repeatedly he attempted to discontinue the oil, but as often retrograded in strength, and was obliged to resume it. During the first week of January of the present year he was, partly on account of bad weather and partly on account of feeling weak and with more of dyspnœa than usual, obliged to confine himself to the house. On the evening of the 5th, however, he seemed better, and retired to bed without having had any symptoms calculated to excite anxiety. In the middle of the night he awoke his wife, who found that he was spitting blood rather profusely. Cold water was given him in the hope of arresting it, but without advantage, and within a quarter of an hour afterwards a large gush occurred, and he expired apparently choked. The *post-mortem* was performed by Mr. Hutchinson on the following day, and the following are the notes of it. Corpse emaciated, but not to an extreme degree; very pale; blood oozing from the mouth. Muscles of good colour, and not remarkably wasted; but little adipose tissue. Excepting about the apices there were a very few bands of pleural adhesions, and those which were present were very firm, dry, and old. The lower lobes of both lungs were large, expanded, and crepitant in all parts. The whole upper lobe of the right lung adhered inseparably to the costal pleura, and in attempting to remove it a cavity capable of holding an orange was torn open. The cavity contained mucus and clotted blood; its interior was irregular from projecting columns of consolidated tissue, but it was everywhere lined with a smooth and apparently organised membrane. An exception should be made as to the part of the walls which had been torn in removal, the exact condition of which could not be ascertained. Close to the posterior boundary of the cavity, and nearly if not quite free within it, was a fragment of hard chalk the size of a hazel-nut kernel, but extremely irregular in shape. The whole of this lobe which was not excavated was solid, fibrous, and contracted. No traces of tubercle either recent or old could be found in it or any other part of the lung. The opposite lung (left) showed at several spots near its apex a puckered and indented exterior; its pleural layers were, however, even at these parts, adherent only by a few loose bands. On making a section of the apex, a few small and encapsuled masses of crude tubercle, about the size of peas, were seen; but, beneath the indented parts, all traces of tubercle had been removed. The lower lobe was healthy, and throughout crepitant. The heart, liver, kidneys, spleen, intestines, bladder, and testes were examined, but nothing worthy of note discovered.

The exact part at which the rupture occasioning the fatal hæmorrhage had taken place, was not discovered either in this or in the following case; but, as the autopsies were performed under circumstances precluding the injection of the vessels and careful dissection, it was perhaps not to be wondered that this eluded detection. That the rupture had been of some large vessel, there could scarcely be a doubt, as the symptoms attending death sufficiently denoted such to be the case. The very complete suspension of the tubercular processes in the above case is not a little remarkable, when it is remembered that the disease had previously advanced so far as to completely disorganise an entire lobe of the right lung. Considering the amount of crepitant, and useable lung which the man still possessed, it may excite surprise that he did not more fully regain his strength. The hindering circumstances must doubtless be found in the persistence more or less of the phthisical dyspepsia, and in the fact, that so large a cavity was constantly secreting pus from its lining membrane. Had the disorganisation been somewhat less advanced, cicatrisation and puckering in of the apex might probably have taken place. The effects of treatment are very well shown as far as the constitutional element of the disease was concerned. As for the local condition, it is possible that the inhalations of iodine, as recommended by M. Piorry, might have been productive of benefit.

Case 2.—William A. R., a compositor, aged 30, of healthy parentage, was admitted, under Dr. Peacock's care, in March, 1854. His symptoms then dated back for two years, and had

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been, progressive loss of flesh, with occasional spitting of blood; quite in early life, however, he had suffered from strumous enlargement of the cervical glands. He was extremely pale, and had a very marked phthisical aspect. The physical signs noted were "entire dulness over the right apex, with bronchial breathing, gurgling, and pectoriloquy." The same signs existed over the left apex, though to a less extent. He had attended as an out-patient at different Hospitals repeatedly, and had taken cod-liver oil at times with great benefit; its use, however, had not been persevered with. The plan of treatment recommended was the continued use of cod-liver oil, with tonics, and a full nutritious diet. Under these measures he made steady improvement up to the time of his death, which took place under the following circumstances, on January 18:—For six months past he had worked regularly as a compositor, employed at the Royal Exchange, on *Lloyd's List*, and generally did long days' work, sometimes even staying over-hours. On the evening of the day in question he left the printing-office about ten p.m., having appeared in usual health; but on reaching the bottom of the stairs was observed to stagger, and then to fall. Blood gushed from his mouth, and in a few minutes he was dead.

Autopsy.—Corpse that of a well-formed, tall, and moderately-stout man; a thick layer of subcutaneous adipose tissue was present in all parts, and the muscles were of good colour and consistence; blood flowed from the mouth. All the abdominal and thoracic organs were carefully inspected, but the only lesions of importance found existed in the lungs. The apices of both lungs were excavated into cavities of considerable size, that in the right being capable of holding an egg, and having several smaller ones continuous with it. It contained fluid secretion and some clotted blood. There were deep indentations and puncturings in many directions, not only in the apices, but also in the lower lobes of the lungs, more especially in the lower lobe of the left. Some of these were very perfect cicatrices, and were surrounded by crepitant and healthy lung tissue. Excepting a few small encapsuled masses of yellow and crude tubercle, there was no deposit of that substance in any part of the lung tissue. These masses had evidently undergone much diminution by absorption, and in several were almost cretaceous in consistence. The pleural adhesions were strong about the apices, but only few in other parts.

With the following case we shall be very brief, as the arrest was not nearly so well marked as in the preceding, nor was *post-mortem* evidence obtainable.

Case 3.—Elizabeth C., aged 16, of phthisical father, was admitted under Dr. Peacock's care on Nov. 8, 1853. She was stated to have always been a delicate child, had never menstruated, and had, since the age of 12, suffered from cough and general drooping. Hæmoptysis to a moderate amount had occurred for the first time a year ago. The note, as to physical signs, states, "Dulness over the right and obscure tympanitic resonance over the left apex. Imperfect cavernous sounds over the left, and bronchial breathing over the right." The pale cod-liver oil in two drachm doses, thrice daily, was ordered, and a mixture, containing iron and quinine. In spite of these, during the next three months she rather lost flesh. The treatment being, however, persevered with during the summer of 1854, she much improved, and continued to do so until Jan. 26, 1855. In the night of the latter she aroused her mother by a short scream, and, before a light could be obtained, was quite dead. Her mother thought that there must have been at least a pint o fblood thrown up. A *post-mortem* was not permitted.

The improvement which ensued in this case was not very great, amounting to little more than arrest of symptoms. The girl never became able to undertake any occupation, and remained very pale and phthisical-looking.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

INDIAN BAEL IN DIARRHŒA AND DYSENTERY.

Some trials of this new remedy have recently been made in St. Bartholomew's Hospital, in cases under the care of Dr. Jeaffreson. As many of our readers may perhaps be familiar only with its name as the heading of an advertisement, we may explain, that the liquor baelæ is the expressed juice of the rind of a fruit of a kind of pomegranate, and that it has been extensively used by native Indian Practitioners in the treatment of diarrhœa and dysentery. Mr. Jones, one of Dr. Jeaffreson's clinical clerks, recently read before the Abernethian Society a paper detailing the cases in which it had been tried. On the whole, the impression left on the minds of those who had watched its employment seemed to have been favourable, but the cases were few, and quite inconclusive. In one case of chronic dysentery, which had resisted opium, great relief had been afforded. In none had it appeared in any way to disagree, and the patients were always fond of it. Mr. Jones had submitted a specimen to chemical analysis, with the result of finding no active principle excepting a small portion of tannin, together with much gum. The liquor baelæ is a brown-coloured syrupy liquid, having a sweetish flavour, and possessing in the mouth but little astringency. The remedy cannot perhaps at present be considered to have established much of claim on the attention of the Profession. Should any further trials of it be made in Hospital practice, we shall not neglect to bring their results before our readers.

CHARCOAL AS A DISINFECTANT.

It seems almost impossible to exaggerate the importance of the recent modes which have been devised for the application of charcoal to disinfecting purposes. It is still used with the greatest success in the St. Bartholomew's dissecting-room. A few pans of charcoal, thinly spread, are exposed in various parts of the room, and all the trouble needed is, that the material be kept dry. For this it is necessary simply to warm it before a fire or on a stove once daily. Its effect on the atmosphere of the rooms becomes apparent in a very short time indeed after its introduction, and the place is constantly preserved with an odour not more offensive than that of a cleanly-kept butcher's shop. The advantage is not only in respect to smell, since it is further observed, that the bodies keep much longer and in better condition,—a fact easy of explanation by reference to the influence of a noxious gas-laden atmosphere in promoting decomposition. The grand recommendation of the charcoal is, that it is at once an effectual and a *bona-fide* disinfectant. It does not conceal the odours, or substitute others for them; but actually destroys, by decomposition, the poisonous materials on which they depend, and replaces them by others, either innocent, or even useful. Its action, as is well known, is by mechanical catalysis.

The applications to which charcoal may thus be put seem to be quite without limit. Here is a substance by which, almost without trouble or expense, an end may be put to the odours of the dissecting-room, the ward, or the sick chamber. The smell of the cesspool, the sewer, or the ill-constructed water-closet need no longer be tolerated. The candle-maker, the soap-boiler, the tanner, and the bone-grinder, may henceforth pursue their respective avocations without being nuisances to the neighbourhood. It was supposed, at first, that it would be necessary to compel any noxious gas to pass through the charcoal as through a sieve, in order to secure its decomposition, and on this supposition depended the principle of the "charcoal coverlets" for wounds which we described some months ago. It is now found, however, that no such necessity exists, inasmuch as the substance preys with such avidity on the pernicious elements that it requires only to be exposed to free communication with them. Thus, to deodorise a Hospital ward, it is only necessary to place plates of dry charcoal at short intervals about the room, say one to each bed, and to secure them from moisture. If only one case in the ward be the cause of smell, it may suffice to hang from the bed of that patient a muslin bag, containing the invaluable material, or to lay it anywhere in near proximity.

A man is now attending the Hospital for Diseases of Skin on account of syphilitic rupia, who has lost his nose, and suffers from caries of the nasal bones. It is proposed to have constructed for him a gutta percha nose, and to place within it a receptacle for charcoal, by which means he will be enabled to avoid being, as he has been for years, a nuisance to all who approach him.

APPLICATION OF THE NITRATE OF SILVER FOR THE CURE OF PROLAPSUS ANI.

We have observed some instructive cases of severe prolapsus ani, under the care of Mr. Lloyd in St. Bartholomew's Hospital, in which the local application of lunar caustic was resorted to with much success. The plan is to smear the whole surface of the protruded bowel with the solid caustic, and then return it. The application is repeated once in a week or fortnight, as may be requisite. Mr. Lloyd informed us that he rarely found it necessary to employ it more than three or four times; and further, that although the plan had been one invariable resort with him, for a long series of years, that he had never known any untoward consequences to result. In cases in which the protruded bowel has become swollen, and is difficult of reduction,

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the effect of the caustic is surprising. In one such case, in which we witnessed its application, the mass could be easily seen to diminish in size under its influence. Mr. Lloyd does not limit the use of this remedy solely to prolapsus, but adopts it also in cases of hæmorrhoidal congestion, and thickening of the mucous membrane about the verge of the anus.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

THE SHEFFIELD GENERAL INFIRMARY.

[Cases communicated by Mr. TINSLEY, House-Surgeon.]

CANCER OF THE RIGHT BREAST—EXTIRPATION—RETURN OF THE DISEASE—SECONDARY AFFECTION OF THE RIGHT PLEURA AND LUNG—DEATH—*POST-MORTEM*.

L. S., aged 38, married, the mother of one child aged 15 years, a dressmaker, admitted into the Sheffield General Infirmary, under Mr. Barber, July 1st, 1853. She states, that with her first and only child the right breast suppurated, was lanced by a Medical man, and soon got well, but she was never able afterwards to suckle with that breast. Fifteen months before admission, she observed in the centre of the right breast a small, hard, painless swelling, which up to two months ago grew slowly, and gave her no pain; but since that period has grown rapidly and given her great pain. When admitted into the Infirmary, her general health was good. In the situation of the right breast, there was a large tumour, freely movable at its base, which felt hard, and gave an indistinct sense of fluctuation; the skin over its centre was inflamed, but did not appear to be involved in the disease.

On July 7th, Mr. Barber removed the tumour with the entire breast, which, together, weighed 2 lbs. 2 oz. It consisted of a large cyst, filled with a semi-gelatinous fluid, surrounded with firm walls, and intimately connected with the mammary gland. Examined under the microscope, neither the walls, nor the contents of the cyst, nor any portion of the glands presented any appearance of malignancy. On July 29th, she was made an out-patient, the wound from the operation having healed with the exception of a small point.

Re-admitted Oct. 18, 1853. She states, that a few days after leaving the house, she observed a red fungoid mass to spring from the wound, which was not healed, which in a very short time attained to the magnitude of an orange, attended with great pain, and occasional oozings of blood from its surface. The cicatrix of the operation is occupied with a large fungoid mass, very hard and painful. The right side of the chest is dull on percussion, and the natural breathing on that side replaced by intense bronchophony and bronchial breathing; over the whole of this side, also, is to be heard a loud friction sound; there is considerable dyspnœa, but not much complaint of pain. No enlarged glands were to be seen or felt for a month after re-admission, and these then made their appearance on the right side of the neck, grew rapidly, and gave great pain.

Nov. 18.—The tumour has enlarged, gives great pain, and has involved the skin for some distance around. At this period her sufferings were very great; there was extreme dyspnœa and acute pain on the right side of the chest. The physical signs remained as on admission, with the exception of the friction sound being louder than when first heard. Frequent attacks of hæmorrhage from the surface of the tumour, which for a time was staunched by the infusion of matico; convulsions of the right arm, which was occasionally drawn forcibly behind the body, and constriction about the upper part of the chest. From this date until the 26th, when she died, there were repeated attacks of bleeding from the tumour, and rapid increase in its size and hardness. No material alteration took place in the physical signs; the friction sound was heard to the day of her death.

Autopsy Twenty-four Hours after Death.—Several enlarged and indurated glands in the neck. The right pleural cavity distended with bloody turbid serum, and its wall lined with a thick layer of hard greyish deposit, which, opposite to the external tumour, measured one inch and a-half in thickness. The inner surface of this deposit was jagged, soft and easily broken down, and shreds of it were floating in the fluid. The right lung was compressed, posteriorly excluded from view, and collapsed. There was thickly scattered through its substance round masses of a similar deposit to that which lined the pleural cavity, varying in size from a walnut to a pea. The same kind of deposit affected the pulmonary glands, and a few also were scattered through the left lung. The microscopic examination of the deposit upon the pleura, and the masses of deposit in the lungs, alike exhibited well-developed cancer cells, such as were to be found in the mammary growth. The liver was considerably enlarged, and friable. The hepatic cells were gorged with oil globules. The walls of the uterus were thickened and indurated, and at its fundus there was imbedded a small fibrous tumour. The ovaries were also enlarged and indurated. Kidneys healthy.

FRACTURE AND DEPRESSION OF THE SKULL—TREPHINING—RECOVERY.

T. C., aged 40, widower, an Irish labourer, residing in Paradise Street, Sheffield. On returning home about eight o'clock in the evening of August 9, 1853, was knocked down in the street. Admitted an in-patient of the Sheffield General Infirmary, under Mr. Gregory, the same evening, about 9·45 p.m., having been previously visited by another Surgeon in the town, who advised his removal to the Infirmary. He presented, on admission, the following condition:—Complete insensibility, and loud stertorous breathing; pulse 80, feeble; skin cold; pupils acted irregularly. On the left side of the head, near to the frontal eminence, there was an incised wound of the scalp two inches in length, dividing the entire thickness of the scalp, but not the pericranium. Through the latter membrane there could be felt a fracture of the skull, extending for a short distance in a longitudinal direction, and, on dividing the periosteum, the lower portion of bone was depressed to about one-eighth of an inch.

Some of the symptoms, Mr. Gregory considered, were due to concussion of the brain, and he therefore deemed it advisable for the present not to adopt any operative procedure.

August 10.—Through the night he has moved his limbs freely; urine passed involuntarily, breathing deeply stertorous, pulse 88, intermitting; evinced some slight signs of sensibility. There is observed this morning paralysis of the left side of the face.

V S. Oj. Hyd. chlorid. gr. x. statim.; Enema tereb. st. Hyd. chlorid. gr. j. 3tis horis. Low diet.

11th.—Paralysis of the face has disappeared; urine passed involuntarily; bowels freely opened, pulse 88, full and hard; wakeful, and attempts to reply to questions; pupils contracted.

In the afternoon of this day he became violent, requiring restraint; pulse 120, skin hot, conjunctivæ injected, shouts and talks incoherently.

V S. ℥xiv. Hirudines xij. temporibus. Cont. hyd. chlorid. 3tis horis.

12th.—Countenance pallid and lethargic; slept through the whole of the night, and cannot be roused this morning, respiration regular, occasionally stertorous; pulse 80, compressible; skin cool and moist; mouth affected with mercury. Omit. hyd. chlorid.

From the symptoms this morning, a consultation was called, and it was considered necessary that the skull should be trephined at the fractured part, were there was the greatest amount of depression; accordingly, Mr. Gregory with the trephine removed a portion of bone, and elevated that which was depressed. Upon the removal of the bone, bloody serum flowed freely from the opening.

13th.—This morning there is more animation about the countenance; very drowsy, but awakes when spoken to, and attempts to make a reply; protrudes the tongue when asked to do so. He has been violent in the night, but is quiet this morning. Respiration regular; pulse 96; head hot; passed urine naturally; bowels freely opened.—Applicand catap. lini. Milk diet.

14th.—Passed a quiet night; not so drowsy this morning; replies incorrectly to questions, but makes known his wants. Does not know where he is, or anything about the injury. Pulse 84, feeble; skin cooler; head hot. The surface of the exposed dura mater looks sloughy, and discharges fetid serous blood. Enema terebinth st.—Cont. catap.

15th.—Countenance improved; decidedly more conscious this morning; replies correctly to some questions, but is not aware of the injury he has sustained, or where he is staying. Wound of the scalp granulating; the surface of the dura mater sloughy, discharge fetid; pulse 86, feeble; skin cool and moist; less heat about the scalp; urine passed naturally; bowels freely opened.—Cont.

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17th.—Slept the greater part of the night; occasionally delirious. To some questions he replies rationally; pupils active; pulse 80, feeble; skin moist; bowels moved naturally; appetite good; tongue moist. A few granulations are springing from the surface of the dura mater, which discharges fetid pus. The bone around the opening in the skull looks dead, and a blush of inflammation has appeared around the edges of the scalp-wound, and upon the adjoining cheek.—Beef-tea and eggs daily. Cont. catap.

18th.—The blush of inflammation subsiding; slept well the greater part of the night; occasional ramblings; replies correctly to most questions, but recollects nothing of the accident; appetite good; pulse 72, feeble; surface of the dura mater very vascular; discharge more purulent and less fetid.—Cont.

Without noting each day the particular symptoms, it may be stated that from this date (August 18), with the exception of occasional delirium, which on one occason was of a violent nature (from the administration of a small quantity of stimulus), there was a daily improvement to the time he was discharged from the house, Dec. 9, 1853.

The pulse, on the 6th of September, was diminished to 56 in the minute, and very feeble. From this time, however, it increased steadily to its healthy standard by the time he was discharged.

The return of consciousness was very slow. For a considerable time it was impossible to persuade the man that he was residing at the Infirmary, persisting, himself, that he was living at the Wakefield House of Correction; and he has never yet been able to recollect in what manner the injury was inflicted. The surface of the dura mater gradually assumed a florid, granulating appearance; the granulations united with those of the scalp, and, in healing, formed a firm depressed cicatrix, over which the man wears a silver plate for protection. A superficial ring of bone around the trephined opening, with several smaller portions of bone at long intervals, exfoliated. The discharge of pus at one time was very abundant.

This case appears to offer a few points worthy of comment. The symptoms at the time of admission, in some measure, certainly resembled those the result of compression of the brain; but that they were not alone due to that cause, was clearly proved afterwards by the patient, on the evening of the second day of admission, rousing out of his slumber, and becoming partially conscious. The period of excitement which succeeded, might justly be referred to irritation or inflammation of the brain or its membranes; and, after this stage, the comatose condition, to the consequent effusion, the result of inflammation. In some measure probably the compression existed shortly after the infliction of the injury from effused blood, but not entirely, as the coma supervened after the stage of excitement. It was gratifying to observe the sudden relief afforded on the removal of the bone by the trephine, by a quantity of bloody serum escaping through the opening with each pulsation of the brain. In a short time afterwards the man aroused from his lethargy and exhibited signs of consciousness.

The case is one in which Mr. Pott would probably have trephined at an earlier period; but one in which most modern Surgeons would probably hesitate to trephine until decided symptoms of compression manifested themselves.

MORTALITY IN PUBLIC INSTITUTIONS for the weeks ending January 27 and February 3:—

	In the Week ending January 27.			In the Week ending February 3.		
	Males	Females.	Total.	Males.	Females.	Total.
Workhouses	87	108	195	88	117	205
Military and Naval Asylums	7	—	7	7	—	7
General Hospitals	84	80	64	45	31	76
Hospitals for Special Diseases	2	1	3	4	8	12
Lying-in Hospitals	—	—	—	—	—	—
Lunatic Asylums	8	8	16	7	3	10
Military and Naval Hospitals	7	—	7	11	—	11
Hospitals and Asylums for Foreigners	—	1	1	4	2	6
Prisons	—	—	—	—	—	—
Total	145	148	293	166	161	327

Medical Times & Gazette.

SATURDAY, FEBRUARY 10.

THE CIVIL ELEMENT.

THE Duke of Newcastle has announced in the House of Lords, that it will be necessary, "in spite of all opposition and all Professional feelings to the contrary, to introduce into the Army Hospitals the *civil element*." Much speculation has arisen as to the meaning of this expression. Did the noble Duke simply imply that civil Practitioners would be temporarily called in to assist their over-worked brethren in the Army; or that the French system would be imitated, and the Army Medical Officers be subjected to the control of non-Medical superintendence?

So far as can be gathered from Mr. Gladstone's statement in the House of Commons on Wednesday last, we must suppose the former explanation to be the correct one, and that the establishment of an Hospital at Smyrna in the charge of civil Practitioners for the service of the sick and wounded from the Crimea, was the introduction of the Civil Element, which was likely to meet with so much Professional opposition. But this can hardly be the case, for we can conceive no better mode of sparing the feelings of Military Surgeons than by the establishment of such a temporary institution. Were civil Physicians and Surgeons to be placed in the Army Hospitals in positions consistent with their Professional standing, the Medical Officers of the Army might naturally feel hurt; but when an entirely distinct auxiliary hospital is organised, there can be no clashing nor jealousy between the two classes of Medical men. We believe that much has been done towards the formation of an efficient staff for the Smyrna Hospital, under Sir John Forbes, but that, owing to the late changes in the Ministry, nothing has been as yet finally decided. The appointments will be of a very temporary nature, and no claim for pension or retiring pay will be admitted; so that we trust the Government will offer liberal terms to those gentlemen who are selected, and that, however high the pay may appear when compared with that of the Medical Officers in the Army, no jealousy may be felt by these officers, when they remember that their Civil brethren make a considerable temporary sacrifice of income and position, and neither earn promotion, half-pay, nor pension.

But there is another view of this question of the civil element. Are non-Medical Superintendents to be put in charge of our Army Hospitals? It is said that recent inquiries made by our Government into the organisation of the French Army may not improbably lead to some such measure. It becomes important to inquire, then, how the system works in the French Army. Now, amid all the excellencies of the French Hospital system, it is this civil element which all French Medical Officers agree in pointing out as its chief defect. They extol the authority and high position given to our Medical Officers, and, according to the *Times'* Correspondent at Constantinople, complain loudly of "the injustice done them, and the ill effects of the system which places them under the control of men ignorant of the science of Medicine," and declare that "in the main points our organisation is preferable to theirs, and that we should do ill to imitate the regulations which have been established lately by the Ministry of War at Paris."

It may be well to give one or two illustrations of the working of the French system. There are three distinct powers in each hospital; the Médecins, the Pharmaciens, and the Agents of Administration. The last-mentioned are taken from Officers

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who have attained the rank of captain, and in their hands lies the whole authority of the Hospital. The Medical men simply prescribe and perform operations; and, although they may give an opinion upon the quality of provisions, the Agent is not obliged in any way to attend to the recommendations of the Medical men. "If the sick are ill-fed or cold, if the wards are dirty, or any other deficiency exists, the doctors may complain by letter; but they can do nothing more. Their recommendations are attended to or neglected, according to the humour of the *Sous-Intendant*, and if he be obstinate or on bad terms with the Doctors, as is said to be often the case, or if he be much occupied, or happen to live at a distance from the Hospital, it naturally happens that much confusion and neglect may be the result of so complicated a system."

The *Times'* Correspondent goes on to observe, that the great grievance of the Medical man is, that "their promotion depends on the reports of the Sous-Intendants, who are of course unable to pronounce any opinion on their scientific merits, and generally take a dislike to the most zealous of the Medical Staff, simply because they are the most troublesome, and find fault most frequently with the shortcomings of the Hospital organization. * * * * It is asserted by the Physicians that the ablest and most active of their body are stopped in promotion because their names are coupled with some unfavourable remarks from the pen of a Sous-Intendant."

It may be said, however, that what we want is efficiency of Hospital organization, and that the feelings of Medical men are very secondary considerations. We reply, that no efficiency can result from a system which discourages the men upon whose exertions the very existence of an Hospital depends. We can also add, that the system does not work well in the case of the French. Again we appeal to the *Times'* Correspondent. He says:—"The French Doctors are by no means willing to admit that efficiency in their Hospital service, which has been the theme of so much praise in England. On the contrary, they relate cases of neglect and suffering not to be exceeded in the annals of our own mismanaged department. * * * Formerly the French were able to command the highest talent for the service of their sick and wounded troops; but it is asserted that lately this is no longer the case, and that the class of men who are willing to accept the post of Military Physician or Surgeon is rapidly becoming less respectable. * * * A body of ; ble and well-educated men feel themselves placed in a humiliating position, and declare that the system by which they are ruled is most unjust, and the results to the Army most deplorable."

If, then, by the introduction of the civil element, Government think of imitating this part of the French system, we say, let them first look to the results, and beware how they alter that part of the English system which gives the chief authority in our Hospitals to the Medical Officers. If it be simply implied, that Civil Practitioners be called in to afford temporary assistance to their over-tasked Military brethren, we believe the measure, so far from meeting with Professional opposition, will be received with very general and cordial approval.

DUBLIN HOSPITALS.

THE course which nearly two years ago we recommended in reference to the then much vexed question of the Dublin Hospitals, and their claims to public support, has been carried out, as we even at that period fully anticipated, with the most favourable results to their permanent interests. The recommendations of the Committee of 1848 were so utterly at variance with the common-sense view of the case, and so entirely void of anything like practical wisdom, while they had not a shadow of foundation, even in the miscalled evidence of the only individual examined, that we felt satisfied it required only a calm and dispassionate consideration of the actual state of the Hospitals to insure a complete reversal of the decisions then so hastily arrived at. The Committee of 1854, composed in great part of English members, recently issued a very able and voluminous Report, embodying the results of the most complete and extensive investigation into the whole bearings of the case. The evidence taken has been most various and comprehensive; the report of its details extends over several hundred pages; the recommendations of the Committee are short, clear, and decisive, occupy scarcely three pages, but contain an unqualified approval of the claims of the Dublin Hospitals, which we trust, therefore, we may now consider as established. Nothing, perhaps, can be more striking to an English reader than the magnitude of the interests involved, as regards the city of Dublin, those of its poorer inhabitants who require gratuitous Medical aid, and the stability of its justly esteemed school of Medicine. And in contrast with all these great interests, the smallness of the annual sum required is no less striking, viz., somewhat less than 16,000*l*. Such, in reality, is the sum which, equalling about half the income of one of our great London Hospitals, is found, after most close and careful inquiry, to suffice for the maintenance of a large element in the valuable clinical school of Dublin, and to afford the most material aid to some of the largest and most necessary of the public Institutions of that city, provided to meet and arrest the ravages of endemic and epidemic disease, and to shelter the poor from the effects of injuries and accidents.

Some theory or other, doubtless, must have been present to the minds of the Commissioners of 1848, if we suppose them to have been at all actuated by a sense of the responsibility which attached to their recommendations. In withdrawing public aid from the Dublin Hospitals, they must have thought that the citizens of Dublin were able and willing to take upon themselves the entire support of their public institutions, and to meet their wants by increased charitable donations and subscriptions. Of the utter futility of such a view, the evidence of the present Report supplies the most ample proof, from the most various, opposite, and unbiased sources. The experiment was a most dangerous one—tested as far as it was allowed to go, it proved a complete failure; one Hospital (the Whitworth) was obliged to be closed, and remained so for three weeks, but was re-opened at the personal risk and on the orders of the then Lord-Lieutenant of Ireland. Again, this experiment, even if of absolute necessity with the economists, had no support in precedent; and when partially tried, even in London, it signally failed. Charity is doubtless a great aid; and in the City of Dublin, in proportion to its means, never have appeals to the charitable feelings of its citizens been made in vain; indeed, those familiar with that city will admit, that nowhere are calls so numerous so freely, often munificently, met. But it could not be expected that that would be accomplished in Dublin by charity alone which, as far as we know, is not thus effected in any other city, viz., the entire, unaided support of all its public Hospitals. The Report of the Commission supplies us with abundant and most convincing evidence from the most competent authority (members of the Irish Poor-law Board), as to the total inability of the city to meet such large additional claims as would be thrown on it by the withdrawal of the public grants to its Hospitals. The poor population of Dublin bears a very large proportion to the whole of its inhabitants; the City is subject to the influx of the poor of the country at large, which, as shown by the evidence of the Irish Chief Commissioner of Poor-laws, sometimes takes place to a very large extent, and this has been actually the case within the last two years. The effects of this immigration are much felt, and press heavily on the citizens; and it may be here stated, that in the current

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year the demands on the score of poor-rate in the City of Dublin are nearly double what they were last year.

Under such circumstances, and others of a similar kind, which it requires a close intimacy with the internal economy of the city of Dublin fully to appreciate, it would be both unjust and practically unwise to throw on the citizens of Dublin a burden which they are incapable of meeting, and which the inhabitants of no other city are called on to bear. These Hospitals were not at all times thus wholly dependent on those vicissitudes of fortune to which they are now exposed, and the precarious support of an annual grant, liable to be withdrawn at the will or caprice of economic experimenters. The highly valuable evidence of Mr. Wilde (among the most important in the whole Report) has established that lands were attached, in former times, to various religious establishments in Dublin, which answered the purposes of the Hospitals of the present day, and which lands were confiscated at the Reformation, no such restoration of them to their original charitable intentions having been effected as took place with regard to the similar Institutions in London and elsewhere, which still continue to enjoy their permanent and inalienable sources of large income. It was therefore with great pleasure that we read the unqualified recommendations of the Committee of 1854, that the grants be restored to their original amounts, the sum thus annually required being only about 16,000*l.*

But while we highly approve of the continuance of the grant to the amount recommended by the Committee, from circumstances which have recently come to light, it is very probable that an alteration may take place in the distribution of the sum. Many persons are under the impression that those Hospitals only which heretofore received aid from the State were to be continued on the pension-list. Applications have, however, been made (as, indeed, we long anticipated they would) by other Institutions, some so lately as the last month, for a redistribution of the 16,000*l.* a-year. What the result of this may be it is difficult to state. The Government, as shown by the Lord-Lieutenant's answer to the Deputation which lately waited on him respecting the Dublin Hospitals, intend issuing a Commission for inquiry into the propriety of consolidating some of the small Hospitals. This is a very serious question indeed, and one not to be treated lightly, either as regards the public advantage, or the future progress of the School of Medicine.

There are certain other special recommendations relating to proposed means of rendering these Institutions more effective, to which we shall advert at an early opportunity.

THE RECENT MEDICAL APPOINTMENTS IN THE EAST INDIA COMPANY'S SERVICE.

THE following is a copy of the Report, dated the 13th January, 1855, sent to the Commissioners for the Affairs of India, by the Examiners appointed for the examination of candidates for the appointment of Assistant-Surgeon in the Service of the East India Company:—

"13, Harley Street, Cavendish Square, Jan. 13, 1855.

"SIR,—We had the honour to inform you, in our letter, dated January the 1st, that our arrangements for the examination of candidates for the appointments as Assistant-Surgeons in the Honourable East India Company's Service had been completed. We think it right to state, that in making these arrangements we received from the authorities at the India House the most cordial assistance; and that Dr. Scott, the Physician to the Company, afforded us, at all times, the most friendly and valuable co-operation.

"The examination commenced on the 8th, and terminated on the 11th of January. It was conducted in accordance with the plan which has been submitted to you, and honoured with your approval.

"On Monday and Tuesday, January 8th and 9th, the candidates were examined in writing, in medicine, surgery, anatomy and physiology, and natural history. Three hours were allotted to each subject. Copies of the questions are annexed to this letter.

"On Wednesday we proceeded to the oral examination. Each candidate was questioned on the various subjects for an hour.

"Thursday, January 11, was occupied with practical examinations in Medicine and Surgery. These were conducted at University College Hospital, where convenient rooms had been placed at our disposal by the authorities. Here were assembled from various sources (not from the wards of the Hospital) a number of patients with well-marked Medical and Surgical complaints. Each candidate was called upon to examine a Medical and a Surgical case, and then to write briefly his opinion of their nature, and the plan of treatment he would adopt. The examiners in surgery and in anatomy then tested the candidates in operations on the dead body, one capital and one minor operation being assigned by lot to each candidate.

"From the result of this complete examination of the twenty-eight candidates who presented themselves, we are of opinion that those whose names are subjoined are fully qualified for appointments; and, among these, several displayed such superior acquirements, as to make us certain that they will become distinguished members of the Service.

"We have, &c.

"GEO. BUSK
Jos. D. HOOKER, M.D.
JAMES PAGET
E. A. PARKES, M.D.
} Examiners.

"The Right Hon. Sir Charles Wood, Bart., M.P."

The following are the names and qualifications of candidates recommended for the appointment of Assistant-Surgeon, arranged in order of merit:—

Marr, George, M.D., L.R.C.S.E.; Chuckerbutty, Soorjo C. Goodeve, M.D., M.R.C.S.; Brake, John, M.R.C.S. Eng.; Hill, Marcus G., M.R.C.S. Eng.; Mantell, Alfred A., M.R.C.S. Eng.; Collison, John B., M.R.C.S. Eng.; King, John B., M.R.C.S. Eng.; Morgan, Arthur, L.R.C.S.I.; Brown, James, M.R.C.S. Ed.; Doyle, William, F.R.C.S.I.; Lloyd, Edmund E., M.R.C.S. Eng.; Niven, William, M.D., M.R.C.S. Ed.; Lowe, Thomas, M.R.C.S. Eng.; Cook, Henry, M.R.C.S. Eng.; Dick, Robert, M.D., M.R.C.S.; Atkins, Henry, M.R.C.S. Eng.; Webster, Henry, M.R.C.S. Eng.; Watson, Richard, L.R.C.S.I.; Dunman, George, M.R.C.S. Eng.; Drew, Charles, M.R.C.S. Eng.; Falconer, Daniel M., M.D., M.R.C.S. Ed.; Foy, James A., M.R.C.S. Eng.

We have already published the questions proposed to the candidates, and congratulate those gentlemen who have proved successful upon obtaining the first appointments offered by the Government in this country to open competition.

A "respectable representative of Bumbledom" has objected to the examination, because, he says, "Out of sixty-nine questions no less than thirty-two are devoted to zoology and botany!" Now, only 2 questions in zoology were required to be answered, and only 5 in botany. As 10 answers were required in anatomy and physiology, 7 in Surgery, and 12 in medicine, the number on zoology and botany can scarcely be considered disproportionate, if it be admitted that any test of knowledge in those branches of science be desirable. It is quite true that there are twenty-nine questions on zoology and botany on the paper, but it is as expressly stated that only seven of them need be answered. It is, therefore, clear that the large number of questions was an assistance, rather than a difficulty, to the candidates, for it would be hard if, out of twenty-nine questions, some easy ones could not be discovered. Indeed, so large a number appears to have been given expressly to facilitate the admission of gentlemen who, otherwise qualified, might not have devoted special attention to either zoology or botany.

The next examination will take place in July, when it is expected that about fifty appointments will be disposed of; truly a vast stimulus to the rising generation of the Profession. Direct and immediate advancement is seldom offered as the reward of labour. It is so in this case; and we trust our younger brethren will exert themselves to obtain it.

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REVIEWS.

Elementary Treatise on Chemistry. By WILLIAM GREGORY, M.D., F.R.S.E., Professor of Chemistry University of Edinburgh. Pp. 353. Edinburgh, 1855.

THIS Treatise first appeared as an article in the "Encyclopædia" several years since, at a time when chemistry was comparatively in its infancy. Dr. Gregory's present work retains the condensed encyclopædial form, while it embraces the most abstruse departments of chemical science; the consequence is, that, while it is too short to satisfy the advanced student, it is in many parts far too speculative and theoretical for the comprehension of the beginner.

Like all treatises on general chemistry, it is divided into two parts,—the inorganic and the organic. The first occupies 253 pages, and contains a very good general view of the properties and combinations of the elementary bodies, together with an exposition of the laws of chemical action. The organic division occupies scarcely one hundred pages, and is, we think, the least satisfactory part of the work. In offering this opinion, we by no means desire to detract from Dr. Gregory's reputation as an authority in organic chemistry; for his special treatise on that part of the science is one of the best in our language; but, in a work on general chemistry, bearing the title of an Elementary Treatise, we think that the most plain and intelligible views should alone be offered to the beginner. Now, the organic portion of the present work, although it would appropriately form a philosophical paper for a learned Society, is quite above the comprehension of a student; and the whole history of Homologous Series, although exhibiting a profound knowledge of his subject by Dr. Gregory, and deeply interesting to the advanced chemist, is far too hypothetical to be yet received as a component part of the established science of chemistry. When we find, for instance, the well-known substance ammonia associated with such sesquipedalian compounds as trimethylamine, triethylamine, triamylamine, methylodithylamine, ethylodiamylamine, and methylethylamine, we cannot wonder if the bewildered student should abandon the pursuit of organic chemistry in despair. For even if the neophyte were to commit these names with their atomic formulæ to memory, he would find that other authors either ignore the existence of some of these bodies, or give different views of their relations and composition; or he might even discover hereafter that Dr. Gregory himself had changed his opinions in another edition. We are quite aware that organic chemistry is in a transitional state, and that what is thought to be true to-day may be found untrue to-morrow; and we therefore think it the more essential to present to the learner only that which is established, and to reserve for philosophical discussion the shifting phases of the science. For these reasons we fear that Dr. Gregory's present Treatise will not contribute much to the extension of chemical knowledge.

The Age of the Ox, Sheep, and Pig; being the substance of Two Lectures delivered before the Royal Agricultural Society of England. By JAMES PEART SIMONDS, Professor of Cattle Pathology in the Royal Veterinary College. Pp. 118. London. 1854.

IN these Lectures, Mr. Simonds deduces certain rules for ascertaining the ages of the ox, sheep, and pig, by the appearances presented by their teeth. Mr. Simonds shows himself to be well acquainted with comparative dental anatomy; and his observations, illustrated by a great variety of well-executed engravings, deserve the careful attention of all who are interested in this department of the veterinary art.

Observations on the Nature and Treatment of Cholera. By THOMAS AICKIN, M.D. F.R.C.S.I., late Professor of the Practice of Medicine to the Apothecaries' Hall in Ireland. Pp. 60. Dublin. 1854.

Dr. Aickin's observations are characterised by learning, experience, and good sense. He does not propose any new theory of the nature of cholera, nor does he extol any special remedy in its treatment. He is inclined to favour the views of the non-contagionists, and draws a comparison between cholera and the destructive epidemics of the Middle Ages. In the treatment of the disease, Dr. Aickin recommends the employment of acetate of lead and opium in checking the premonitory diarrhœa; speaks with approbation of the use of calomel in moderate doses; deprecates the excessive administration of opium; approves the employment of moderate stimulants; and regards the injection of the veins by saline fluids as a valuable remedy in extreme cases. In order to obviate the dangers attendant upon this latter mode of treatment, Dr. Aickin recommends a peculiar form of injecting instrument, the construction of which he describes; but he does not relate any instances in which it has been successfully employed.

On Lateral Curvature of the Spine; its Pathology and Treatment. By B. E. BRODHURST, Assistant-Surgeon to the Royal Orthopædic Hospital, etc. London. 1855. 8vo, pp. 67.

MR. BRODHURST'S contributions to Orthopædic Surgery in the past volumes of this Journal have made him favourably known to our readers. The pamphlet before us is equally creditable to him. It contains many practical observations on the causes, symptoms, pathological anatomy, and treatment of spinal curvature; the author insisting especially on the removal of the primary before acting on the secondary or compensating curve, and insisting that no spinal curve can be removed by pressure on the convexity, but only by raising its superior extremity. He describes and figures an instrument adapted for this purpose, and gives several plates illustrative of its effects. We can recommend the pamphlet to all those interested in the treatment of spinal curvature.

Lithotomy Simplified. By GEORGE ALLARTON, M.R.C.S., &c. 8vo. Pp. 80. London: 1854.

THOUGH Mr. Allarton's personal experience has been limited to three cases, he certainly strengthens the position of the advocates for lithectasy. The principle of dilating rather than incising the prostatic portion of the urethra and the prostate is well worthy of being further tested by experiment, and Mr. Allarton's pamphlet is calculated to assist in the investigation.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

UPON THE DISCOVERY OF A PRESERVATIVE MEANS AGAINST THE SYPHILITIC VIRUS.

By M. A. RODET.

THE following is extracted from an oration delivered at the public meeting of the Council of Administration of the Hospitals of Lyons, December 30, 1854, and published in the *Compte Rendu* of the Surgical Practice of the Antiquaille from January 1, 1849, to December 30, 1854.

When syphilis made its appearance in Europe at the end of the fifteenth century, it spread with unheard-of rapidity, and struck its victims with terrible intensity. But it was soon seen that the scourge lost by degrees part of its fury. Thus, the authors who described it half a century later, expressed a belief that it would be but temporary, and that it would vanish as had done the leprosy, that other equally severe infliction. This prediction has not been realised; and, unhappily, nothing announces that it is likely to be so in these days. Maintained and propagated by passions which nature never has allowed to be stifled, syphilis extends more and more instead of disappearing. It insinuates itself by degrees into villages, into hamlets, and sometimes into humble cottages, where it had been long excluded by the pure and simple habits of the inhabitants. That it assumes a less severe form at present than heretofore, is due to the greater power which art has acquired in combating it.

When we reflect upon all the ravages which this disease has produced; when we consider the number of victims which it incessantly attacks; when we think of the numbers who, ignorant of the gravity of the evil which consumes them, submit to no kind of treatment, and transmit to their offspring the poison which circulates in their veins, it is impossible not to feel afraid, and to appeal to all who have experience in the disease, to discover some efficacious remedy, which, attacking the malady at its source, will prevent its propagation, render it more uncommon, and end by causing its entire disappearance.

Many attempts have been made to obtain this desirable result; but, up to the present time, none have succeeded.

Syphilisation, the most audacious of all, has realised none of its brilliant promises. Seduced by flattering reports, I gave it

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one trial; and this one sufficed to convince me of both its impotence and its dangers.

Syphilitic vaccination, imagined by M. Diday, comes out more modestly and more innocent. Its object is solely to prevent constitutional syphilis in those suffering from primary chancres; but, as all indurated chancres are excluded from its sphere, it is obvious that it pretends to protect only those patients least exposed to general infection.

Convinced that nothing at present authorises us to anticipate a syphilitic vaccine virus, and that such a virus, even if discovered, would be extremely difficult of application, I determined to direct my investigations to another quarter, to endeavour to discover a substance endowed with the property of completely neutralising the syphilitic virus, even some hours after the latter had been introduced under the skin or the mucous membrane, and of destroying it before it had time to produce the least effects. The problem was difficult of solution, for it was necessary that the substance should combine some conditions almost irreconcileable. Thus, it must have a force sufficiently energetic to destroy the virus, but not to cauterise the punctures or excoriations. It must be sufficiently fluid to insinuate itself into the tissues, through the smallest puncture or fissure; it must not irritate the skin or mucous membrane by contact; it must be incapable of producing any constitutional effects by absorption; no ingredient of high price must enter into its composition, to prevent its coming into common use.

I was sure that such a fluid might be discovered, though with difficulty; for in 1812 Luna Calderon found out a neutralising liquid, the composition of which he kept secret; and in November, 1853, I instituted a series of experiments, by which I arrived at some results which I propose to publish in a more extended form on some future occasion.

For some time I had been occupied in watching the effects produced by different chlorides employed in the dressing of chancres and ulcerated buboes, and I remarked, that, of all remedies, the chloride of zinc possessed the most remarkable properties. Dissolved in thirty to forty times of distilled water or alcohol, it powerfully modifies the surface of chancres, transforms them rapidly into simple sores, especially when elevated, and induces cicatrisation in a very few days. It has no effect on the skin when the epithelium is intact, and it passes through the least fissures.

Dissolved in eight times its weight of distilled water, and applied to a puncture recently inoculated, it destroys the virus and prevents the formation of a chancre; but, as it slightly cauterises the interior of the puncture, there forms around, at the end of two or three days, a slight inflammatory zone, whence results a simple pustule, which ordinarily lasts six to nine days.

The chloride of zinc, therefore, does not fulfil all the desirable conditions; it protects, but it cauterises.

The iodide of zinc, the chloride of cadmium and barium produced analogous effects; they protect, when the solution is sufficiently concentrated, but they give origin to simple pustule. The chloride of iron does not cauterise the punctures, but it does not protect, nor does it ever retard the progress of the virus. Whatever may be the amount of the concentration, no other result is obtained. The preparation, however, appeared to me to be valuable, and I therefore endeavoured to give it, by combination, those properties which it did not naturally possess. After some experiments, the problem seemed to be solved. Having applied to an inoculated puncture a solution of perchloride of iron and citric acid, protection was obtained in a most undeniable manner. I repeated the experiment a certain number of times, and always with the same result, when I was suddenly stopped by one of those unforeseen occurrences which disturb most scientific investigations.

The sample of perchloride of iron which I had hitherto used being exhausted, I procured another, which I found not to possess the same properties. No preservation was obtained, neither with the same nor with stronger doses. I tried in vain to procure a specimen similar to the first, and, from constant failure, was beginning to doubt the accuracy of my first observations, when I discovered two little vessels of the original perchloride in my cabinet. The results here obtained were precisely the same as at first.

I now proceeded to investigate the nature of the differences between the two sets of preparations. The perchloride first used was quite soluble in distilled water; the others threw down a deposit. By adding to the new samples a sufficient quantity of hydrochoric acid to render them completely soluble, a fluid was produced exactly similar to that which had in my early experiments proved so efficacious, and therefore it was necessary to determine—

1. What are the doses and the compositions which preserve the best without irritating the sound tissues?
2. What is the most simple and efficacious manner of employing the remedy?
3. What are the appreciable effects upon the punctures of inoculation?
4. What is the duration of time during which the remedy possesses a preservative power, and what are the modifications which its effects produce at different periods from the insertion of the virus?
5. What are the causes which make the preservative effects of the remedy vary?
6. What are the other applications of which the remedy is susceptible?

From the very numerous experiments which have been instituted, the following propositions are laid down:—

The best formula is,—

Distilled water	32 grammes = ℥j. + ℥iss.
Perchloride of iron Citric acid ..... Hydrochloric acid	aa. 4 grammes = (approx.) ℥j.

A similar fluid may be made by omitting the citric acid and augmenting the dose of the hydrochloric acid one-third. The most simple method of employing the remedy consists in letting fall one drop upon the part inoculated by the virus, and in letting it remain there ten or fifteen minutes; or by applying to the part a piece of lint soaked in the fluid. If the contact of the liquid is of too short duration, the preservation is incomplete, and an ulcer forms, which advances slowly, and may be regarded as an imperfectly-formed chancre.

If the lint or charpie be applied for the space of one hour the preservation is complete. A shorter time might suffice, but no inconvenience would result if the fluid were allowed to remain twenty-four hours.

At the moment of application the patient feels a smarting sensation, which lasts but an instant; a minute afterwards the puncture becomes raised so as to form a pimple, and spreads from the centre to the circumference, so as to resemble a gnat bite. In about half an hour it ceases to extend. In two hours it begins to disappear, and shortly afterwards there is no trace left. This elevation is a certain proof that the fluid has penetrated the puncture, and permeated the subjacent tissues. Preservation may be obtained even when the virus has produced no appreciable effect upon the spot where it has been applied. At the end of two, four, or six hours, its effects are as complete and lasting as if it were applied immediately after inoculation. Should the inoculation have produced sensible effects, such as the formation of a pimple or of a pustule, the absorption of the liquid goes on badly; consequently, the patient is imperfectly protected. Cauterisation with a piece of nitrate of silver is then the only sure method. The effects of the preservative liquid may be modified, not only by the doses of the active substances which enter into its composition, and by the duration of its contact with the contaminated parts, but also by the degree of activity of the virus employed. Weak doses have preserved in some instances, and in others produced unsatisfactory results. Hence it may be inferred, that the syphilitic virus is the more energetic in proportion as the ulcer which it produces is more recent.

The liquid acts beneficially upon simple ulcers by causing a puriform secretion when deficient.

The vaccine virus is completely neutralised by this liquid, and perhaps its opportune application to those parts of the body where cicatrices are a source of disfigurement in small-pox, may be attended by a similar good effect; the poison may be neutralised and the progress of the pustule stopped.

Finally, can this liquid neutralise the poison constituting the disease known as hydrophobia as well as that of syphilis or small-pox. If experience should reply in the affirmative, science will have made an important step. As the remedy does not cauterise the tissues, it may be freely applied to the bitten parts, even in event of there being a shadow of suspicion that the animal was diseased. Cauterisation is at the best a painful mode of treatment, from which people shrink in terror. To be effectual it must be very extensive, and it has failed even when applied by experienced hands.

In thus making public a mode of neutralising the syphilitic virus, I have performed a sacred duty. I trust that it may be permitted me to follow up its application, and to be the means of throwing a veil over one of the most hideous sores of society. Should it prove a successful plan, and become received with favour, I fancy that I hear already from afar the murmur of the reproach of immorality. Should such a cry be raised I shall rebut it with all

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the energy in my power. That which is immoral is the debauch, depraved habits, promiscuous intercourse; it is, in short, all that can render necessary the employment of prophylatic measures. It is an act of immorality on the part of the Surgeon to hold in his hands the means of preventing a great evil, and from some motive to neglect to use it. Medicine resembles charity; it should do good with the head turned aside; its sacred duty is to cure evils, from whatever source they emanate, and to protect mankind as well from syphilis as from any other scourge.—*Gazette Hebdom.*, Jan. 12, 1855.

UPON THE GASTRIC GLANDS IN MAN.

By Dr. F. SCHLAFFER.

1. The author found no racemous, (grape-like) glands in the gastric mucous membrane; the appearance of divided acini is due to the transverse or oblique section of the lower extremities of the closely-packed gland-follicles, which cross one another in various directions.

2. The seat of gastric catarrh is either the whole mucous membrane or only a part; or there appear at different parts evidences of both a fresh and of an old catarrh. In the greater number of instances it is the pyloric end which is most affected; then comes the adjoining part of the middle gastric region, especially along the greater curvature; next the fundus ventriculi. The cardiac extremity and the lesser curvature are most rarely attacked. The colour of the mucous membrane of the stomach in catarrh shows all the usual shades of colour from a light pink to a brownish red. In recent catarrh, the distended blood-vessels form a network around the opening of the several glands, which project somewhat as if swollen. This condition often shows itself in the pylorus, and passes gradually into a dark grey colour. In this morbid change the gastric mucous membrane is more or less swollen, and forms longitudinal folds, which depend upon a slight increase in size of the individual follicles, mostly containing only a granular matter. By the long continuance of the catarrh groups of glands become swollen, and form irregular elevations. At the pylorus, villi may be developed. In chronic catarrh the organ is seen studded with white spots, consisting of the gastric follicles filled by large epithelial cells.

3. The gastric mucous membrane of a young man who died of necrosis of the femur and of Bright's disease, exhibited a peculiar white, finely-punctated appearance, and rough. The author discovered upon it an exudation layer, which disappeared on the addition of acetic acid. The white spots were the openings of the glands, which were smaller than natural, and filled by a tough granular substance containing lime. The author relates the case of a very large cancerous sore of the pylorus, around the circumference of which was seen that condition of the mucous membrane which Reinhardt has described as hypertrophy of the gastric follicles.—*Virchow's Archiv.* VII., 1., 1854.

UPON THE DRAGONNEAU OR THE MEDINA-WORM.

By M. CLOQUET.

M. Cloquet directed attention to some circumstances connected with the Medina worm, a specimen of which was to be seen in the service of M. Malgaigne. The Professor observed, that he had never had an opportunity of witnessing more than three examples during the whole course of his long practice, and he avows that he has never studied them otherwise than pathologically. Upon each occasion this singular parasite has shown itself along the course of the saphena vein between the skin and the aponeurosis, under the form of a small elongated tumour, slightly red and sensible to the touch. Most commonly these symptoms, which may accompany other lesions, render the diagnosis difficult; and it is not rare, as was the case with M. Malgaigne, that the patients themselves are the first to perceive that a worm is the real cause of their complaint. This worm reproduces itself with great rapidity. Its broken tail has been seen to elongate in twenty-four hours two-thirds of an inch. It has two distinct extremities,—one, the larger, possesses an aperture which constitutes the mouth; the other, tapering, but long, represents the tail. At the middle of the animal is an opening, the termination of the digestive canal or the anal outlet. The entire body is composed of rings united one to another; those of the thicker portion, or body, being broader than those of the tail. By pressure a transparent liquid readily flows from the body of the worm. Under the microscope this is seen to contain an infinity of filiform animalcules, twisting about by their own peculiar movement. They are the young worms, and resemble the parent in every respect.

M. Boucher de la Ville-Jossy claimed the priority of this last discovery in favour of M. Deville, who had the opportunity of making it many years ago at the St. Antoine Hospital in the service of M. Berard.

M. Cloquet observed, that he had not been aware of the discovery of M. Deville, and that he had no desire to deprive him of the merit of the discovery. He remarked, that he could not yet determine the difference between the male and the female. Probably this arose from the fact, that the former was so rare as not to have presented itself. The same fact has been noticed respecting the ascarides lumbricoides. There is usually found but one male to a dozen females.

M. Bourguignon remarked, that the female acarus of the sheep, before arriving at a complete organisation which renders it fit for reproduction, passes through three successive transformations; and he asked, whether such changes, from which the male is free, would not be of service in determining the difference of the sexes.

M. Denonvilliers observed, that the Medina worm attacked almost exclusively the inferior extremities. It was rare in France, but common in Africa and in Russia, especially in marshy districts and along the course of the Neva.—*Transactions of the Medical Society of the Second Arrondissement. L'Union Médicale*, January 9, 1855.

EXPLORATION OF THE RETINA BY MEANS OF A NEW OPHTHALMOSCOPE.

By M. A. ANAGNOSTAKIS.

After having reviewed the different ophthalmoscopes of MM. Helmhaltz, Follin and Nachet, Ruette, Jaeger, jun., and Coccius, the author describes that which he has himself invented, and which seems to us to possess considerable advantages over all others.

The instrument consists simply in a small concave mirror, round, and of a diameter of one inch and a-half, of a focal distance of four inches and a-half; the surface, tinned over, is covered by a plate of blackened copper. The centre of the mirror is pierced by a widening aperture of two lines (four millimetres) diameter. A little ivory handle serves to hold the instrument.

The patient, whose pupils have been previously dilated by a solution of the neutral sulphate of atropine, is seated in a darkened chamber by the side of a table, on which is put a good lamp deprived of its globe. The lamp should be as close as possible to the patient, and the flame brought to a level with the eye about to be examined. The Surgeon, seated in front of the patient, holds the instrument, the reflecting surface turned towards the eye to be examined, the posterior surface applied to the eye of the examiner in such a way that the eye can look through the central aperture of the mirror.

This being done, the Surgeon turns the instrument a little inwards: a luminous reflection is cast upon the diseased eye. On withdrawing it a little, he sees the reflection growing smaller and smaller, until it becomes oblong, constricted, and very brilliant.

A look is then taken obliquely through the hole in the mirror into the eye subjected to exploration. It is in this situation, a little modified, according to circumstances, that one perceives the different alterations in the retina and in the media of the eye.

The author, who has explored in this manner a great number of diseased eyes alone or in concert with M. Desmarres, has obtained the following important results:—

1. *Exploration of the Crystalline Lens.*—Upon three patients supposed to be suffering from amblyopia, M. Desmarres ascertained that there were three incipient cataracts which had escaped observation. The author affirms, that every opacity can be thus detected.

2. *Exploration of the Vitreous Humour.*—In three patients suffering from different degrees of troubled vision, M. Anagnostakis has observed corpuscles of a more or less deep brown colour, of different forms, and of variable volume seated in the vitreous humour. Are they inflammatory effusions, or rather traces of former hæmorrhages. In a patient affected with synchisis M. Desmarres has seen these corpuscles replaced by crystals of cholesterine.

3. *The Retina.*—The instrument has revealed injections of the vessels of the retina and sub-retinoid ecchymoses. In one patient there was a true sanguineous effusion under the whole retina, apparently from former hæmorrhages. Three times did M. Anagnostakis diagnose sub-retinoid dropsies.

Finally, M. Anagnostakis thinks that in one patient he saw thickening of the retina.—*Gazette Médicale de Paris*, No. I., Jan. 6, 1855.

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PROVINCIAL CORRESPONDENCE.

SCOTLAND.

EDINBURGH, Feb. 3, 1855.

NEWS has just reached us of the death of Dr. Alexander Struthers, a highly accomplished young man, a brother of the Lecturer on Anatomy in the School of the College of Surgeons. He had enjoyed every advantage of education; and, having graduated last year, proceeded on a temporary appointment to our Army in the East, to extend his professional knowledge. He has fallen as many a brave one has done beside him, and adds another to those whose loss we must ever deplore.

THE LORD JUSTICE CLERK *v.* SYME.

The peculiar facility which Mr. Syme has for offending other people by the language he employs, has disturbed even the dignity of a Judge, and brushed the ermine a little up against the hair. On meeting his students after the trial, Mr. Syme indulged in some remarks on the decision, which he caused to be published in the pages of his new ally, the *Lancet*. From it they have been copied into some Edinburgh newspapers, and attracted the notice of the distinguished Judge who presided at the trial. In consequence, he made the following clear and able statement of his views of the case, which I think it right to send you in full, as your Contemporary is doing its utmost to circulate the very one-sided statement of Mr. Syme.

"COURT OF SESSION—SECOND DIVISION.

"THURSDAY, FEB. 1.

"GLOVER *v.* SYME.

"Motion was made to apply verdict and for expenses on the part of the pursuer.

"On this motion being made,

"The Lord Justice Clerk inquired if there was any opposition to the motion being granted.

"Mr. Macfarlane answered: No, my Lord.

"The Lord Justice Clerk then addressed the Court as follows: —Your Lordships are well aware that I care as little as anybody for any remarks that may be made about me out-of-doors. But I think it right to make a statement in regard to this case, because there might otherwise be an impression left on the minds of the public most detrimental to the administration of criminal justice in the kingdom, and tending to create great distrust of the way in which the office of public prosecutor is discharged. After the late trial, I saw published the report of a lecture by the very eminent Surgeon who is the defender in this case. Your Lordships will recollect that the calumnies complained of by Dr. Glover arose in consequence of Mr. Syme thinking there were improper practices going on in the country, particularly in the county of Edinburgh, and under the authority of the Lord Advocate, with regard to taking secondary Medical evidence, instead of taking what is called primary Medical evidence; that is to say, omitting to call the individuals who had attended the parties who may have died, and sending the police Surgeon or others to inquire about them, and using them as Medical witnesses instead of those who could give the best information; and it was in the course of Mr. Syme's remarks on that subject that he made those reflections on the proceedings of Dr. Glover which ended in a verdict against him, with 250*l.* damages. Now, my Lords, I see that in that lecture, which seems to have been published with his authority, Mr. Syme, having evidently received some most extraordinary misrepresentations of what passed at the trial, says, that having done all he could to correct this great defect—which, if it existed, would be a great defect in the administration of justice—it had now received the sanction of the Judge at the head of the Court of Justiciary; and that the country, unless it chose to take the matter up, must suffer the consequences of that system. Now, it so happened, as the Counsel in the case well know, that my great object was to tell the Jury that we had nothing whatever to do with that matter at all, and that the sole question to be tried by them was whether there were certain calumnies in these papers against Dr. Glover individually. No doubt, the eloquent Counsel for Mr. Syme, Mr. Patton, endeavoured to enlist the feelings of the Jury in favour of Mr. Syme by saying that he was fighting a public battle; and if he used some language which was a little strong, it ought to be forgiven for the motives for which it was used. But my object was specially to tell the Jury that neither they nor I had anything to do with this at all. So far from giving any approbation to that course which Mr. Syme condemns, on that or on any occasion, I have myself, both in the High Court and on Circuit, commented pretty sharply on some cases in which the Surgeon first called in, and who had attended the deceased or injured person, had been omitted; but in this instance I pointed out to the Jury that Dr. Glover had been sent for to see a boy in the Infirmary, not with a view of giving Medical evidence, but solely for the purpose of telling the Sheriff whether he was in a fit state to be examined or not, in case his life was in danger. And there might have been reasons why a Magistrate might wish for such a purpose to employ a Medical man who had received instructions as to what was to be attended to, and with the view of ascertaining this particular point. And this case afforded a good deal of illustration as to the necessity of sending somebody who understood what matters were to be attended to on such occasions; because, having seen the doctor attending the patient, Mr. Syme's assistant, that gentleman told him that the boy was in great danger—that there was great danger of mortification—and that the necessity of amputation was under consideration. He did not choose to state that Mr. Syme had declared, the day before, that there was no danger, and that there was to be no amputation; and, accordingly, Mr. Syme had the satisfaction of seeing the boy produced in the witness-box with as good a limb as anybody could have. But, supposing that gentleman had stated both his own opinion and Mr. Syme's, the police Surgeon would naturally have reported these opinions to the Sheriff, and the Sheriff, acting on the opinion of the Medical attendant, or on the more skilful opinion of Mr. Syme, might have taken such steps as were rendered necessary. All this just shows that, for that special purpose, it may be proper for a Magistrate, if he thinks fit, to send a person whom he has instructed to attend to particular points in that case, and so to make such a report as the police regulations seem to require. Whether or not such report should be made by a person who is not the individual in attendance is a different question. But I was anxious it should not be given forth, on the authority of this lecture, that I had assented to the substitution, in the Criminal Courts, of inadequate Medical evidence for the best. My colleagues know that I have the reputation of being too quick in finding out defects in the evidence. It was a matter of great surprise to me to see that remark made by Mr. Syme. However, so far as I was concerned personally, I should never have noticed it, but that it might have created great distrust in the administration of criminal justice, if that statement went forth without contradiction. I therefore think it right to notice it, though I would not otherwise have done so. It must be satisfactory to Mr. Syme to be informed that that statement was a total and complete misrepresentation of what passed at the trial."

The verdict was then applied, and the pursuer was found entitled to expenses, a remit having been made to the auditor to tax the same, and to report.

"Edinburgh, Feb. 6.

I hasten to complete the interesting and important question of primary Medical evidence by sending you a reply by Mr. Syme, (addressed to his class), to the speech of the Lord Justice-Clerk:—

"Gentlemen,—In adverting to the late trial which so deeply concerned the character of our Profession, I intimated my intention of abstaining from any further attempt to oppose the present system of selecting Medical evidence in Scotland, under the impression that everything in my power to remedy this grievance had been done. But it appears, as you will see from the newspapers, that the Lord Justice-Clerk has thought proper to make, from his seat on the bench, a reply to my statement, which cannot be allowed to pass unnoticed. At the trial Mr. Glover declared that his mind was satisfied as to the state of the boy Clark before he saw Dr. Dobie; while it was proved that neither then, nor at any other time, had he seen or examined the injured parts. Yet, according to what was stated to be a verbatim report of his charge, published in the *Lancet*, the Lord Justice-Clerk told the jury that Mr. Glover was warranted in certifying 'on soul and conscience' as to the existence of a fracture, because he had been informed at the Police Office that there was one. The Judge then, in the most public and authoritative manner, recognised the validity of secondary or hearsay evidence; but now that a storm of indignation has been raised throughout the country, he tells us that he never meant to sanction any undue laxity in the admission of Medical testimony, it being well known that he is almost over-scrupulous in this respect. As it would, however, be rather difficult to reconcile his charge in the Jury Court with his practice in the Justiciary Court, he endeavours to establish a new distinction in regard to the value of evidence. Hitherto it has been supposed

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to depend upon the source from which the evidence proceeds, but, according to His Lordship, it should be estimated with reference to the object in view,—secondary or hearsay evidence being quite sufficient to put a man in prison, but unavailing for restoring him to liberty. Thus the peculiar sort of evidence collected by the Procurator-Fiscal for immediate use fully warrants the Lord Advocate or Sheriff to incarcerate for alleged offences; while testimony of a similar quality, afterwards produced at the trial in defence of an accused party, would, the Lord Justice Clerk says, be instantly set aside. My colleague, the Professor of Medical Jurisprudence, will, therefore, in future, have to tell his class, that, according to the present administration of Criminal Law in Scotland, there are two sorts of evidence, which may be distinguished as hearsay or Procurator-Fiscal's, and authentic, or that of the Justiciary Court. But, if the Lord Justice-Clerk's Court is so fastidious as he alleges, in regard to the admission of Medical evidence, I should wish to ask how it could happen that a man was sentenced to death by this tribunal for the murder of a woman, without any examination of the Medical men under whose care she died, or any information as to the cause of death, except from persons who had not seen her in life? Be this as it may, I venture to hope, that any efforts to expose the impropriety of employing secondary evidence in judicial investigations will not prove fruitless. Attention has now been fully awakened to the subject; and I need hardly say, that the most obstinate adherence to official custom cannot long resist the force of public opinion."

GENERAL CORRESPONDENCE.

THE CHOLERA IN THE BALTIC FLEET.

[To the Editor of the Medical Times and Gazette.]

SIR,—A communication of mine appeared in the *Medical Times and Gazette* of the 12th of August last, containing a suggestion to the effect that, in the absence of direct intercourse with cholera patients, this disease might have been introduced into the Baltic Fleet by drinking the water of the upper part of the Baltic, which receives the sewage of Cronstadt and St. Petersburg, where cholera was prevailing last summer.

There is nothing in the report on cholera, by Sir William Burnett, in the *Medical Times and Gazette* of to-day, which, in my opinion, either confirms the above suggestion, or sets it aside, although the author quotes a passage intended to show that cholera could not have been introduced into the Fleet in this manner. The Surgeon of the Magicienne states, that, when at anchor to the north of Cronstadt, the water taken up from alongside was freely used by the ship's company, and not the least evil resulted from it; and he also states, that cholera prevailed extensively in those ships in which distilled water was used.

Now, a ship anchored to the north of Cronstadt would be entirely out of reach of the sewage and refuse of that place, as the water must flow westward from Cronstadt, down the Gulf of Finland, towards the Baltic, and not in a northerly direction towards the main land. It is also most probable that the sewage of St. Petersburg, after being delivered by the various mouths of the Neva into the Bay of St. Petersburg, passes into the Gulf of Finland by the deep and narrow channels on the south of Cronstadt, called the Great Road and the Little Road; for there are a double row of piles with blocks of granite, extending in a north-easterly direction from the north-east corner of Cronstadt to the main land, at a point called Lisi Ness, and cutting off the passage. It is therefore very probable that the anchorage to the north of Cronstadt is quite free from sewage; and the good condition of the water, alluded to by the Surgeon of the Magicienne, is a confirmation of this.

We are not informed of the position of the other ships that approached Cronstadt. It is stated, however, that the Duke of Wellington anchored about three leagues from the land; and, as the Gulf is not wide enough to permit of this in any other direction, this ship must have been to the west of Cronstadt, and in the way of the stream both from that place and St. Petersburg. It is incidentally stated, that a man attacked at Baro Sound had drunk some of the brackish water taken alongside; and, when the ships passed up the Gulf of Finland to a part where the water was quite fresh, the practice of taking water from alongside might, of course, become more frequent, though distilled water was that in ordinary use.

In order to decide the question, I suggested last year, we should require more precise and detailed information than any we have yet got; and the negative fact of the exemption of the Magicienne, whatever had been her position, would go a very little way towards invalidating the evidence I have at various times adduced, in the *Medical Times and Gazette*, of the propagation of cholera by water receiving the sewage of towns where this disease was prevailing.

I am, &c.

Sackville Street, February 3. JOHN SNOW, M.D.

LOCAL ANÆSTHESIA.

[To the Editor of the Medical Times and Gazette.]

SIR,—I know not whether the Profession generally have made use to any extent of the local effects of the vapour of chloroform; but I am induced, from several instances in which I have lately used it, to recommend it to the attention of your readers.

Like every other practitioner of late, I have had individuals apply to me with carbuncles and boils, and many of these I have been obliged to open by the lancet. The vapour of chloroform applied to these painful swellings renders them almost insensible, and I have thus had no difficulty in persuading patients to submit to this little operation.

Last week I had a lady under my care with mammary abcess, and it was most advisable to evacuate the matter. She was extremely nervous, and would not submit for a day or two, and was equally averse to breathing chloroform. I suggested that it could be opened without pain by the local use of the vapour, and the result proved most satisfactory.

In a case of irritable uterus, a patient is receiving most peculiar comfort from the employment of the vapour.

I have hitherto made use of a simple India-rubber bag and pipe; but the instrument invented by Margetts is admirably adapted for the object, and is got up at a cheap price.

I am, etc.

7, Upper George-street, Bryanston-square. S. EDWARDS.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, FEB. 3.

E. HEADLAND, Esq., President, in the chair.

Mr. Henry Lee exhibited a pair of forceps for extracting bullets, constructed on a new principle by Messrs. Philp and Whicker. The chief peculiarity was that the blades were separate, so that one might be introduced at a time; thus obviating the difficulty often experienced in opening the ordinary forceps, after it has been introduced, to a sufficient extent to include the bullet.

PHTHISIS.

Dr. Leared mentioned the following case of recovery from what he believed to be phthisis.

Elizabeth Andrews, aged 17, a dressmaker; always lived in London; became an out-patient under his care at the Royal Infirmary for Diseases of the Chest, March 10, 1854. She was anæmic, and, though not wasted, looked as if she had been stouter. During her apprenticeship, she was sometimes kept at work from five in the morning to two o'clock the morning following. Her health, however, with the exception of being subject to a cough in winter, continued excellent until about a year before admission. She then began to feel uncomfortable after her meals, to have a sharp pain through the chest, a hacking cough, and nightly perspirations, and to lose flesh and strength. She expectorated blood first about three months before application, but its occurrence in that interval with cough was frequent. The quantity of blood seldom exceeded a tablespoonful, but that quantity had been brought up several times in a day. She had had no previous treatment. Her maternal grandfather was stated to have died of phthisis at 52, and a maternal uncle to be still living who was said by the doctors several years ago to have lost one lung. The physical signs

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under the right clavicle were plainly those of phthisis in its second stage. He especially noticed the localised moist crepitation of softened tubercular deposit. The treatment adopted was cod-liver oil, in drachm doses, with a mixture containing a grain of sulphate of quinine, three times a-day; with a cough mixture, containing opium, for occasional use. Her attendance at the Infirmary continued ten weeks, during which she improved steadily. She left, she said, because she felt herself quite recovered. All the symptoms and physical signs enumerated had then entirely subsided, and she had gained flesh and strength. Since then I have several times examined her chest; the last time on the 1st instant. The improvement had been hitherto permanent. The only evidences of former disease in the position indicated were trifling deficiency of respiratory murmur, it being slightly jerky, and a slight want of expansion, results probably of contraction. Whether this rapid recovery would be permanent time must decide.

Dr. Routh thought there was not sufficient evidence of the existence of phthisis. Moist crepitation, in nine cases out of ten, indicated, not phthisis, but bronchitis. But, supposing the case to be phthisis, and to have so far recovered, it could not yet be considered a cure, as it not unfrequently occurred that patients recovered for a time, but, on subsequently taking cold, the disease broke out afresh, having been, during the interval latent in the system.

Dr. Leared said he did not depend so much upon the moist crepitation, as upon the circumstance of its being localised.

Dr. Crisp said that some of the best auscultators had been deceived with regard to phthisis. If Dr. Leared's case had been one of real phthisis, it was extremely improbable that it would have recovered so rapidly. If cavities in the lung were ever healed (about which he had some doubt, though he had seen supposed cicatrices of the lung) the healing process could not take place in a short time.

Mr. Jabez Hogg related a case of

DISEASE OF THE SHOULDER-JOINT.

G. M., a young lady of considerable literary reputation, in the early part of 1852 first noticed a dull, heavy pain around the shoulder-joint, for which, after a few months' suffering, she consulted an eminent Surgeon, who detected a small swelling in the internal part of the upper third of the humerus. After trying counter-irritation and other means, it increased in size. A cut was made into it, and a small quantity of pus escaped; poultices were applied, and the discharge continued for several months. During the autumn of the same year, diarrhœa supervened, which much reduced her strength. At this time, she was placed under my care, and the disease after some time was arrested, and by the use of cod-liver oil with iron wine she steadily improved. In the spring of 1853, the discharge from the arm ceased, and the small opening healed; but during the summer she had frequent attacks of diarrhœa; the arm continued painful, requiring to be carried in a sling. Leeches and counter-irritation were again resorted to, without doing much good. At the commencement of 1854, diarrhœa again returned; this attack was accompanied with a cough, and considerable irritative fever. The lungs, especially on the affected side, now became implicated, and a slight swelling appeared beneath the pectoral muscles, without fluctuation, or other marked symptoms. A Physician was called in to see her with us, but the hot weather of June speedily carried her off. We were particularly desirous of seeing the state of the patient after death; the friends reluctantly consented to allow an examination of the joint only. After dividing the skin and very thin and bloodless pectoral muscles, we came down upon a sac of healthy-looking pus, which directly communicated with the shoulder-joint; the head of the humerus was nearly denuded of its cartilage and synovial membrane, even to the exposure of its cancellated structure, and it appeared to have lost most of its animal matter. Having carefully removed the head of the bone, cleaned and dried, it weighed 150 grains; a healthy bone, selected with great care, as near the same size as possible, weighed 540 grains. Having sponged out the contents of the sac, we followed a narrow tract of serous fluid flowing from between the first and second ribs out of the left pleural cavity; by slightly changing the position of the body, and enlarging the opening, a large quantity ran out. No doubt this communication had been established some time before death; and the course taken by the pent-up pus gives some amount of interest to the case, as well as the remarkable absence of all the usual symptoms of a diseased joint, there being no swelling, pain, fluctuation, rapidity of pulse, (the pulse, indeed, was always very small,) or other well-marked constitutional disturbance. The debility was readily accounted for by the repeated attacks of diarrhœa, which was the only troublesome and apparently unmanagable symptom throughout the illness.

DISEASE OF THE HEART.

Mr. Hinton submitted to the Society the heart of a child, aged 2 years. She was first seen on the 25th of January; her skin was then of a dusky blue colour, extremities cold, breath labouring; pulse regular, but very weak and quick. Stimulant expectorants were administered, but she died on the morning of the 27th. At birth she was remarkably blue in colour, and continued so for the first three months of life. The colour of the skin then became more natural, and she seemed in good health, until teething commenced, at the age of nine months, when she became subject to attacks of dyspnœa, cough, and wheezing, which have returned at intervals ever since, especially with the appearance of each tooth. Her head was always large, but latterly has appeared less disproportioned than formerly; she was exceedingly forward in intellect. About three months ago she appeared to have lost the power of holding her head upright, but soon recovered under the use of cod-liver oil. *Post-mortem Twenty-nine Hours after Death.*—Head large, firmly ossified. The sinuses of the dura mater contained much semi-coagulated blood; the vessels of the pia mater were also full of blood. There was a small quantity of fluid beneath the arachnoid, but the convolutions did not appear flattened. The cerebrum was large; its substance firm and healthy. The lateral ventricles contained about 1½ oz. of reddish-coloured serum. The lungs were exceedingly emphysematous throughout, except a portion of the right lung, involving the greater part of the middle lobe, which contained no air, and sank in water. It was not, however, softened, nor infiltrated with fluid, and appeared never to have been permeated by air. The bronchial tubes exuded a purulent-looking fluid when cut across. Heart large, weighing two and a-half ounces. It was firmly contracted, but the right clavicle and ventricle were distended with decolorised clots, one of which was firmly adherent to the ventricular walls. The right ventricle was much dilated and hypertrophied, and the auriculo-ventricular opening very large, freely admitting the middle finger. The valves appeared to be efficient. The foramen ovale was not entirely closed, a small valvular aperture still remaining.

In reply to an inquiry from the President,

Mr. Hinton said, that he thought the relation of the morbid conditions to each other was somewhat obscure; but he considered it most probable that diseased action in the brain (perhaps excited or increased by the irritation of breathing) caused the convulsive cough, thus inducing emphysema and impeded circulation in the lungs. Hence would arise the dilatation and hypertrophy of the right side of the heart; and from the combined influence of these causes, aggravated by the open condition of the foramen ovale, and non-development of a portion of the pulmonary tissue, death ensued. The temporal bones of this patient (which were also exhibited) showed an inflamed state of the membrane lining the tympanum on each side. On the right side, the inflammation was slight, and only manifested itself in an injected state of the vessels; but, on the left side, the tympanum and mastoid cells were full of thick viscid mucus, and the mucous membrane was red, and very much thickened, so as greatly to diminish the size of the cavity, and to obstruct the Eustachian tube. It was also very loosely connected with the bony walls of the tympanum, remaining in its position when the bone was removed. The bone itself, however, appeared healthy, suggesting the possibility, that, in some cases in which disease extends from the membrane lining the tympanum to its bony parietes, it may depend rather upon a want of due nutrition of the bone, arising from such a separation of its membranous lining, than upon a direct extension of the inflammation. In this case, there was no sympton during life which directed attention to the condition of the ears; but it was elicited after death that the child had for some time been in the habit of putting her hand to her ears, and the mother had frequently "picked" them with a pin, which seemed to allay the irritation which existed. The inflammatory action was confined to the tympanal cavities, and seemed to have no connexion with the effusion within the cranium.

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Mr. Henry Lee read a paper

ON THE EFFECT OF CERTAIN MORBID AGENTS IN PRODUCING COAGULATION OF THE BLOOD IN THE LIVING BODY.

The first case read was one which he (Mr. Lee) had previously brought under the notice of the Society, in 1853, as a case in which he believed recovery had taken place after plugging of the pulmonary artery. Subsequently to that period, the same train of symptoms had recurred, and the patient died. Upon a *post-mortem* examination, two portions of fibrin were found connected with the heart, one being attached to the inner surface of the right auricle, the other to the inner surface of the right ventricle. The former he (Mr. Lee) conceived to be the remains of the plug which had formed during the first illness; the latter extended into the pulmonary artery and its ramifications, and had given rise, according to the author's view, to the great difficulty of breathing which characterised the case, and ultimately proved fatal. No organic disease of any part was discovered, with the exception of a diseased condition of the supra-renal capsules, and the surrounding tissue upon each side. In this situation was a mass of brown, friable substance, in a state of fatty degeneration; and it became a question whether the products of such a disease could have any influence in producing the extensive fibrinous deposits observed in this instance. The second case related was one of phthisis of long standing. About four months before this patient's death, without any apparent cause, and in a single day, the cheeks became considerably swollen. The lower extremities and the arms became at the same time œdematous. Extreme and prolonged dyspnœa preceded death. The right ventricle of the heart, in this case, was occupied by a conical concretion, adhering to its apex. Above, this concretion divided itself into two: one portion extended into the pulmonary artery, the other into the right auricle. At the point at which the coagulum came in contact with the semilunar valves of the pulmonary artery, it was constricted by them, and presented three rounded eminences, exactly moulded to their cavities. The concretion was pale, fibrous in structure, and streaked longitudinally with blood. In the third case, difficulty of breathing first presented itself thirteen days before death. This symptom soon became so distressing that it precluded the possibility of the patient's sleeping, even for a few minutes. He sat up all night, with his head upon a table. This want of sleep, difficulty of breathing, and "anguish" about the præcordial region, were the only symptoms complained of. Four days before death the left foot had become cold and livid. Coagula of blood, in various stages of softening, were found in the left ventricle; a very firmly-adherent clot obstructed the left popliteal artery. The parts around the obstructed vessel were inflamed and thickened; the right lung contained some tubercles; the liver was found loaded with oil; the kidneys contained a yellow deposit, which was found to consist chiefly of fatty matter. In all the cases related, difficulty of breathing formed the marked and prominent symptom; and as in all the heart and larger vessels were found obstructed by coagula, and as the different cases had no other points in common, he (Mr. Lee) associated this symptom with the obstructed circulation of the blood. The cause of the coagulation of the blood in these cases he regarded as depending upon some morbid agents in the blood itself, and illustrated his position by relating an experiment which he had performed. A trocar was introduced into the jugular vein of a donkey, and a syringeful of pus from an acute abscess was injected. Extreme distress in breathing followed, and the donkey died in three hours. The right ventricle was found to contain an extremely firm, white, fibrinous clot; this was continued through the pulmonary artery into its branches. When removed, it was dried and preserved, and presented much the same general appearance as the preparation taken from the first case related. From the whole of the observations related, the author concluded, that it was probable that several morbid products might have the effect of communicating to the blood an unnatural tendency to coagulate, and that among these might probably be classed fatty matters and tuberculous matter. The same effect was produced in a still more marked degree by pus when the product of acute inflammation. Whenever, from the admixture of any of these substances with the blood, coagula formed in the heart or large vessels, difficulty of breathing would be a most urgent and marked symptom.

Dr. Hind Salter said that, in the case mentioned by Mr. Lee there was between the two attacks of extreme dyspnœa a considerable interval in which that symptom did not exist; and he should like to ask whether Mr. Lee thought that in the interval the clots existing during the first attack were by any means removed, and again formed; whether, in fact, there were two distinct formations of clot corresponding to the two attacks of dyspnœa.

Mr. Lee said he avoided theorising upon the subject, but his impression was that the first coagulum was in the right auricle; that that was detached when the patient had the severe paroxysm of distress; that a portion of fibrin was carried into the lung, and a nucleus probably left in the right ventricle, gradually increasing until it entirely obstructed the circulation through the pulmonary artery, and thus gave rise to the second illness.

Mr. Richardson agreed with Mr. Lee as to the diagnostic symptoms produced by fibrinous concretion of the heart. He did not think fibrinous clots were brought on by introducing morbid matter, but were merely coagulated albumen. With regard to the supposed influence of fat, he believed that in inflammatory cases the increase of fibrin in the blood was almost always accompanied by increase of fat, the two symptoms being the results of the same cause. In some cases it was difficult to say whether dyspnœa arose from obstruction or simply from a want of power in the ventricle to propel the blood. Dyspnœa, under all circumstances, was a marked sign of fibrinous clot.

Dr. Crisp said, it was hardly possible to conceive that the fibrinous deposit could have existed at the period mentioned by Mr. Lee—a considerable time before death, and when the patient was in tolerable health. Yet he had seen cases in which the heart performed its function under the most extraordinary circumstances; as, for instance, when surrounded by fungoid deposit. It was possible, therefore, for a considerable clot to exist in the large vessels, and for life to continue. It had been stated that fatty matter might produce coagulation in the blood. The blood, however, of old people was seldom free from oil, and sometimes it contained an enormous quantity. Only one experiment had been adduced to show that pus produced coagulation; and, even supposing it to have been properly performed, it could hardly be considered conclusive. Dr. Hughes Bennet had performed similar experiments, but with different results.

Dr. Headland referred to the two experiments of Gaspard, mentioned by Mr. Lee, to show that the introduction of oil into the veins produced coagulation; and stated that in one of the experiments the animal did not die before the introduction of mercurial ointment. The fox, indeed, died after the introduction of olive oil; but it was not safe to generalise from one experiment. Dr. Saunders had injected mercury in a free state, and found that it caused death.

Dr. Routh thought that pus would not produce coagulation, unless it was putrid or diseased.

Dr. O'Connor mentioned a case (resembling one related by Mr. Lee) of a woman 28 years of age, who, in the eighth month of pregnancy, fell into a tub of water which was frozen. She was safely delivered a few days afterwards, the labour being natural. Nearly a fortnight after her confinement, she was seized with pain and spasm in the region of the heart. Stimuli were administered with benefit, but the pain returning, she was bled from the arm. Subsequently, the left leg was attacked with pain and redness along the course of the saphena vein, which felt like a whipcord. Pulsation was becoming indistinct in the femoral artery; the leg became cold, and, mortification supervening, it was removed. The right leg also mortified. The phthisical aspect of the patient had attracted his (Dr. O'Connor's) attention, and he expressed his belief, that a cavity existed in the right lung, accompanied with tubercular deposit. The woman died, and at a *post-mortem* examination his anticipation proved correct. The left lung had also small tuberculous deposit. The heart was healthy, as were the principal blood-vessels, except the abdominal aorta, which had a large clot of fibrin adherent to its lining membrane, just above the bifurcation of the iliac arteries, which it had nearly blocked up. He (Dr. O'Connor) was then inclined to the opinion, that the pulmonary disease was the original cause of the mischief, and that the existence of the clot in the aorta had some relation to it. He was glad to find that Mr. Lee's paper had thrown so much light on the subject.

Dr. Mackenzie believed that coagulation depended on some cause simultaneously affecting both the blood and the vessels. Morbid states of the blood often tended to produce obstruction of the vessels; not primarily, by producing inflammation, but that condition of the vessels in which their normal relations were disturbed, and in virtue of which the blood, instead of being transmitted, was arrested. In other cases, however, he thought the obstruction was owing primarily to a poisoned condition of the nervous centres.

The author then replied, and the Society adjourned.

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WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

FRIDAY, FEBRUARY 2.

Dr. BARCLAY, Vice-President, in the Chair.

MR. MARTYN read a communication on

PUERPERAL FEVER.

He commenced by referring this form of fever to the class of blood diseases, considering that its essential character depended upon a vitiation of the blood by puriform matter. The puerperal fever exhibited all the features observable in other forms of blood poisoning, as from an inflamed vein, dissecting wounds, erysipelas, and the like; yet many points of difference were observable, the chief modifying causes being—the kind and quantity of the poison introduced, the channel through which it was introduced, and the various conditions of the blood and of the patient's receiving the morbid matter. In these cases it is probable that the blood is in some peculiar condition that favours contamination; it may want its full coagulating power, or it may be that the conditions for endosmose are more pronounced, and so the imbibition of morbid matter is favoured. The veins, too, are less subject to pressure than they are during pregnancy, and empty veins are known to absorb more readily than distended veins. He then insisted upon the great analogy that existed between puerperal fever and those symptoms which are developed in the course of a case of cadaveric poisoning and of fever following the injection of putrilage, etc., into the veins of the lower animals. In all these cases there is a great tendency to local inflammation; there is great activity of the excretory organs, purgings, sweatings, and a greatly alarmed nervous system, and rapid circulation. He narrated several cases and experiments to bear out his views, and maintained, that, in all these cases of blood-poisoning, we find the same irregularity as to character (thus widely separating them from the more specific fevers), the same uncertainty as to the parts to be affected with the peculiar inflammation, the same tendency to secondary deposits, to effusions, and to suppurations; similar violent constitutional disturbance, and the same remarkable depression of the nervous system. He reduced all the forms of puerperal fever to the inflammatory, the gastro-enteric, and the adynamic types, observing that the two former are very apt to run into the latter unless they be checked at the commencement. The contaminating virus was considered as arising from the following sources:—1st. The surface of the uterus from which the placenta has been detached; 2. The poison may be carried by the hand of the practitioner, as shown in Dr. Routh's paper on the subject, as occurring in the Vienna Hospital. 3. The air which the patient breathes may be loaded with impurities, and the blood become contaminated. 4. The blood itself may be reduced in vitality, and so be the more susceptible of the operating poison. 5. Defective or depraved intestinal secretions may, under certain circumstances, contaminate the blood. The effect of pus upon the blood was then detailed at length. He stated, following the opinions of late observers, that the first effect of pus mixing with the blood was to coagulate that fluid, and so to arrest its further progress. In the next place, effusion into the cellular tissue surrounding the coagulum occurs, causing diffuse inflammation, which passes to the vein and does not originate in it. Finally, the coagulum becomes removed into the circulation by the establishment of suppuration. These phenomena occur in all cases of the kind, the amount of danger depending upon the stage reached, the degree of constitutional disturbance depending entirely upon the quantity of the poison generated. Of course, the most adynamic forms of the disease occur in those cases where the vitality of the blood is low, and its coagulating property proportionately feeble. The primary and secondary inflammations were regarded as efforts of nature to discharge the offending virus from the system, all the surfaces of the body being at times called into play for this purpose. The author considered that puerperal fever could not be comprised in a local disease, as peritonitis, because so many cases happened in which no sign of such inflammation occurred; and in cases where it did, the seriousness of the cases was not in proportion to the degree of that inflammation. He concluded by remarking, that erysipelatous discharges sometimes were the exciting cause of puerperal fever, though the disease, when established, could not be regarded as an internal erysipelas, since this latter disease generally involves the tegumentary and cellular tissues, and runs a more definite course than the former.

Several practical observations were offered by several members of the Society.

NORTH LONDON MEDICAL SOCIETY.

JANUARY 10.

RICHARD QUAIN, Esq., President, in the Chair.

Mr. Filliter exhibited specimens of

HARD ENCEPHALOID CANCER OF THE SPLEEN, LIVER, LACTEAL, AND LYMPHATIC GLANDS,

and read the following history of the case:—

John C., aged 20 years, single, a sailor, of irregular habits, not subject to privation. Two years ago he left the sea; eighteen months ago he first complained of pain in the belly and groins. Nine months since, after a month's hard work, and exposure as night-porter, at an hotel, he first noticed swellings in the groins and in the left side of the neck, and his health began to give way, so that he has done no work since. He became so much worse, that he was admitted, four months ago, into the Brompton Consumption Hospital, suffering from cough, dyspnœa, and palpitation of the heart, in addition to the above symptoms. When discharged from the Hospital, after a residence there of three months, he was considerably worse; the swellings had increased; he had become anasarcous; and the belly was much swollen. On October 23, one month after his discharge from the Consumption Hospital, he was admitted into St. Marylebone Infirmary. He was then much emaciated; the left cervical glands were enormously enlarged; the inguinal glands also, though to a less extent. A flattened swelling, about the size of half a walnut, was observed over right first rib; legs and scrotum very anasarcous; abdomen distended, fluctuating; a large solid mass in splenic region, tender to the touch; great dyspnœa, and constant dry cough; greatly diminished respiration over left chest and back, without diminished resonance on percussion; left interscapular region unusually dull. With the use of diuretics, expectorants, and counter-irritation to the chest and belly, he temporarily improved. On November 11, the dropsy and cough had nearly disappeared. He again relapsed; the cough and dyspnœa became distressing; and, on the 15th, he died somewhat suddenly. *Post-mortem.*—Spleen studded with numerous isolated, nearly spherical, masses of firm, encephaloid cancer, of uniform pale buff colour, and varying size; many of the masses projecting slightly on the surface; the size of the organ greatly increased. Liver contains one large deposit of similar nature and two or three smaller ones; the mesenteric glands the seat of the same kind of deposit; the lumbar glands, especially the left, very much enlarged. Adhering to first rib, and apparently originating in periosteum, was a firm irregularly-shaped mass of the same nature. On removing lungs, the fibrous tissue at root of left lung was found infiltrated by a dense, almost cartilaginous substance, having the same appearance as that in spleen. This mass, nearly half an inch in thickness, extended for some distance along the bronchi and great vessels, narrowing materially their calibre, and also beneath the pleura for a short space. One small nodule only found in the substance of one of the lungs. Both lungs were œdematous; the bronchial glands were not apparently affected. Pericardium contained nearly half-a-pint of clear yellow serum, the cause, no doubt, of his sudden death. Microscopic structure of deposits in spleen, in lymphatic glands, at root of lung, and in connexion with rib the same; viz., large cells, with large well-defined nuclei; the cells spherical or fusiform, somewhat granular, and in few instances compound; many of the cells elongated to such an extent as almost to resemble fibres. The inguinal glands were not examined, but were, doubtless, of the same nature as the left cervical, of which a mass larger than the doubled fist was removed, consisting of some six or eight glands much enlarged, and extending chiefly behind the clavicle. Specimen exhibited: enlarged cervical gland and spleen.

Mr. I. Z. Laurence read a paper on

CANCER,

of which the following is a short abstract:—According to Mr. Laurence, cancer is "a growth which is obviously but the local manifestation of a diathesis, the tendency of which is to destroy life either in virtue of its own local effects, or of that diathesis, or of both conjoined." Cancroid differs from cancer but anatomically, in the comparative rarity of secondary deposits, and in its minute structure. Semi-malignant forms of disease are morbid products, as it were, locally malignant, but constitutionally innocent. The diagnostic data of a surgical tumour were divided into two groups,—1. The clinical; 2. The anatomical. The former were considered by the author seriatim at some

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length. In reviewing the physical properties of tumours, Mr. Laurence insisted strongly on the advisability of employing the grooved needle previous to any operative procedure in all cases that were at all of a dubious character. He related a case of submaxillary chronic abscess, in which the utility of this practice was forcibly illustrated. Mr. Laurence considers the so-called cancerous "cachexia" of indisputable occurrence, but of little diagnostic value. The anatomical properties of tumours were now passed in review. Special allusion was made to the anomalous characters cancerous tumours often assume when they originate in the osseous tissues, and illustrated by several cases that had been examined by the author. The relations, the clinical phenomena attending the development of morbid growths in the organism were now discussed in considerable detail. Mr. Laurence gave as the *resumé* of his researches on the minute structure of tumours the following conclusions:—"1. That, in the greater number of cancerous tumours the 'cancer-cell' will be found to exist. 2. That this cell-form occurs now and then in growths clinically innocent. 3. That, *vice versâ*, (what is, however, more rare,) tumours anatomically innocent prove clinically malignant. That the cancer-cell is not the *sine qud non* character of cancer.—(Velpeau.) 4. That the results afforded by the microscope must take an important but not exclusive position in the series of diagnostic data."

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—TUESDAY, FEB. 6.

THE HOSPITAL AT SCUTARI.

Mr. Bentinck: Seeing the Secretary-at-War in his place, I beg to ask him whether it is true that Dr. Lawson, who was recently severely censured in General Orders by the Commander-in-Chief for his "apathy and indifference towards the sick and wounded on board the Avon transport," has been appointed as principal Medical Officer to the Hospital at Scutari, and if so, by whose authority that appointment was made?

Mr. Sidney Herbert: I have no official account of the appointment of Dr. Lawson, but I have seen private letters, stating that Dr. Lawson had been temporarily put in charge of the Hospital at Scutari. I have inquired by what authority he could have been so appointed; and I am informed that the distribution of the offices of the Medical Staff is left in the hands of the chief Medical Officer, but subject to the sanction of the highest military authority. I may state that Dr. Cumming is the head of the Scutari Hospital; but he has recently been at Balaklava, in order to pursue an inquiry into the state of the Hospital there. I have every reason to believe, however, from the dates of his letters, that he has returned to Scutari, and that he is at the present moment the head of the Hospital there, and not Dr. Lawson.

WEDNESDAY, FEB. 7.

SCUTARI.

The Chancellor of the Exchequer could state that his Right Hon. friend the late Secretary at War had not been behind his duty in making the best provision in his power to meet the demands of the Hospital at Scutari, but had endeavoured to stretch to the utmost extent the capacities of the Medical Staff, and of all the means at his disposal, and had further done what all who were cognisant of the organisation of the Government knew could not be lightly or rapidly settled, namely, considering in what way he could best devise a scheme for making the civil Medical Profession of the country available for the wants of the army. And it was only recently that the Treasury had sanctioned the plan of his Right Hon. friend for constituting a civil Medical establishment for Hospital superintendence.

Mr. Stafford: That is at Smyrna.

The Chancellor of the Exchequer: Well, but it was thought wiser to trust to Smyrna, where buildings were placed at our disposal by the Turkish Government, than to make greater extensions of the temporary accommodation existing at Scutari.

Mr. Stafford said, that one thing which ought to be done without the least delay, and which would tend to the salvation of the army, or, at all events, to the alleviation of its distresses, was to bestow some signal mark of confidence upon Dr. M'Grigor. Having personally witnessed Dr. M'Grigor's labours by night and by day, and seen how sedulously he exerted himself to assist the ladies and the nurses when they first arrived, as well as how forward he was before all others to break through the trammels of routine when they obstructed the good working of the service, he could not refrain from expressing his conviction to the Government, that, unless they gave the countenance and encouragement he had indicated to that gentleman, instead of removing him, the greatest blame and guilt would rest upon them. (Hear, hear.)

TRADES WHICH AFFECT THE EYES.

THE Committee of the Society of Arts "On Industrial Pathology on Trades which Affect the Eyes" have issued an elaborate Report, of which the following is a concise *resumé*:—

"1. That the following classes of artizans are exposed to injury of the eyes from chips, splinters, dust, grit, or fluff,—viz., engineers, masons, stonecutters, stonebreakers, bricklayers, soda-water bottlers, turners, fitters, hammermen and smiths, cutlers, railway guards, rock blasters and quarrymen, millers, chimney-sweeps, workers in cotton, flax dressers, feather cleaners, drug grinders (especially in grinding blistering flies,) shoemakers, (from breaking of the awl); and that the following appliances have been found useful in preventing the ill consequences of such exposure, viz., for those liable to blows from large portions of hard substances, such as stonebreakers, etc., coarse metal netting as eye guards, and for those exposed to the finer dust, crape spectacles, while at the same time free ventilation of the apartments they work in would relieve much of the inconvenience.

"2. That the following suffer from the chemical nature of the substances which, in the shape of solid particles, get under the eyelids, viz., bricklayers, workers in lime, workers in potash.

"No special preventive seems to be here pointed out beyond the placing within reach of the workmen the ready means of immediately cleansing the parts with pure water. Some such apparatus as that described in Mr. White Cooper's communication might be placed in the workshop or superintendent's office.

"(The action of chemical fumes, strictly so-called, has not been reported to cause injury.)

"3. That the following suffer from excess of light or glare proceeding from the material used, viz., furnace-men, gilders, bookbinders.

"No practical remedy for this inconvenience has been suggested, as spectacles which intercept the light would diminish the efficiency of the workman.

"It may be observed that there is a great difference between excessive illumination of the work and excess of light on the eye. The latter is the most common, and is considered under a separate head.

"4. That the following suffer from deficiency of light, viz., dressmakers, tailors, sempstresses, cobblers, and, in fact, all who, having to direct the needle to a definite spot, are unable to command the requisite amount of direct illumination.

"5. That the ill effects of deficiency of light are much aggravated by working long on the same material or colour. The remedies for this and the foregoing evil are increase of light and variety of work.

"6. That flickering of light is a great evil, which is felt much by compositors and all who work at minute objects by gas illumination.

"The simple remedy for this is the employment of glass chimneys. [Or fishtail burners—glass chimneys giving out too much heat.—ED.]

"7. It seems improper that an equal quantity of artificial light should fall on the work and on the eyes of the workman. If that is the case the latter become overstrained.

"This evil, when it occurs, is easily obviated by shades to the light, which defend the eye, and throw the illumination on the required object. The shades should be made of white or light coloured material, so as to reflect as much light as possible. Ground glass between the light and the worker is injurious, by intercepting and diffusing the illumination instead of directing it on to the object.

"8. It seems doubtful whether heat and cold have much ill influences over the healthy eye; but when it is in a weak, irritated condition, there is no doubt but that they are injurious.

"9. Bad ventilation, constrained postures, over indulgence in spirituous liquors, the fumes of tobacco, and all other violations

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of healthy habits, are injurious to the eyes at the same time as to the rest of the body, and aggravate the bad effects of the above-named industrial occupations.

"10. The employment of the eye when the body is in an exhausted state from want of food, prolonged working-hours, mental distress, etc., even in handicrafts not of themselves pernicious, is very detrimental to the organ. So that the later periods of work are those which are found most materially to weaken the sight and injure the eye.

"The shortening of working-hours would probably be a saving in the end to both master and artisan; for the faulty execution of that which is completed with an imperfect organ must be a loss to the former, while the latter is ill remunerated by slightly increased wages for the risk of illness which he runs.

"11. The diffusion of knowledge bearing on the health of artizans by means of class journals is worthy of the serious consideration of the philanthropist.

"The Committee beg to report, that they have prepared a list of 'Desiderata' in the department of Industrial Pathology, for the exhibition of the Society, that is, of inventions required to protect the lives and health of working persons in various occupations; which list they recommend to be published and circulated.

"They beg also to recommend for special inquiry during the current year, as the basis of a report to be prepared by the ensuing January, either

"The accidents which occur from the faulty construction of machinery, scaffolding, shipping, and other mechanical contrivances; or,

"The injury to health arising from the inhalation of dust, grit, fluff, and similar foreign matters; or,

"The effects of the exposure to damp and cold, rendered necessary by some employments.

"T. K. CHAMBERS, M.D., Reporter.
JOHN SIMON, F.R.S.
T. TWINING, jun."

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—In consequence of the Hunterian Oration at the Royal College of Surgeons being delivered on Wednesday, the 14th inst., the first Croonian Lecture at the College of Physicians will take place on Tuesday, the 13th inst., instead of Wednesday.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 2nd inst.:—

ANDREWS, HENRY CHARLES, Brabourne, near Ashford, Kent.
BOWLES, WILLIAM, Mount Street, Grosvenor Square.
FREARER, AUGUSTUS B. WEBB, Taunton, Somerset.
HARRIS, ROBERT R., Tottington, near Bury, Lancashire.
HAYWARD, GEORGE, Sheffield.
HOLMAN, HENRY COLGATE, East Hothley, Sussex.
MACKLEY, WILLIAM RANDALL, Bradford, Yorkshire.
MOORE, JOHN, Mayo, Co. Tyrone.
TREVOR, GEORGE RAYMOND, H.E.I.C.S., Madras.

At the same meeting of the Court,

KING, JOSEPH,

passed his examination as Naval Assistant-Surgeon.

LICENTIATES IN MIDWIFERY.—The following members of the Royal College of Surgeons of England, having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board on the 6th inst.:—

BARRETT, FERRERD SESSIONS, Kingston Bagpinze, Berkshire; Diploma of Membership dated December 22, 1854.
BOULTON, WILLIAM W., Beverley, Yorkshire; Dec. 15, 1854.
FLETCHER, JOHN F., W. St. Mary's, Spalding; April 28, 1854.
LANGFORD, WILLIAM, Brixton; January 26, 1855.
ROWLAND, EVANS, Llangeitho, Cardiganshire; May 19, 1854.
TOMLINSON, JOHN T., Manchester; Dec. 18, 1854.
WALKER, JOHN SWIFT, Sheerness; October 7, 1853.
WEBB, FREDERICK ERNEST, Maida Vale; April 21, 1854.
WOODWARD, WILLIAM, Ledbury, Herefordshire; Dec. 18, 1854.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Feb. 1, 1855:—

COLEMAN, JOHN MAJOR, Wolverhampton.
FLETCHER, JOHN FLETCHER, Weston St. Mary's, Spalding.
HOLLAND, THOMAS SEWARD, Cork.

APPOINTMENT.

ROYAL ISLE OF WIGHT INFIRMARY.—Mr. Thomas Reynolds, of St. Bartholomew's Hospital, has been appointed House-Surgeon and Secretary to this Institution.

DEATHS.

CALDWELL.—Jan. 30, at North Addington-place, Camberwell, deeply and sincerely lamented, Henry Swan Caldwell, Esq., M.D., aged 66; A.B., M.D. Paris 1827, M.D. Glasgow, 1846, late Physician to the City Dispensary.

CHEAPE.—Jan. 27, at Edinburgh, Hugh Cheape, Esq., M.D., late of the H.E.I.C.S., Madras Presidency.

HAMILTON.—Feb. 5, at Ipswich, William Hamilton, Esq., Surgeon, in his 66th year.

STRUTHERS.—Jan. 20, at Scutari, of fever, Alexander Struthers, Esq., M.D., Acting Assistant-Surgeon.

WEBSTER.—Dec. 15, at Bombay, Arthur Charles Webster, Esq., Surgeon 10th Hussars. A monument has been erected to his memory by his brother officers, by whom his loss is most deeply deplored.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The Annual Dinner of this Society took place Saturday last, the 3rd instant, at the Freemason's Tavern; Martin Ware, Esq., one of the Vice-Presidents, in the chair. Unavoidable absence was apologised for by many, including Dr. Paris, Dr. Copland, Mr. Ward, of the Society of Apothecaries, and others. The Chairman bespoke indulgence for himself in the absence of their much-esteemed President, Sir Charles Clarke, the state of whose health obliged him to absent himself. After the usual loyal, national, and professional toasts, Prosperity to the Society and the health of the President Sir Charles Clarke, were proposed and received with the heartiest demonstrations of cordiality and affection, for the distinguished and excellent President who so actively presided over this Society while his health allowed him, and who still so warmly feels for and promotes its interests. A letter was read, in which Sir Charles announced his absence, expressed his interest in the welfare of the Society, and his regret that his resignation of the Presidentship was not accepted. Sir Charles enclosed his annual donation of ten guineas. Mr. Ware for the Vice-Presidents, Dr. Sutherland for the Trustees, Dr. Merriman for the Treasurers, Mr. Walne and Mr. Propert for the Directors, all expressed their conviction of the great value of the Society, and the desire of their colleagues and themselves to promote its objects and extend its usefulness. The Directors well know the great good which the Society was quietly and unostentatiously accomplishing, and are desirous to include in its membership all those who are duly qualified and reside within its limits. Mr. Propert dwelt emphatically on the neglect of this Society shown by the great bulk of the Profession; viz., those, in fact, whose families, in all human probability, would be most likely to need its benefit. At present the Society was mainly supported, as its list of members showed, by the *élite* of the Profession. Mr. Lord, as one of the Stewards, and also as a visiter, expressed his gratification that this occasion had brought him within the circle of this valuable Society, of which he intended now, without further delay, to be proposed as a member. Mr. Walsh, the Secretary, said, that those who knew most of the Society were most strongly convinced of its utility, and most desirous that its benefits should be more widely extended. He, therefore, rejoiced that the wise liberality of the Court of Directors had placed at their disposal 9*l.* for making the Society known. At the same time, he repeated, that it was more by private solicitation than by public advertisement that members were gained to the Society.

THE ABERNETHIAN SOCIETY, ST. BARTHOLOMEW'S.—This Society has just determined to undertake a department of clinical observation. The plan which it proposes seems an excellent one. Committees, consisting in part of students, and in part of the junior *attachées* of the Hospital, are to be appointed for the investigation of special diseases. The disease selected is first to be made the subject of discussion before a general meeting of the Society, questions concerning it proposed, and a line of investigation determined upon. The duties of the Committee appointed will then be to collect from the wards of the Hospital all cases illustrative of the disease in question, to bring the notes of such before future meetings, and, finally, (at the end, perhaps, of a

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year or more,) to tabulate the evidence obtained, and make a general report thereon. The scheme will doubtless involve great labour, but seems well worthy of its bestowal. If zealously worked, it may be expected, not only to be of advantage in encouraging and assisting the practice of clinical observation among students, but to furnish materials of real scientific value.

THE COMMITTEE OF THE LONDON FEVER HOSPITAL are about to place one of the wards of that Institution, apart from the fever wards, at the use of the authorities, for invalids returning from the Crimea.

THE LYTTON PRIZE IN THE COLLEGE OF EDINBURGH.—Sir Edward Lytton Bulwer, Bart., has left to the Senatus Academicus the power of determining as to the best treatise on the following subject, and which it is anticipated will be adjudged in the course of a few days, viz.:—"The Influence exerted by the Mind over the Body in the Production and Removal of Morbid and Anomalous Conditions of the Animal Economy."

MEDICAL NEWS FROM THE SEAT OF WAR.—We are indebted for the following intelligence to the *Times'* Correspondent at Scutari: While every day's experience makes the want of superior medical officers more severely felt, the crowded state of the Hospitals, the increasing prevalence of infectious fever, and the increasing severity of their labours, are rapidly diminishing the number of those available for duty. Dr. Forest is the third Deputy Inspector obliged to go home on sick leave, and the number of officers holding that rank now in the East is quite inadequate to the present requirements of the service. If they are not increased here especially, the time of the Inspector-General must necessarily be much occupied in the discharge of duties which ought not to be imposed on him. The Barrack Hospital would give ample employment to one Deputy Inspector; the three others at Scutari to another; the convalescent ships and the transports to a third; those at Kululee to a fourth; those at Abydos and in the Archipelago to a fifth. The want of first and second class staff-surgeons is equally felt. Dr. McIlree is too unwell for duty. Dr. O'Connor at Kululee will immediately have more patients under his care than he can possibly look after. At the Barrack Hospital there is hardly a single second class Staff-Surgeon left, for some of them have been taken away, to do duty on board the sick transports; and of the few left behind, Dr. Summers is very ill, and Dr. Newton, I regret to say, is dead. Like poor Struthers, he, too, has fallen an untimely victim to the zeal with which he discharged his Professional duties. It was fever of a low type in his case also, and, indeed, it is so rife now in every direction that the wonder is how more of the healthy and strong are not struck down by it. Both Newton and Struthers, it may be a consolation to their friends to know, were tended in their last moments, and had their dying eyes closed, by Miss Nightingale herself. I have not seen the letter, but I know for certain that Dr. Hall has written to the principal Medical officer here, stating that there are 5000 men now in Hospital at the camp, and that half the number still doing duty ought to be there also.—There is at this moment lying off Scutari a small fleet of transports, filled with about 1000 sick, and the mortality among them is something fearful. The returns only give the names of three ships,—the Cleopatra, the Brandon, and the Pedestrian. The first started with 298 men, of whom 18 died on the passage; the second had 152, of whom 6 died; and the third 200, of whom 17 died. It thus appears that three vessels, containing an aggregate of 650 men, lost, in a few days, 41 of them.—The daily mortality at Scutari does not diminish. On the 22nd, there were 52 burials; on the 23rd, 49; and yesterday, 52 again: making a total of 153 in three days. By the sick state there were yesterday in hospital 4382 non-commissioned officers and privates, and 67 officers.—When I arrived here, early in November, the maximum number of deaths scarcely exceeded twenty a-day; now it is nearly three times as high. At that time the proportion of sick and wounded was about equal; now the former vastly preponderates. Then, we had only three hospitals; now we have eight, are talking of a ninth at Smyrna, are building increased accommodation for 1000 patients in the barrack hospital, and are draughting off as fast as we can convalescents to Malta, Corfu, and home. At the period referred to, wounds would heal here; for some time past, they have in most cases refused to do so; or if a patient does show a tendency to get well, dysentery, fever, or consumption seizes him and makes him its prey. Men no longer come down newly attacked and presenting symptoms favourable for a cure; they arrive exhausted with chronic disease firmly rooted in their broken constitutions, and almost beyond the chances of successful treatment.

CHOLERA.—This disease is still committing its ravages in Coleraine, Ireland.

WEST INDIES.—At Grenada the cholera had swept off 6000 out of a population of 30,000. It had again made its appearance in Black River.

CHOLERA ON THE CONTINENT.—Since the 27th of December the number of fresh cases has been declining, and for the last five days no new case has been observed. We may therefore presume that the epidemic is extinct at Paris and its environs. The last accounts announce the outbreak of the cholera at Brest, where it has proved fatal in 100 cases out of 200. Its appearance has been reported in the town and arrondissement of Montluçon.

INTERMENTS IN CHURCH VAULTS.—Dr. Sutherland having, under instructions from the Home Office, inspected the vaults and catacombs of the churches and chapels of St. Pancras, "in some of which coffins were piled together like egg-boxes," has come to the conclusion that the system ought to be discontinued.

CHARCOAL AS A DISINFECTANT.—The Irish Melioration Society has just shipped, by order of Government, ten tons of peat charcoal for Hospital and sanitary purposes at Scutari.

MORTALITY NOTABILIA.—The mortality of London is still excessive, and the number of deaths as now returned exhibits but a small decrease on that of the previous week. In the last five weeks the deaths were:—1404, 1466, 1549, 1630, and 1604. The mean temperature in each of the same weeks was —45·5°, 39·3°, 28·9°, 29·3°, and 29·3°. Throughout December the temperature was about 41°; and the deaths in a week were about 1300. The weather became colder by 12°, and produced an increase of 300 in the deaths. It appears 391 persons died last week above the calculated amount. Taking the fifth week of each of the ten years, the average temperature was 40·9°; and there is no instance within this range of comparison in which the mean temperature was so low as that of last week. According to the rate of mortality that prevailed in 1838—44 (without distinction of seasons), the deaths of persons between 60 and 80 years would be 201, the actual number was 300; of octogenarians the number would be 42, while the true number was 74. Nine deaths from small-pox were registered in Islington West, 7 of which occurred in the Small-pox Hospital.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	276,427	1	2	14	10	4	8
North	490,896	(a)	1	11	10	2	11
Central ..	393,256	5	2	15	14	1	4
East.....	485,522	10	5	18	16	5	7
South	616,635	7	16	6	16	8	13
Total..	2,362,236	23	26	64	66	20	43

(a) The several numbers for this district cannot be given, as the return has not been received.

Births.—The births of 845 boys and 803 girls, 1648 children, were registered; average, 1489.

Meteorology.—The mean height of the barometer in the week was 29·619 in. The highest reading was 29·92 in. on the morning of Friday. The mean temperature of the week was 29·3°, which is the same as in the previous week, and less by 8·3° than the average of the same week in 38 years. The mean daily temperature, was below the average by about 7° on the first three days; about 10° below it on Wednesday and Thursday; 11·7° below it on Friday; and 5° below it on Saturday. The highest temperature in the week occurred on Saturday, and was 39·6°; the lowest was 22·2°, and occurred on Friday. The mean dew-point temperature was 26·6°; and the difference between this and the mean air temperature was 2·7°. The temperature of the water of the Thames was 36·4°. Wind north-east till Saturday, when it changed to east and south-east. Electricity, positive with variable tension.

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TO CORRESPONDENTS.

The Tests for Sugar.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the report of the discussion upon my paper, read before the Medical Society of London, published in your Journal of the 3rd inst., it is mentioned, that I placed the most reliance upon the caustic potass test, whereas the contrary is the case. I stated as follows regarding these tests:—That in no instance did I mention the presence of sugar unless quite convinced of its existence by not a single test only, but by a corroboration of several tests. I had principally used the copper tests, together with the fermentation test by yeast; and, when these were all positive, there was no doubt whatever as to the presence of sugar. Sometimes, when the copper tests were all well marked, it was not considered necessary to employ the fermentation test. Of the copper tests, they were Trommer's and Barreswil's solution,—the latter exceedingly delicate,—but, in certain instances, either appeared to be more delicate than the other, and sugar was confirmed by yeast. I mentioned that I did not depend alone upon the brown sub-oxide as a precipitate, but looked for the yellow, the smallest indication of which showed sugar to be present; but occasionally a rich red or a reddish-brown precipitate indicated the existence of sugar as much as the yellow, which was confirmed by subsequent fermentation with yeast. I had also used the liquor potassæ test, but merely as a corroborative agent; by itself it is not to be depended upon. I had further employed other substances to render the fluids in a proper condition, to get rid of extraneous matters when necessary, to be examined by the different tests. I am, etc.

Guildford Street, Russell Square. George D. Gibb, M.D.

Treatment of Œdema of the Glottis.

[To the Editor of the Medical Times and Gazette.]

Sir,—My letter of the 26th ult. has apprared in your publication of the 3rd inst., with the omission of one or two paragraphs, which I consider of much importance, and, therefore, request you will favour me with their insertion.

In one paragraph I recommended a transverse incision across the thyro-hyoid membrane in some cases of œdema laryngis. Now this appears to me highly-important, as the incision of the epiglottis may not be easily accomplished in many cases, and in some may be altogether ineffectual. By the incision of the thyro-hyoid membrane, the cellular tissue immediately beneath the chordæ vocales would be doubly cut into, and thus relief obtained; indeed, I see no objection to carrying the incision on the inner side of the ala of the thyroid cartilage. This mode of opening has the advantage of not opening into any part of the cavity of the larynx, so that the efferent fluid may be discharged without distressing the patient. You have been pleased to append an Editorial note, that "the practice recommended by Mr. Hilles (limited by the omission already referred to, to that of incising the mucous membrane of the epiglottis) has been frequently adopted." I am aware that incising this membrane has been resorted to in cases of effusion from swallowing boiling water, but never I believe in the disease of œdema laryngis.

I am, &c. M. W. Hilles.

7, Percy-street, Bedford-square, February 6, 1855.

Theta.—We cannot give the information. Write to the Registrar of the University and inquire.

Mr. Beardsley shall receive a private communication.

Mr. Collenette.—1. Horne and Thornthwaite's, Newgate-street. 2. Do not know.

Mr. Day.—To Mr. Hawes, War Office.

A Sufferer.—1. No. 2. No confidence can be placed in such a preparation.

A Subscriber, Tiverton.—1. Yes; and Physicians. 2. Previous experience in hospitals. 3. Not yet settled. 4. No. 5. No.

D. M.—The Secretary of the Edinburgh College of Physicians has never sent us any private paper of the College for publication. Our Correspondent can scarcely expect an answer to his second question.

COMMUNICATIONS have been received from—

Dr. Rigby; Dr. Snow; Dr. Mitchell; Dr. Gibb; Mr. Walker; Dr. Barnes; Dr. M. Duncan; Mr. Reynolds; Mr. Wilkinson; Mr. Laurence; Mr. Beardsley; Mr. Knight; Mr. Jekyll; Mr. Plumptree; Mr. Tucker; Dr. Greenhow; Dr. Crisp; Mr. Cousins; Hilles; Theta; Mr. Collenette; Mr. Day: A Sufferer; A Subscriber, Tiverton; Dr. M.; Mr. Birkett; Mr. Henry Thompson; Mr. Swales; Mr. Bottomley; Dr. Gibbs; Mr. Jones, etc.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, February 3, 1855.*

Causes of Death.	In the week ending Saturday, Feb. 3, 1855. Deaths of Persons. At all ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Average of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp. 29·3						40·9
All Causes	1604	718	207	255	300	74	1103·2
Specified Causes	1550	716	206	253	299	74	1093·0
Diseases:—							
1. Zymotic Class	317	253	22	19	17	6	297·6
2. Dropsy, Cancer, and others of uncertain seat	78	17	10	26	21	4	46·1
3. Tubercular Class	195	72	77	37	9	..	133·4
4. Of Brain, Nerves, etc.	140	67	11	25	33	4	122·2
5. Of Heart, etc.	49	2	11	22	14	..	41·4
6. Of Respiratory Organs	419	148	38	88	121	23	230·1
7. Of Digestive Organs	67	31	9	10	16	1	60·7
8. Of Kidneys, etc.	9	..	3	3	2	1	13·1
9. Of Uterus; viz. — Puerperal Disease, etc.	6	..	4	1	1	..	8·9
10. Of Joints, Bones; viz.—Rheumatism, etc.	11	3	2	2	3	1	8·1
11. Of Skin, etc.	6	2	2	2	..	..	2·7
12. Malformations	4	4	..	..	..	..	3·7
13. Debility from Premature Birth, etc.	47	44	..	1	2	..	25·5
14. Atrophy	46	32	..	1	12	1	22·5
15. Age	78	..	..	..	40	33	59·6
16. Sudden	11	4	2	2	3	..	9·9
17. Violence, Privation, etc.	72	37	15	14	5	..	23·7

APPOINTMENTS FOR THE WEEK.

February.	Miscellaneous Register.	Society Meetings.
10. Saturday	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m.	*Medical Society of London*, 8 p.m.: Dr. Headland, "On the Nature and Treatment of Diabetes Mellitus." *Royal Institution*, 3 p.m.: Dr. J. H. Gladstone, "On the Principles of Chemistry." *Royal Botanic Society*, 3½ p.m. *Pathological Society of Dublin*, 4 p.m.
12. Monday	Operations at Charing-cross, 2 p.m.	*Medical Society of London.* Physiological Section, 8 p.m.
13. Tuesday	Croonian Lectures at the Royal College of Physicians, 4 p.m.: Dr. Black, "A Review of Some Points in the Physiology of Circulation." Operations at Guy's, 1 p.m.	*Royal Medical and Chirurgical Society*, 8½ p.m. *Royal Institution*, 3 p.m.: Professor Tyndall, "On Electricity." *Zoological Society*, 9 p.m.
14. Wednesday	Hunterian Oration at Royal College of Surgeons, by Mr. Hodgson, 3 p.m. Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Westminster Ophthalmic, 2 p.m.	*North London Medical Society*, 7½ p.m. Election of Officers, and Oration. Dr. Ballard, "On the Advance of Practical Medicine during 1854." *Royal Society of Literature*, 8½ p.m. *Ethnological Society*, 8½ p.m.
15. Thursday	Cambridge.—First Additional Exam. for B.A. degrees. Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	*Hunterian Society*, Anniversary (36th), 7 p.m. Oration by Dr. Ridge, 8 p.m. *Royal Society*, 8½ p.m. *Royal Institution*, 3 p.m.: Mr. W. B. Donne, "On English Literature."
16. Friday	Croonian Lectures at the Royal College of Physicians, 4 p.m.: Dr. Black, "A Review of Some Points in the Physiology of Circulation." Anniversary Dinner of the Hunterian Society, London Tavern, 6 p.m. Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m.	*Western Medical and Surgical Society*, 8 p.m.: Dr. Barclay and Dr. Fincham, "On the late Epidemic of Cholera." *Royal Institution*, 3½ p.m.: Edward Jekyll, Esq., M.R.I., "On Siege Operations." *Geological Society of London*, 1 p.m. Annual Meeting for the Election of Officers, etc.

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10, Charlotte Street, Bedford Square, Jan. 25, 1855.

CHARLES COWAN, M.D., L.R.C.S.,

Senior Physician to the Royal Berkshire Hospital, Consulting Physician to the Reading Dispensary, Translator of "Louis on Phthisis," etc., etc., etc.,

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Reading, Berks, Jan. 26, 1855.

Extract from an Article "On the Origin and Treatment of Chronic Diseases of the Skin," in the

"ASSOCIATION MEDICAL JOURNAL," Jan. 5, 1855,

BY

THOMAS HUNT, ESQ., F.R.C.S.,

Surgeon to the Western Dispensary for Diseases of the Skin, etc., etc., etc.

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1st. To provide a safe and efficient medium by which the Medical Profession may secure more certain and regular payment for their services; with every consideration for the convenience of those who are willing, but unable directly to discharge their liabilities; with rigour from those who are able, but have not the disposition, to remunerate medical men.

2nd. With the machinery necessary for carrying out the foregoing purpose, to establish a means of privately negotiating the transfer of Practices and Partnerships.

3rd. A Register is kept for Assistants and Pupils.

4th. To raise a Benevolent Fund, by devoting to that object the profits arising from the general operations of the Society.

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THE DIRECTORS ACKNOWLEDGE AND CONSULT ALL DULY-QUALIFIED MEDICAL PRACTITIONERS AS THE MEDICAL ADVISERS OF THE COMPANY, AND UNIFORMLY PAY A FEE OF TWO GUINEAS FOR EVERY MEDICAL REPORT, WHEN THE PROPOSAL FOR ASSURANCE IS FOR £200 AND UPWARDS AND A PROPORTIONATE FEE FOR A SMALLER AMOUNT.

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SURGEON-DENTIST, 52, FLEET-STREET, has Introduced an entirely NEW DESCRIPTION of ARTIFICIAL TEETH, Fixed without Springs, Wires, or Ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer: they will NEVER CHANGE COLOUR or DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed Teeth rendered Sound and Useful in Mastication.

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the name "Respirator" for various discreditable and defective imitations of Mr. JEFFREYS' Instruments, the value of which, in Medical Practice, has given a wide reputation to the name, can only mislead unwary persons not acting under Professional advice. City Office for the Respirator, 25, Bucklersbury; West-end Depôt, 25, Holles-street, Oxford-street, London. In London and all Towns, the principal Chemists and Surgical Instrument Makers are Agents for Mr. Jeffreys' Respirators.

Bland and Long, Philosophical and

CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d., 8s. 6d., 15s., and 30s. each.

Newfoundland Cod-Liver Oil is

made from the Livers of the true Cod, "Morrhua Vulgaris," and not from the "Dorse Gadus Callarius," the variable Cod of Northern Europe.

For many years the undersigned have devoted their personal attention solely to the manufacture of this valuable Medicine. By extreme care in the selection of fresh and healthy livers, and the employment of appropriate and extensive machinery, they are enabled to supply the trade with PALE OIL, as it exists naturally in the membranous cells of the liver of the cod. They have thus succeeded in preventing the Oil assuming a brown colour, which is invariably the result either of excessive heat or putrescence.

The undersigned recommend as tests for Cod-liver Oil the following:—1st. By mixing together on an earthenware slab 25 drops of the oil with 2 drops of sulphuric acid, a deep purple (not red or brown) colour should be produced. 2nd. Take clean slips or spills of writing paper, dip them into the samples under examination, hold them for a second or two in a bright fire, taking care not to char or smoke them. The sense of smell will then at once reveal the relative quality of the samples, and a practised nose will detect an inferior or an admixture of other oils.

Observe, the following characteristics of our Oil are still maintained, namely, paleness of colour, without any bleaching process, absence of unpleasant smell, and agreeable sweetness of taste, which occasions no nausea or heat in the throat.

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An elegant preparation, vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

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An elegant, economical, and cleanly substitute for all ointments, as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

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"Accompanying this Article is a very simple and neat dressing."

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"Dear Sir,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks. I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to insure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,
"JOHN GAY, F.R.C.S.,
"Honorary Surgeon to the Royal Free Hospital, etc., etc.
To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

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"Deputy Inspector-General of Hospitals,
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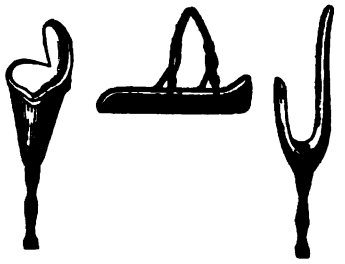

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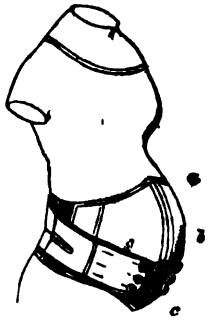

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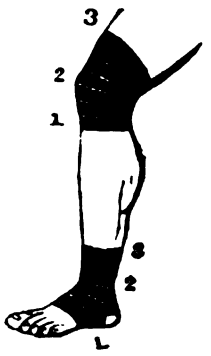

Abdominal Supporter.

Spina Supporter.

Stocking and Thigh Piece.

Mr. Bourjeaurd, in submitting the above four Engravings as illustrating the nature and special design of his apparatuses, most earnestly begs to call the attention of professional gentlemen to the gross and nefarious practices of unprincipled parties, who attempt to impose on the public by advertising their spurious apparatuses, accompanied with the closest imitations of his diagrams, and with the use even of the same words and plan of measurement, in order to obtain, by these fraudulent means, a portion of the patronage with which he has been especially honoured by the Profession. Mr. Bourjeaurd wishes, therefore, to caution Medical gentlemen against the dishonest proceedings of his imitators, and hopes they will not accept any of the appliances put forward under the name of Spiral Supporter, except the articles come from his own Establishment, No. 11, DAVIES-STREET, BERKELEY-SQUARE (opposite Mivart's Hotel), LONDON; and RUE DES BEAUX ARTS No. 17, PARIS.

Abstract, regarding Economy in CLOTHES, from the "Times," October 30:—"EVERY YARD of CLOTH SOLD at the LONDON CLOTH ESTABLISHMENT is Sold at the WHOLESALE PRICE.—Gentlemen Purchasing Cloth at the London Cloth Establishment (if they wish) have it made up on the Premises, at the expense of only the Workman's Wages, in addition to the price of the Trimmings." *The Economy of this system is proved* by the saving of from Thirty to Fifty per cent. in the price of every garment; in addition to the very obvious advantage of selection from such a stock, and the guarantee of a Superior Fit, Good Taste, and the Best Work.
LONDON CLOTH ESTABLISHMENT—16, COVENTRY-STREET.

SAMUEL, BROTHERS,

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Inventors and Sole Manufacturers of the

SYDENHAM TROUSERS,

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Unequalled for superior Style, Fit, Quality, perfect Ease, and Gracefulness, so requisite for Gentlemanly appearance, and so rarely obtained.

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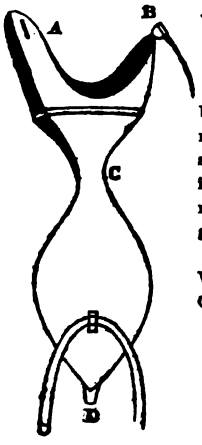
SAMUEL, BROTHERS'

STOCK OF OVERCOATS

FOR THE PRESENT SEASON,

Is worthy of your inspection.



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F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

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Address, Harrington Parker and Co., Beer Merchants, 54, Pall-mall.

Mr. Bourjeaurd's Registered Elastic APPLIANCES, ACTING SPIRALLY and FREE from SEAMS, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, (opposite Mivart's Hotel,) London, and 17, RUE DES BEAUX ARTS, PARIS. At Home from One till Five.

Fig. 1.

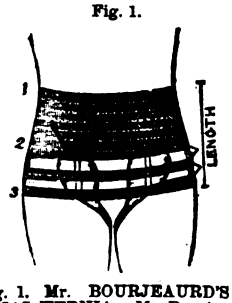

Fig. 2.

Fig. 1. Mr. BOURJEAURD'S NEW BELT and AIR-PAD for INGUINAL HERNIA.—Mr. Bourjeaud begs to state, that the smaller ends ends of the pyriform air-pads are seen below the inferior margin of the belt. The latter is made of elastic strips, about one-inch in breadth, which, by being sewn together in a peculiar manner, effect an equable compression around the abdomen. On the internal and front part of the belt two air-pads are attached, exactly on the spot where the belt comes in contact with the inguinal rings; and these yielding pads exercise a gentle compression upon the rings, which compression may be increased or diminished in changing, by means of a small tube and stopcock, the quantity of air contained in the pads. This apparatus is now driving the steel springs completely out of the field; and Mr. Bourjeaurd is happy to say, that the hernia belt is getting more and more a favourite among the leading Surgeons of the Metropolis and the provinces. It is plain to all, that two ends should be kept in view as to apparatus for hernia:—First, the support of the intestinal mass; and secondly, prevention of protrusion through the rings, without giving the patient pain, or causing inflammation and gangrene by pressure on the abdominal parietes with unyielding steel springs. These generally acknowledged desiderata the new belt for hernia completely satisfies; and it becomes every practitioner's duty to advise its use to such of his patients who are affected with hernia.

Fig. 2. POSTERIOR VIEW of the HERNIA BELT and AIR-PAD.—This diagram has been drawn in order to illustrate the latest improvement Mr. Bourjeaurd has introduced touching this extremely useful apparatus. It had, namely, been found, that in the sitting posture, the pressure of the air-pads upon the inguinal rings became somewhat weaker; to guard against this change, the tubing attached to the lower margin of the belt and terminating in the air-pad has been made to swell towards its centre, posteriorly. When the patient sits down, he drives the air contained in this kind of reservoir into the air-pad in front; the latter becomes a little larger, and the slight difference alluded to above is compensated without any effort on the part of the patient. This contrivance gives to the hernia belt a most valuable accuracy.

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MESSRS. LANE AND LARA,

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*** Office hours from 12 till 4.

University of London.—Matriculation EXAMINATION, 1855.—The ANNUAL COURSE of LECTURES on each of the subjects appointed for this Examination will Commence at King's College, London, on Monday, March 5, at Three o'Clock, and will be continued each Monday, Tuesday, Thursday, and Friday, through the Months of March, April, May, and June (with the exception of the first fortnight in April). Fee, £5 5s. For further particulars, apply to J. W. Cunningham, Esq., Secretary, King's College, London. R. W. JELF, D.D., Principal.

January 29, 1855.

King's College, London.—Summer SESSION, 1855.—COURSE of PRACTICAL DEMONSTRATIONS on the USE of the MICROSCOPE, and its APPLICATION to the STUDY of PHYSIOLOGY, MORBID ANATOMY, and CLINICAL MEDICINE. By LIONEL S. BEALE, M.B., Professor of Physiology and General and Morbid Anatomy in King's College, London. The Demonstrations to be delivered during the ensuing Summer Session will take place on MONDAY and FRIDAY MORNINGS, from Half-past Eight to Eleven a.m., commencing on MAY 7, 1855, at DR. BEALE'S PATHOLOGICAL LABORATORY, adjoining the new Hospital in Carey Street. Each Student is furnished with the necessary Apparatus, etc., required for experiment. Fee, £3 3s.

SUBJECTS OF THE COURSE.

I. Use of the Microscope and Accessory Apparatus.
II. Cements Used in Microscopical Manipulation—Method of Making Cells for Preserving Microscopical Preparations.
III. Examination of Objects in the Microscope.
IV. Demonstration of Objects for Microscopical Examination.
V. Of Making Injections.
VI. Preparing different Tissues for Examination, and the Methods of Demonstrating particular Structures. Examination of Soft Tissues.
VII. Examination of Soft Tissues.
VIII. Examination of Soft Tissues and Morbid Growths.
IX. Examination of Hard Tissues.
X. Examination of Deposits from Fluids.
XI. Examination of Urinary Deposits.
XII Application of Chemical Re-agents to Microscopical Examination.

For the convenience of those gentlemen who are unable to attend in the Morning it has been proposed to form an Evening Class. For Syllabus, etc., apply to the Secretary's Office, King's College.

February 1, 1855.

City of London Hospital for DISEASES of the CHEST, VICTORIA PARK.—With the prospect of Opening the New Hospital, the Committee are prepared to RECEIVE APPLICATIONS from Gentlemen willing to undertake the duties of RESIDENT MEDICAL OFFICERS.

Applications, accompanied with Testimonials, to be addressed to the Secretary, at the Office, 6, Liverpool-street, Finsbury, on or before Saturday, February 17. RICHARD P. SLATER, Secretary.

House-Surgeon Wanted for the Northern Infirmary, Inverness. Salary, £30 per annum, with Rooms in the Institution, and Board and Washing. Applications and Certificates must be lodged with Alex. Mactavish, Town-Clerk, Inverness, on or before the 28th February current.

JAMES SUTHERLAND, Chairman.

Inverness, 1st February, 1855.

Wanted, a House-Surgeon, and SECRETARY to the SUNDERLAND INFIRMARY and DISPENSARY. Salary, £100 a-year, with Board and Residence in the House. Candidates must be unmarried, and must leave with the Committee, a week previous to the day of Election, the Diploma of the Royal College of Surgeons of England, Edinburgh, or Dublin, and the Certificate of the Apothecaries' Hall of London, together with Testimonials of good moral character.

The Election will take place on Thursday, the 1st of March next, at Twelve o'clock.

A Married Medical Gentleman, who has been in general practice, wishes to MEET with a *bona fide* PRACTICE, averaging at least £500 per annum, from which the present Proprietor may wish to retire upon terms to be agreed upon. The country preferred.—Principals only, with real name and address, may apply to, by letter prepaid, Medicus, Mr. Churchill's, 11, New Burlington Street, London.

Medical Transfer and Partnership. 30, Bucklersbury, London.

MR. ORRIDGE, MEDICAL TRANSFER AGENT, in offering his services to the Profession, has the honour of being permitted to give reference to the testimony of Practitioners of the first respectability in town and country, between whom he has been professionally engaged in matters of TRANSFER and PARTNERSHIP.

MR. ORRIDGE'S AGENCY embraces *the Transfer and Valuation of every Description of Medical Property.*

An *Assistants' Registry* provided.

Office hours, Eleven to Four daily.

Dispensary, Newark-upon-Trent.—HOUSE-SURGEON Wanted. He must be a Member of the Royal College of Surgeons, and a Licentiate of the Apothecaries' Company, and will be expected to fill the appointment for not less than two years. Salary, £100 per annum, with furnished apartments attached to the Institution, coals, candles, and attendance.—Testimonials to be addressed to the Secretary, Dispensary, Newark-upon-Trent, on or before MARCH 10th. The Election to take place on the 31st, at 12 o'Clock, and the duties to commence on Monday, the 9th of April.

Huddersfield Infirmary.—Wanted, a HOUSE-SURGEON, legally qualified. He will be required to remain three years. Salary, £30 a-year, together with board, lodging, and washing. A Dispenser and Apprentice are employed. The Meeting of Governors for the Election of House-Surgeon will be held on the 7th day of March, 1855, at the Infirmary, at Eleven o'Clock in the Forenoon. The testimonials must be sent to the Infirmary on or before 28th February Next. There is no local candidate.

By order of the Monthly Board,

Jan. 29, 1855. J. C. LAYCOCK, Hon. Sec.

To the Medical Profession.—The Committee of Visiters of the Essex Lunatic Asylum, Brentwood, are desirous of receiving applications for the appointment of a MEDICAL ASSISTANT and DISPENSER. Salary, £80 per annum, with furnished apartments in the Asylum, board, washing, and attendance. The Candidate must be duly qualified to practise as a Surgeon or Apothecary.

Applications, with Testimonials, to be sent to Dr. Campbell, the Resident Medical Superintendent of the Asylum, on or before Saturday, the 24th inst. JAMES PARKER, Clerk to the Visiters.

Chelmsford, February 6, 1855.

Surgeoncy in the Militia.—A Surgeon, fully qualified, who has already been in Her Majesty's service, is desirous of OBTAINING an APPOINTMENT as SURGEON to a MILITIA REGIMENT. He is willing to accompany the Regiment wherever it may be ordered.—Address, A. Y., care of H. Bigg, Surgical Instrument Maker, 9, St. Thomas's-street, Southwark.

Medical Practice.—A Gentleman, aged 25, wishes to meet with a PARTNERSHIP in the Country immediately, and would treat for a Share not producing less than £500 a-year. Communications from principals only will be responded to.—Apply, Y. Z., care of Jos. Hinton, Esq., Blaina Iron Works, Newport, Monmouthshire.

A Gentleman, aged 20, who has passed three years of his pupilage, is desirous of ENGAGING HIMSELF with a GENERAL PRACTITIONER till October, to dispense and visit occasionally. Unexceptionable references.—Address, W. C., Post Office, Huntingdon.

In consequence of the Sudden ILLNESS of a MEDICAL MAN in Worcestershire, a Doubly Qualified and Active Young Man is required immediately, to take a Half-share in the Business, so as to carry on the Practice.—Apply to F. F. Thompson, Surgeon, Tenbury.

Partnership.—Wanted, by a Gentleman, with the Double Qualifications, a PARTNERSHIP in an extensive Country Practice, where he would be happy to take the arduous duties of the Practice from any one who, from ill-health or other causes, wishes to retire. References given and required.—Address, Y. Z., care of Mr. Gilbert, Stationer, Spalding, Lincolnshire.

Wanted, an active and intelligent SINGLE MAN, to fill the situation of INFIRMARY WARDER at the County Prison at Winchester. He must be acquainted with Hospital or Infirmary duties, and be able to read and write well, and produce testimonials as to qualifications and character. Salary, One Guinea per week, without rations.—Applications to be made to the Governor of the Prison.

London: Printed by WILLIAM TYLER, of 5, 6, and 7, Bolt-court, Fleet-street, in the City of London; and published by JOHN CHURCHILL, at the Publishing Office, No. 11, New Burlington-street, in the Parish of St. James's, in the City of Westminster.—February 10, 1855.

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MEDICAL TIMES & GAZETTE

The Medical Times and Medical Gazette incorporated.

No. 242.—New Series. LONDON, SATURDAY, FEBRUARY 17, 1855. SEVENPENCE. Stamped Edition 8d.

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Clinical Lectures on the Pathology and Treatment of the Affections of the Ear, causing Disease in the Brain or its Membranes. Delivered at St. Mary's Hospital. By Joseph Toynbee, Esq., F.R.S., etc. — Lecture IV. *(With Engravings)* 153

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The Society also claims the support of the Medical Profession on the following grounds:—

For several years the "Medical, Legal, and General" was the only MUTUAL Life Assurance Society connected with the Medical Profession.

The rates are lower than those of any other Medical Life Office.

Bonuses divided annually.

Persons desirous of assuring Diseased or Rejected Lives will find that, from the experience acquired by this Society, it is enabled to accept such lives at rates both equitable and safe.

From the outset the expenses of management have been kept within the narrowest limit consistent with the efficient working of the establishment.

Loans, Annuities, Endowments, and every form of assurance contingent upon Life, transacted at moderate rates.

ANNUAL PREMIUM FOR ASSURING £100 AT DEATH WITH PROFITS.

Age.	Premium.	Age.	Premium.	Age.	Premium.	Age.	Premium.
15	£1 10 0	30	£2 6 2	45	£3 12 8	60	£6 19 0
20	1 15 0	35	2 13 0	50	4 7 8	65	8 17 6
25	2 0 1	40	3 1 2	55	5 9 11	70	11 10 6

Prospectuses, forms, and any further information may be obtained of FREDERICK JAMES BIGG, Actuary and Secretary.

The Medical Directors are the Examiners of the Society, one of whom is always in attendance on Mondays at 3 o'clock, and on Fridays at 4 o'clock.

Medical Benevolent College.—The

VOTES and INTEREST of the Governors are respectfully and earnestly requested on behalf of MARY ANN BULL, a Widow, who applies to be admitted into the College, and GEORGE BULL, who applies to be admitted as a Foundation Scholar to the School.

Mary Ann Bull is the widow, and George Bull is a younger son, of the late Daniel Bull, a duly qualified Medical man, (Member of the Royal College of Surgeons, and Licentiate of the Apothecaries' Company), who died in November, 1852, having been disabled by paralysis during the last eight years of his life.

The father, mother, and eight children were in the greatest distress, when, in 1851, an appeal was made to the Profession on their behalf, which was generously responded to by subscriptions to the amount of between three and four hundred pounds. A weekly sum of money was given to the family up to the period of the father's death, when the sum of £300 was invested in the names of three gentlemen residing in Bedford, as trustees. The interest from this sum, and a small amount from life assurance, is now the sole income of the widow and family.

The appeal on behalf of this "distressing case" particularly aroused the sympathy of one gentleman, who lost no time in devising some means of relieving similar cases, and who has now the distinguished honour of having founded the "Medical Benevolent College."

The case is most earnestly recommended by many members of the Clerical and Medical Professions.

Proxies will be thankfully received by Mrs. Bull, Princes-street, Bedford; or, by Dr. Herbert Barker, of Bedford.

Metropolitan Dispensary and

CHARITABLE FUND, FORE-STREET, CRIPPLEGATE.—The office of PHYSICIAN to this Charity being VACANT by the resignation of Dr. Leared, the Senior Physician, gentlemen fully qualified and who may desire to fill the same, are informed that testimonials will be received at the Dispensary until Seven o'Clock on WEDNESDAY EVENING, the 7th MARCH, when the Committee will meet to examine them, and fix the day of election. 7231 patients were relieved last year, exclusive of about 5000 cases of cholera and diarrhœa only.—All further particulars relating to the Institution and the duties of the office, may be obtained upon application to Mr. Southwood, the Resident Medical Officer, or to the Secretary.

By order of the Committee,
C. E. STRONG, Secretary.

44, Jewin-street, City, Feb. 14, 1855.

Northern Dispensary, No. 9, Somers-

PLACE WEST, EUSTON-SQUARE.—President, the Most Noble the Marquis CAMDEN.—A SPECIAL MEETING of the Governors will be held at the Dispensary, on MONDAY, the 19th MARCH Next, for the purpose of electing by ballot a PHYSICIAN to the Institution. Candidates must be Fellows or Licentiates of the London College of Physicians, and must signify their intention by letter addressed to the Committee, at the Dispensary, on or before the 5th MARCH Next, accompanied by their testimonials. The ballot will commence at 10 o'Clock in the Morning, and conclude at 11.

JOHN CASLEY, 31, Guildford-street, Russell-square,
Honorary Secretary.

South Staffordshire General

HOSPITAL.—HOUSE-SURGEON.—The Vice-Presidents and Directors will proceed to the Election of a Gentleman to fill the office of HOUSE-SURGEON to the South Staffordshire General Hospital, on Tuesday, the 27th day of March Next. Candidates must send in their testimonials and qualifications, under cover, to the Secretary, on or before Saturday, the 17th day of March Next, in order that the same may be submitted to the Board for examination. Candidates must be Members of the Royal College of Surgeons in London, and Licentiates of the Apothecaries' Company in London. They must be unmarried, and not exceeding forty years of age. The salary, which is permanent, will be £75 per annum, with Board, Washing, and suitable Apartments.

By order of the Weekly Board,
BENJAMIN SMITH, Secretary.

Wolverhampton, January 30, 1855.

Hooper's Waterproof Sheeting, for

Protecting Bedding from Sloughing Sores, Incontinence of Urine, Hæmorrhage, etc.

Mr. Hooper has succeeded in obtaining Waterproof Sheeting, at a great reduction in price, soft and inodorous; it is not affected by Urine, Heat nor Cold, Acids nor Alkalies, and may be washed as family linen.

Also, IMPROVED INVALID URINALS, with valves, for sitting, lying, or travelling, in any position.

FOR EPILEPSY.

COTYLEDON UMBILICUS.—The introduction of this valuable agent has proved a valuable discovery. The satisfactory accounts Mr. HOOPER has received have induced him to pay great attention to its collection and preparation. He cautions medical men against the use of worthless preparations, passed off for his, and as prepared for Mr. Salter, &c. Mr. Hooper has instructions to state, that Mr. Salter has never used any but that obtained from him. A copy of Mr. Salter's reports in the "Medical Gazette" sent free by post.

GALIUM APARINE (HOOPER'S) FOR CUTANEOUS DISEASES, PSORIASIS, etc.—Dr. Winn, of Finsbury-square, having published in the "Medical Gazette," October 4, 1851, an account of the peculiar properties of the Galium Aparine in Cutaneous Diseases, Lepra, Psoriasis, etc., Mr. Hooper has given his attention to preparing it in various forms. Dr. Winn finds the inspissated juice the most efficient preparation, which can be had from Mr. Hooper, or direct through the Wholesale Houses.

HOOPER, Operative Chemist, Pall-mall East, and Grosvenor-street.

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ORIGINAL LECTURES.

CLINICAL LECTURES

ON THE

PATHOLOGY AND TREATMENT OF THE AFFECTIONS OF THE EAR,

CAUSING DISEASE IN THE BRAIN OR ITS MEMBRANES.

DELIVERED AT

St. Mary's Hospital.

By JOSEPH TOYNBEE, Esq., F.R.S.

Aural Surgeon to the Hospital; Lecturer on Aural Surgery at St. Mary's Hospital Medical School; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, etc.

Lecture IV.

THE MASTOID CELLS.

Gentlemen,—The mastoid cells, as far as relates to their functions, may be considered merely in the light of an appendage to the tympanic cavity; but their peculiar conformation and their intimate relations with the lateral sinus, render it necessary for their diseases to be studied apart, from those occurring in the other cavities of the ear.

Previous to entering upon a consideration of their diseases, it is important for us thoroughly to understand the anatomical relations of the mastoid cells.

Anatomical Observations.—The mastoid cells, like the mastoid process, vary much in size in different individuals. In some persons these cells occupy the whole of the interior of the bone behind the meatus externus, for a distance of an inch and a-half; their vertical diameter is two inches, and they extend inwards as far as the fossa jugularis; in other cases the mastoid process is almost solid, and the cells communicating with it are small and few in number. The mastoid cells may be considered as consisting of two portions,—one being contained in the mastoid process, where the cells have more or less a vertical arrangement, and the other is situated between the mastoid process and the tympanic cavity; this latter portion is generally horizontal, and frequently presents a concavity at its floor, in which mucus or other secretions are apt to lodge. On the inner surface of the mastoid process (as seen in *Fig.* 3) is the sulcus lateralis, which is occupied in the recent subject by the lateral sinus. Numerous orifices exist in this sulcus for the passage of veins from the mastoid cells to the lateral sinus; this sinus is generally the part first affected in disease of the mastoid cells occurring in the adult. The mastoid cells are bounded anteriorly by part of the posterior wall of the meatus. At birth and during the early years of life the mastoid process is in a rudimentary state, and the only representative of the mastoid cells consists in the horizontal portion which is adjacent to the tympanic cavity, and the extension of which backwards and downwards in later periods, forms the cavity of the mastoid process. It is essential for us to be well acquainted with the

Fig. 5.

The external surface of the temporal bone of a child. The outer wall of the horizontal portion of the mastoid cells has been removed, and the cavity of the horizontal portion of the cells, above the mastoid process, is exposed.

relations of this horizontal portion of the mastoid cells in the earlier periods of life, inasmuch as disease occurring in it produces wholly different results from those which occur in later periods. If a vertical section be made so as to pass through this horizontal portion in the temporal bone of a child about two years of age, it will be observed that these mastoid cells are bounded externally by a part of the squamous bone, which is superior and somewhat posterior to the meatus externus; it is this part of the squamous bone which becomes affected in cases of disease in the mastoid cells occurring in early life. The upper part of this horizontal portion of the mastoid cells is formed by a layer of bone continuous with that constituting the upper wall of the tympanum. This lamina partakes of the disease of this cavity, and thus the dura mater and cerebrum are liable to be affected in cases of disease in the mastoid cells occurring in early life. Before the second year, this cellular cavity is comparatively much larger than it is subsequently. I purpose, in

Fig. 6.

A vertical section of the temporal bone of a child through the horizontal portion of the mastoid cells. It is seen to be bounded externally by the layer of bone, which has been removed in *Fig.* 5, and which usually becomes carious in cases of disease in the horizontal portion of the cells occurring in early life. The relations of the horizontal portion with the cerebral cavity is also seen. (The layer of bone between the two cavities is twice as thick as natural.)

the first place, to speak of the diseases of the mastoid cells in the child; I shall afterwards describe them in the adult.

Of the Diseases of the Mastoid Cells in Childhood.—The most frequent causes of disease in the mastoid cells, as in the tympanum, are scarlet fever, measles, small-pox, and scrofulous affections. In the three former of these diseases the mucous membrane is usually the subject of chronic catarrh; it becomes hypertrophied, and mucus collects in the cells. In childhood, where the mastoid process is not developed, the mucus collects in the horizontal portion, which has been already described as being bounded externally by the squamous bone, and above by the continuation of the lamina forming the upper tympanic wall. It is, therefore, evident that the portions of bone liable to be affected by disease in the mastoid cells of the child are the squamous bone immediately above and behind the external meatus and the posterior part of the upper wall of the tympanum. Dissection shows that these are the two parts which become diseased, and that, in cases of disease attacking the mastoid cells in early life, the *cerebrum* is the part of the brain which suffers, while, as we shall see, in later periods of life the *cerebellum* becomes affected.

In disease of this part the discharge from the affected ear often dates from birth; it is generally at its commencement unaccompanied by any pain, and too often (especially among working people) no notice whatever is taken of it. In its earlier stages, it appears that the discharge is purely sympathetic; and, as in many other cases of irritation of the tympanic mucous membrane, it proceeds from the meatus and the outer surface of the membrana tympani. As the disease progresses, the tympanum becomes filled by mucus or scrofulous matter, and the membrana tympani yields to the pressure on its inner surface; no doubt, in some cases, if a thorough outlet be thus made for the discharge from the mastoid cells, and the health of the patient improves, no further mischief accrues; but, unfortunately, the peculiar conformation of this part of the mastoid cells usually prevents the free escape of the matter; part, at least, of it remains lodged in its concavity, or perhaps it is wholly shut up by the closure of the tympanic aperture through the hypertrophy of the lining mucous membrane. In all fatal cases the discharge is deprived of a free egress.

One of the peculiar features of this disease is, that it sometimes causes death by producing general cerebral irritation,

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rather than by inflammation.(a) In the first two cases which follow there was no appearance of disease in the brain, pia mater, or arachnoid; in the third case, these parts were but slightly affected in comparison with the large amount of disease in the ear.

Scrofulous Disease of the Horizontal Portion of the Mastoid Cells before the First Year of Life; Caries of the Squamous Bone; Disease of the Dura Mater.—J. R., aged 13 months, was admitted, under my care, as an out-patient at St. Mary's Hospital, on the 12th of February, 1852. Although she had a good colour, and was not thin, her mother stated that since her birth she had never been strong, and that she was brought up by hand, on account of the mother having an abscess in one breast. The history was, that, at six weeks old, a discharge was observed to flow from the right ear, and this had continued to the present time with but short intermissions. Three weeks ago an abscess formed at the back of the ear, which discharged into the meatus. Upon inspection, the surface of the meatus was observed to be red, and its substance so much tumefied, that it could not be ascertained whether the membrana tympani was present or not. The discharge consisted of pus and mucus. The abscess behind the ear communicated with the meatus by an aperture at its posterior part. The ear was ordered to be syringed with warm water.

Feb. 19.—The symptoms remain much the same; the discharge had, however, become more offensive.

Until the 1st of April the symptoms gradually subsided; the discharge diminished, and the child appeared to be stronger. On the 2nd of April the discharge became more offensive, and it diminished in quantity. On the 8th the child cried as if in pain, and started in her sleep.

April 15.—The application of leeches afforded some relief; they were ordered to be continued.

19th.—Has had shivering fits to-day. From this date the head symptoms gradually increased; the respiration became difficult, and the child died in convulsions on the 29th.

Autopsy.—The part of the sterno-mastoid muscle attached to the mastoid process was discoloured. The membranous meatus was much thickened, and of a dark purple colour. The posterior

Fig. 7.

The external surface of the temporal bone. The irregular circular line enclosing a surface about the size of a fourpenny piece, indicates the extent of the carious bone.

part of the osseous meatus was carious, and the bone continuous with and above it, for a space the size of a fourpenny piece, was also carious, this being the portion of bone which bounds externally the horizontal mastoid space. The periosteum covering this carious bone was thick and soft in parts, and ulcerated in others. internally, there is also a portion of necrosed bone, about one-half the size of that externally; and, upon a section, the inner surface is found to be part of the necrosed portion of bone which is seen externally, where it covers the tympanic cavity, and extends above it. The outer surface of the dura mater which is in contact with the dead bone is soft, spongy, and of a dark colour, and partly filled the superficial cavity formed by the necrosed bone; in immediate contact with the bone, however, was a soft, pulpy tissue. The membrana tympani was absent,

(a) A somewhat analogous case is cited above as having occurred to Dr. Chambers.

the mucous membrane of the tympanum ulcerated, and the ossicles carious. The lungs were tuberculous, the mesenteric glands large, and contained scrofulous matter.

The following case is extremely analogous to the one just reported:—

Scrofulous Disease in the Horizontal Portion of Mastoid Cells in the First Year of Life; Caries of Squamous Bone and Disease of Dura Mater.—E. B., aged 10 months, subject to scrofulous glands, was admitted, under my care, at the St. George's and St. James's Dispensary, in November, 1849. When seen, there was a considerable abscess behind the left ear, and discharge from the meatus. The membrana tympani was absent, the mucous membrane of the tympanum thick and red. At the bottom of an abscess behind the ear dead bone could be felt. Her mother stated, that there was discharge from the *right* ear at the age of three months; this lasted six or seven weeks, and then disappeared. At five months of age discharge took place from the *left* ear, and, after it had continued for a month, a swelling appeared at the back of the ear; this abscess was opened, and it discharged, in addition to the meatus, until I saw her. Soon after seeing her, the symptoms of cerebral irritation which had shown themselves at times, in the form of great pain in the left side of the head, rapidly increased; and, in face of all the remedial measures employed, death ensued in a few days.

Autopsy.—On slitting open the abscess at the back of the ear, the bone above and posterior to the meatus externus, over the space of a sixpence, was denuded; it was rough, black, and, soft; the external table had been removed. Upon making a vertical section of the bone through the horizontal portion of the cells, the walls of the latter were observed in a state of disease, and the cavity contained purulent matter. The outer walls of this portion of the cells was carious throughout. The membranous

Fig. 8.

A vertical section of the diseased bone in the same situation as in *Fig.* 6. The walls of the horizontal mastoid cavity are diseased; the upper wall forming part of the cerebral cavity, and continuous with the external wall, is carious; the entire substance of the external wall is dead.

meatus was softer than natural. The membrana tympani had been wholly removed by ulceration, as also were parts of the tympanic mucous membrane; the small portions remaining were thick, soft, and of a livid colour. The long process of the malleus had disappeared; the remnant was partially disconnected from the incus, as was the incus from the stapes. The inner surface of the carious bone is of a dark colour, and is itself carious; it presents numerous small depressions. The dura mater, thick, soft, and red, was separated from the carious bone by a transparent fluid. Upon examining the *right* ear, the same disease appeared, but in an incipient state. The meatus was soft and red; the membrana tympani thick, white, and concave. The mucous membrane lining the tympanum and mastoid cells was thick and red, and there was a collection of mucus. Another case, which occurred under the care of Mr. H. J. Johnson, when Assistant-Surgeon to St. George's Hospital, is as nearly as possible a counterpart of the one just cited; the specimen for which I am indebted to the above gentleman, is almost a *fac simile* of the above.

In some cases the disease extends upwards and outwards, and destroys nearly the whole of the squamous portion. One of these cases was brought under my notice by Mr. Willing, of Hampstead. The following are the particulars from him:—

Scrofulous Disease in the Horizontal Portion of the Mastoid Cells before the First Year; Destruction of a Large Part of the Squamous Bone by Caries; Disease of the Dura Mater; a Small Abscess in the Cerebrum.—M. A. W., aged 11 months, the youngest of three children; the other two were healthy. The

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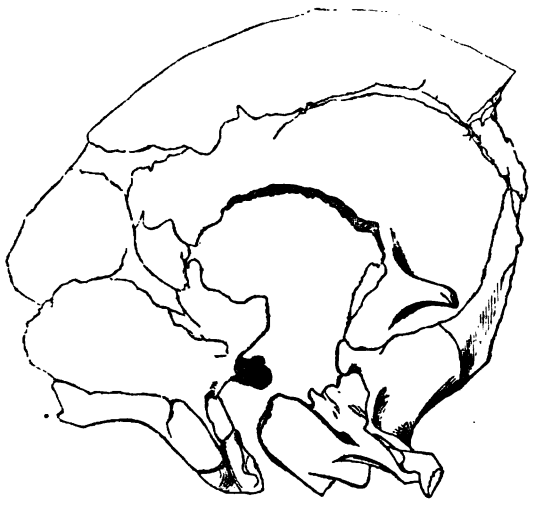
parents are in bad circumstances; the mother was very emaciated, and, during her pregnancy, had insufficient food, her husband, a bricklayer's labourer, being out of work for a long time. The child was first seen by Mr. Willing in June, 1850; it was then three months old. It was small and much atrophied. The mother stated, that it was small when born; and, as she had no milk, she endeavoured to bring it up by hand. She said that there had been a discharge from the right ear since birth. Upon examination, a redness and tumefaction, both of the meatus and ear, were observed; evident tenderness on pressure of the mastoid process; the cervical glands were enlarged. The child was suffering from diarrhœa, and was extremely weak. Cod-liver oil was administered, and emollients applied to the ear, which was syringed daily with warm water. Under this treatment the child somewhat improved, until October, when paralysis occurred to the left side of the face. The discharge became more abundant, the soft parts around the ear became sloughy, and the mastoid process offered no resistance upon pressure. These symptoms remained until the death of the child in February.

Autopsy, Thirty-Two Hours after Death.—The body was so much emaciated, as not to be much larger than at birth. The dura mater was very thin; the convex surface of the brain was greatly congested; patches of dark-coloured blood was scattered over its hemispheres, especially on the right side, where, in one or two places, they extended to the depth of three or four lines into the substance of the brain. The cerebral veins were distended by coagula. At the surface of the posterior part of the middle lobe, on the right side, was a small abscess, the size of a pea. The ventricles contained about three ounces of thick, turbid serum. The middle cerebral arteries were distended by firm fibrin. There were about four ounces of fluid at the base of the brain. The dura mater covering the petrous portion of the right temporal bone was separated from it by pus, and it was very much thickened.

Upon examining the temporal bone which Mr. Willing presented to me, I found that the part of the squamous portion between the root of the zygomatic process and the mastoid process had been entirely destroyed, and that the larger part of the mastoid process had also disappeared; an aperture, an inch in length, and three-quarters of an inch in depth, had thus been formed; the petrous bone was detached, and it was carious both on its superior and posterior surfaces. The small remaining part of the mastoid cells contained scrofulous matter.

Fig. 9.



The outer surface of the right side of the skull; the squamous bone between the zygomatic and mastoid processes had been entirely removed by caries; the large aperture thus produced corresponds in position with the circular portion of carious bone seen in *Fig.* 7.

In other cases the disease may advance to a very considerable extent, and then, supposing the health to improve, efforts of reparation may be made. A very interesting case of this kind was brought under my notice through the kindness of Mr. French, to whom I am indebted for the opportunity of making a careful dissection of the ear. This case derives additional interest from the fact, that it was the subject of judicial proceedings, the exciting cause of the fatal symptoms which produced death, being a blow on the head.

Catarrh of the Mucous Membrane of the Horizontal Portion of the Mastoid Cells in Childhood; Caries of the Bone; Partial Reparation by Deposit of New Bone; Death following a Blow on the Head; Abscess in Cerebrum.—E. C., aged 12, previously in good health, was seen on the 3rd of July, 1850, on account of violent pain in the head, chiefly in the left temporal region; this was accompanied by severe febrile symptoms. The day previously she received a violent blow on the head during a scuffle; she was thrown down; her head was struck against the floor, and subsequently against the wall; a similar but less severe assault was repeated a few minutes afterwards. Upon examination, there was a fulness of outline and a puffiness of the temporal muscle. The symptoms of cerebral irritation and fever rapidly increased; a large abscess formed beneath the temporal muscle; discharge took place from the ear; coma ensued, and death occurred twenty-two days after the injury. It could not be ascertained whether there was a history of discharge from the ear in earlier childhood.

Autopsy.—The pericranium was found separated from the squamous bone by purulent matter; the dura mater lining the squamous bone, and covering the upper wall of the tympanum was thicker than natural, and but slightly adherent to the bone; the arachnoid and a portion of cerebral matter were attached to this part of the dura mater. In the cavity of the middle cerebral lobe was an abscess containing four ounces of pus. The petrous bone was diseased. The membranous meatus was thicker than natural; its free surface was smooth, and presented no signs of ulceration. The superior and posterior walls of the osseous meatus were rough; this rough appearance was produced by a deposit of new bone, which was also found to extend on the outer surface of the squamous bone above the meatus for a space measuring half an inch in its vertical, and an inch in its antero-posterior diameter. The posterior two-thirds of the membrana tympani were absent; the mucous membrane of the tympanum was healthy, but in the passage to the mastoid cells there was a collection of pus and scrofulous matter, which had not been freely discharged, on account of the small size of the aperture leading into the tympanum, contracted as it was by the thick mucous membrane. The upper wall of the tympanum was in a diseased state; the surface next to the dura mater was composed of a very fine scale of dead bone, about six lines long and four broad; this was perforated by small orifices, and posteriorly it was eaten away in parts. Beneath this portion of dead bone was a layer of new bone, which formed the upper wall of the tympanum, and it was continued upwards and outwards on the inner surface of the squamous bone to its upper margin; the old bone underneath and adjacent to this new bone was worm-eaten, and had been the seat of the disease; being about half-an-inch in breadth.

There can be no doubt from the examination of the specimen, that disease in the horizontal portion of the mastoid cells had commenced in early childhood; that, as in the cases previously quoted, the squamous bone became diseased, the dura mater and the cerebrum being also affected, but not to such a degree as to endanger life. It would then appear, that as the bone was developed new bone was deposited on each side of the diseased squamous bone, and extended into the meatus, which, it will be remembered, forms in the first few years of life part of the squamous bone; and it is possible, that in spite of the disease in the brain and dura mater, the patient might have lived many years, if no very active exciting cause had been brought into operation. At the same time, it is most probable that the blow on the head would not have caused death, had there not been pre-existing disease; and in this view the grand jury concurred.

I have thus pointed out to you to-day the peculiar anatomical relations of the mastoid cells in childhood. I have shown you that in the first year of life the mastoid process is not developed, that the mastoid cells consist only of the horizontal portion, that this portion is intimately connected with the cerebral cavity, and that in childhood, disease is usually propagated to this cavity instead of to that of the cerebellum. These cases of disease occurring in early life that I have brought forward to-day must, therefore, be considered as exceptions to the rule I have previously laid down, viz., that affections of the mastoid cells produce disease in the cerebellum.

In my Fifth Lecture I shall proceed to examine the subject of diseases of the mastoid cells, and their effects upon the brain, in cases occurring after the second year of life.

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ORIGINAL COMMUNICATIONS.

FIBROUS TUMOUR.

By EDWARD RIGBY, M.D., etc.

Senior Physician to the General Lying-in Hospital; Examiner Midwifery at the University of London.

(Continued from Vol. XXX., page 540.)

Mrs. S., aged 40, married ten years, never pregnant.

January 16, 1849.—Tall, haggard. Constant dull pain of pelvis; increased on standing, relieved on lying down; occasional pain of left groin, and sense of soreness down the thighs; frequent desire to relieve the bladder, with a sense of obstruction at the lower part of the rectum. Has had a severe attack of bearing down pain after straining in evacuating the bowels, producing faintness, and rendering her unable to sit. Bowels regular; tongue clean, but pale. Any little shock or jerk produces pain behind.

The last catamenia occurred after only a fortnight's interval, and were more profuse than usual.

Examination per Vaginam.—Uterus and cervix enlarged and hard; fundus distinctly above the pubes; uterine sound passes four inches; posterior wall thickened.

Hirud. vj. ori uteri. Applic. ung. hydrarg. ori uteri.

March 8, 1850.—Continued to apply the leeches once a month until December with great relief; used the ointment for three or four months, and then discontinued it, as it seemed to depress her; is looking well and hearty.

Examination per Vaginam.—Uterus feels smaller, and is more moveable; cervix smaller and softer; uterine sound passes three and a-half inches.

Rep. hirudines p. r. n. Sumat liq. calcii chloridi ♏ xx—xxx bis die ex infuso aurantii comp.

Dec. 12.—Looking and feeling better; the periods are regular and not too profuse; constant pain of back, and occasionally severe pain behind the symphisis pubis, with irritability of the bladder; tongue clean; bowels regular; pulse weak; bowels rather confined.

Examination per Vaginam.—Os uteri natural; uterus lighter, softer, and evidently smaller. I could not feel the fundus behind the symphisis pubis, but she is stouter; uterine sound passes three inches. The pulse does not seem strong enough to justify a repetition of the leeches.

Rep. ung. hydr. ori uteri. Mist. ferri et magnesiæ sulph. o. m. Let her continue the solution of muriate of lime, increasing the dose ♏ v. weekly.

This was the last time I saw her. At the latter end of 1851 or beginning of 1852, she began to have great difficulty in swallowing her food, producing intense suffering before it entered the stomach. She became much emaciated. At length, the difficulty increased so much, that she could scarcely take even fluids, although craving with hunger. In this way she continued to suffer severely until she died exhausted in May, 1853. A *post-mortem* examination revealed extensive obstruction and disease of the œsophagus. The cervix uteri was hypertrophied; the fundus small and healthy.

The enlarged and hardened condition of the uterus, the distance to which the uterine sound passed, and the being able to feel the fundus above the symphisis pubis, rendered the diagnosis in this case pretty certain. The thickening of the posterior wall of the uterus, under circumstances of considerable enlargement, is a very characteristic feature in cases of fibrous tumour. The increased size of the uterus had gradually caused pressure both on the rectum behind and bladder before; and it seems that the enlarged mass had been forced deeper into the pelvic cavity by straining to evacuate the bowels.

At this distance of time, I cannot recollect why I confined my treatment merely to the application of leeches at the half-way periods, and of the mercurial ointment at intervals of a week before and a week after; she, however, gave these two remedies a thorough trial, and certainly with good effect,—she had gained strength, and improved in appearance; the uterus had also diminished in size. She continued to use the leeches occasionally, and took the solution of muriate of lime for about ten months; the menorrhagia had ceased, but, though she looked and felt well, there was a want of strength about her which did not justify a continuance of the leeches. The uterus, however, was softer and decidedly smaller even by the feel of the hand externally; and the more accurate admeasurement of the uterine sound showed that its cavity had lost a whole inch of its length since the commencement of the treatment; indeed, it was now but little above the natural size.

Many months afterwards she began to experience that difficulty and pain in swallowing which were the precursors of her severe and long-protracted sufferings. It would be out of place in this report to detail the *post-mortem* examination of the œsophageal disease which destroyed her, and which was obligingly sent me; but the almost natural condition of the uterus, beyond an enlarged state of the cervix, is an interesting confirmation of my last examination.

Mrs. G., aged 43, married twenty-two years; seven children; a tall, stout brunette.

Oct. 1, 1849.—Severe attacks of menorrhagia during the last twelve months, with clots, which have considerably exhausted her. The abdomen is large and soft; bowels regular, but dark and offensive; complains of no particular pain.

Her last confinement was six years ago, when the child was turned on account of mal-position; it was still-born, and she had a severe hæmorrhage afterwards. She again became pregnant a year and a-half afterwards, and had an abortion, which was followed by hæmorrhage, which lasted for ten or eleven weeks afterwards.

Examination per Vaginam.—The cervix is short; the uterus is hard and much enlarged; uterine sound passes six inches.

Pil. hydr. gr. iij., quinæ disulph. gr. ij.; extr. hyoscyami gr. v. M. ft. pil. ij. o. n. s. Acid. nitro-mur. ex infus. aurant. co. c. taraxaco ter die.

Oct. 20.—Has been gradually improving in health.

Rep. mistura. Applic. ung. hydrarg. ori uteri.

Nov. 6.—Catamenia appeared on the 27th ult.; no pain, nor clots; the discharge was moderate, lasting only five days; is looking and feeling much better; has been to Brighton for a week.

Rep. mist. et unguent.

Dec. 8.—Catamenia did not appear until a week after the time; the discharge was a little more profuse than the time before, but lasted only four days.

Rep. mist. et unguent.

Dec. 15.—Bowels unhealthy, otherwise appears to be in good health.

Examination per Vaginam.—Uterus very moveable; its inferior segment is much more tapering and funnel-shaped; uterine sound passes 4¾ inches.

℞ Pil. hydr. gr. iij., ferri sulph. gr. ij., extr. lupuli. gr. v. M. ft. pil. ij. h. s. s.

Although the uterine sound passed to such a distance in the first instance, yet, from the stoutness of the abdomen, I could not feel the tumour distinctly above the symphisis pubis; the large solid mass which the uterus formed at the brim of the pelvis, and the great length of its cavity, together with the menorrhagic character of the menstruation during the previous twelvemonth were pretty distinct evidences of the nature of the case.

She had been too much exhausted by these attacks to bear the application of leeches, and the bowels, etc., were in too unhealthy a condition to induce me to prescribe the muriate of lime. After giving her some mild alterative and tonic medicine, I commenced the mercurial ointment. The menorrhagic character of the catamenial periods gradually ceased; the uterus began to diminish in size and hardness, and its lower portion to resume its natural shape. I must add, that I made one more examination, of which, however, I have made no use, not having the uterine sound with me at the time; during which, I recollect observing to her, that if I had not known her previous history, and was then examining her for the first time, I should not have been aware that there was anything the matter with her.

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ON THE MANNER OF FINDING AND EXPOSING THE ARTERIES

WHEN THEY ARE TO BE TIED IN A HEALTHY PART OF THEIR COURSE.

By Dr. A. DEVILLE.

Demonstrator of Anatomy at the School adjoining St. George's Hospital; Late Prosector in the Anatomical Theatre of the Hospitals of Paris.

(Continued from page 56.)

Popliteal Artery—A little above the middle height of the popliteal space; a deep-seated artery. Rallying point—the semi-membranosus muscle. Incision—running from the middle of the popliteal space, vertically and a little inwardly, up to the internal border of the popliteal space. (27)

(27) The second fascia between the muscle and the artery, needs not to be divided with the knife; it is torn asunder by the help of a finger or director, as well as the deep layer of fatty cellular tissue interposed in the space between that fascia and the artery.

Femoral Artery—At its lower part, or rather within the tendinous canal of the adductors; a deep-seated artery. Rallying points: 1st. The sartorius, which is drawn aside backwards; 2nd. The long saphenous nerve, which indicates the spot where the tendinous membrane of the adductors must be divided. Incision: along the tract of the femoral artery, extending by one-half up along the middle third, by the other half down along the inferior third of the thigh. (28).

(28) The great importance of the operation we are now about requires minute explanations, relating:—1st. To the manner of drawing the line indicative of the course of the artery; 2nd. To the pushing aside of the sartorius; 3rd. To the utility of the saphenous nerve.

1st. The femoral artery could strictly be secured in four places of selection: at its upper part or origin, at the top of the inguinal triangle, at the middle part of the thigh, and within the tendinous canal of the adductors. Tying it at its beginning is a very bad proceeding, on account of its giving nearly all its collateral branches about this part, and, therefore, we lay entirely aside this place of selection. In the second and third places of selection, the performance of the operation is exactly the same; therefore, we need only consider two operations—one in the lower part, another in the upper part of the artery. But, whatever be the place of selection, the incision through the skin must in all cases be made along a line which we call the tract of the femoral artery. The manner of drawing it is the following:—

Bend a little the thigh on the trunk, and the leg on the thigh; bring the thigh in a gentle abduction, and lay it by its external surface upon the table or bed. Take, on one side, the middle part, between the anterior superior spinous process of the ilium, and the spinous process of the pubis, and mark that point. On the other side, now, divide at sight, (or better, by indicating their junction with two fingers laid upon the skin,) the inner length of the thigh, from the genito-crural furrow down to the interspace of the knee-joint, into three-thirds; at the junction of the middle with the inferior third, mark exactly the middle breadth, from before backwards, of the internal surface of the thigh, which point, besides, lies in front the tendon of the adductor magnus, a tendon almost always easy to be felt. Draw a straight line along the skin, from the former point down to the latter, and you have marked thus the direction of the incisions, or what we call the tract of the femoral artery, as far as it is useful for the operation. We may observe, moreover, that the latter point marks also the middle of the incision for tying the artery within the tendinous canal of the adductors.

2nd. The operator divides the skin, the subcutaneous cellular tissue (taking great care not to hurt the saphenous vein, if perchance, though it very seldom occurs, it were exposed), and the fascia. The sartorius is then usually exposed. However, there are some exceptions; on some old and very lean subjects, the sartorius is so loose and thin, that in the above-mentioned position of the thigh, it falls of itself behind the tendon of the adductor magnus, and does not appear when the fascia is divided. But, as it is useful to see the sartorius, were it only for ascertaining that the operator is in the right way, I usually advise, whenever the operation is performed upon a lean subject, to raise up the soft parts of the inner portion of the thigh, by the help of the fingers of the left hand, the palms being applied against the posterior surface of the limb, before dividing the fascia; thus the loose sartorius muscle is returned forward to its regular place, and always exposed to view, when the fascia is cut by a single sweep of the knife. This peculiar addition to the proceeding will be useful on every subject of a loose frame. Of course, in those cases it is not necessary to draw aside the sartorius, as the mere removal of the left hand which supported it, raised up in its proper situation, is sufficient to let it fall again backwards, even far beyond what is useful for the further course of the operation.

3rd. As soon as the exposed sartorius is either drawn aside backwards, or let loose and falling backwards of itself, we perceive the arch of the tendinous fibres of the adductors covered in front by a more or less thick layer of cellular tissue, which layer must be widely cleared away by the blunt end of the director moving especially up and down. Thus, that glistening aponeurosis extending from the adductors to the vastus internus, and passing as a tendinous arch before the artery, is put in view, and must be divided along the director, in order to expose the artery. But on what place are we going to divide it? This is of great moment, as the artery does not touch it, but is placed yet far behind it; and were not the division made in the proper place, we should fall out, either into the depth of the posterior muscles of the thigh, or into the depth of the vastus internus; and once misled, here as elsewhere, nothing is more difficult for an operator than to find out afterwards the right way. I think this apparent difficulty of determining the right place of this division, is the true cause of the discredit which this useful, and certainly easy, operation has fallen into; it is most readily removed by the help of the saphenous nerve.

The long or internal saphenous nerve is situated within the sheath of the femoral artery, for about the lower two-thirds of the extent of the vessel. At the moment when the artery passing out of the canal of the adductors becomes the popliteal artery, the nerve leaves the vessel, the direction of which it has hitherto closely followed, and becomes more and more superficial as it goes down, until it reaches the subcutaneous cellular tissue at the internal surface of the leg. In the first part of this latter course the nerve begins by crossing though the aponeurosis of the adductors, by a proportionately large oval opening, situated one or two fingers' breadth below the middle length of the incision we have directed for the operation, and exactly before the place occupied behind by the artery. Therefore, we have there an unmistakable rallying-point.

When the cellular tissue is completely cleared away, and the aponeurosis in view, nothing is more obvious than the flattened and round cord of a white-yellowish tint, formed by the nerve, close to the tendon of the adductor magnus, which it crosses very obliquely from before backwards. This cord once ascertained, we need not pinch up the aponeurosis with the forceps, in order to make an opening, as a proportionately very large one exists for the passage of the nerve. We want only to introduce from below upwards the director in this natural opening, and to push it with the usual caution along behind the aponeurosis, which is readily divided then in the precise place where it ought to be. Afterwards, a gentle clearing away through the exposed structures is required for exposing the artery, which is still seated a little more deeply.

Femoral Artery—At its upper part, but not above the top of the inguinal triangle; a deep-seated artery. Rallying point: the sartorius, which is drawn aside outwards. Incision: along the tract of the artery. (29).

(29). This operation is a type of the mere application of the general rule for exposing a deep-seated artery. It is performed as easily and in the same manner a little below, or at the middle third of the thigh.

Iliac Arteries.—Deep-seated arteries.—Rallying points: the broad abdominal muscles which are cut across; and the antero-lateral reflexion of the peritonæum, which is drawn aside inwardly. Incision: parallel to Poupart's ligament, an inch above it, beginning in front of the external border of the rectus abdominis, and extending more or less far outwards and upwards, as we attempt to secure the arteries in a higher part of their course. (30)

(30) This operation very useful, more commonly performed than one would at first fancy it, and highly beneficial, especially when limited to the external iliac artery, is generally too obscurely described. I wish to insist a moment upon it.

The iliac arteries, as every one knows, are three in number,—viz., the common, internal, and external. The common and

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external arteries, and the beginning of the internal one, lie along the margin of the pelvis, or rather along the internal border of the psoas muscle. Therefore, all three are separated from the exterior in front, first by the lateral reflexion of the peritonæum, and then by the anterior wall of the abdomen, into which we find the three broad abdominal muscles, that we must either divide or draw aside, in order to reach to the iliac arteries. In the order of succession, we find: 1st, the division through the skin and cellular tissue; 2nd, that one through the obliquus externus; 3rd, the division or drawing aside of the obliquus internus and transversalis muscles; 4th, the drawing aside of the peritonæum.

(1) For the external iliac artery, the incision situated an inch above Poupart's ligament, and parallel to it, must have its extremities equidistant, one from the spine of the pubis, the other from the iliac process. If we desire to reach the internal iliac artery, as this one is more deeply seated, and we want to reach the cavity of the pelvis, the incision must be a little longer, and, beginning at the same point inwardly, must be continued a little outwards and upwards, to the level of the iliac process, still an inch, at least, above it. For the common iliac artery, the incision must extend to two inches yet higher than the latter, and therefore may be begun not so far inwardly, in order that there should not be too extensive a gash. The skin and the subcutaneous cellular tissue are directly and successively divided; usually the small superficial epigastric artery is cut across, and wants to be either tied or twisted.

(2) We immediately perceive the aponeurosis of the obliquus externus abdominalis, the fibres of which cross, at an extremely acute angle, the direction of the wound. This last peculiarity affords a little obstacle to the neat division of the aponeurosis, and even some operators fancy it useful to divide it upon a director. Such a precaution is, however, more than useless. It is sufficient to use some steadiness without any too strong pressure, to perform a very neat division from the surface to the depth, which requires but a little accuracy.

(3) The division of the two remaining muscles gives rise to a greater difficulty, especially on account of the peritonæum which lies behind the last of them, and ought not to be injured, and also of the occasional thinness of those muscles. A previous question offers itself at first, that is to say, Ought these muscles either to be cut across or drawn aside? Those who maintain the latter proceeding, *i. e.*, who draw aside the muscles, need not trouble themselves too much with the peritonæum; they make their outer incision a little lower than I have directed, detach the obliquus internus and transversalis muscles at their junction with Poupart's ligament, therefore in a place where the peritonæum is far behind, and then draw them aside upwards. In fact, with respect to the peritonæum, that is a good method for avoiding it. But afterwards the obstacles are now increasing; the operator falls amidst the spermatic cord, the epigastric artery, and, if it become necessary to secure the iliac artery in a somewhat high place, he experiences a great trouble in drawing properly aside the broad abdominal muscles. The drawbacks are so highly marked as to induce us never to use that proceeding. We always place our incision an inch at least above Poupart's ligament, and thus never want to trouble ourselves either with the spermatic cord or the epigastric artery, which we never or very seldom perceive. Through these means, also, we experience no obstacle in reaching the iliac arteries to any point of their extent. To these three great advantages is opposed only the inconvenience that we are nearer to the peritonæum, and in danger of injuring it; but I am now going to explain how easy it is to avoid any injury of that kind.

Some other operators, admitting that the two muscles are to be cut across and not detached from Poupart's ligament, propose to divide them upon a previously-introduced director, in order with certainty to avoid the peritonæum. But, on one hand, that certainty is not quite so positive; for unless we make use of a peculiar director, bigger by far than the usual one, we are exposed, when we introduce it blindly behind the muscles, to charge upon it, or even to pierce the peritonæum, and thus to fall into the danger we wish to avoid. On the other hand, it is a useless complication, as there is another proceeding which succeeds well in all cases.

In order to understand that proceeding, we must remember that behind the last or transversalis muscle, there lies the fascia transversalis, and the peritonæum is separated further from the fascia by a layer of cellular tissue, exceedingly soft and loose, in that region. Therefore, if we pinch up with a forceps some fibres, either of the obliquus internus or of the transversalis muscle, and raise them up, the peritonæum cannot be raised at the same time, but remains still in its place, without any displacement.

According to that anatomical notion, when we have cut the aponeurosis of the obliquus externus, and want to divide the two remaining muscles, we take hold in our left hand of the forceps, with which we pinch up some muscular fibres in the middle breadth of the incision; then we accurately keep the edge of the knife perpendicular, not to the surface of the raised part, but of the whole wound, and cut by a single and slow stroke that raised part. Now we proceed further exactly in the same manner, still pinching up the muscular fibres with the forceps, and cutting those raised ones with the knife, and so on, until both muscles be entirely divided, without running any risk of injuring the peritonæum. This proceeding is sure and easy; there is but one difficulty in regard to its correct performance,—that it requires a little practice, which, however, is soon acquired.

(4) When we proceed that way, not only the peritonæum is preserved from any injury, but almost always the fascia transversalis itself is not divided; so that before calling all our attention to the peritonæum. We begin by tearing the fasciæ asunder, with the tops of both our forefingers, right and left, brought into the depth of the wound. Now, we must remove aside the peritonæum; and that part of the operation requires to be performed very gently, and with the greatest accuracy, by the help of both our forefingers, the pulp of which ought alone to touch the peritonæum. These fingers, by a gentle traction, detach the peritonæum from the abdominal walls, at first from above downwards to the level of Poupart's ligament, and then in a contrary direction, backwards and upwards, from the front of the iliac fossa, in the direction required for the searched artery; exactly inwards to the margin of the pelvis or internal border of the psoas for the external iliac; a little higher into the same margin, and then penetrating down along the walls of the pelvis, for the internal iliac; still higher, according to the required place, for the common iliac artery.

(To be continued.)

ON THE REMOVAL OF LARGE POLYPUS TUMOURS OF THE UTERUS, BY THE METHODS OF EXTRACTION AND EXCISION.

By GEORGE CANNEY, M.D.

Late House-Surgeon to University College Hospital, London.

In the Number of your Journal for November 12, 1853, I reported a case of polypus uteri, in which expulsion was effected by the natural efforts, and in which, after dividing the pedicle of the tumour, the inverted uterus was replaced, and no unpleasant consequences arose. I now enclose two cases, in which the extraction of the tumour was accomplished by artificial means, and the excision of the polypus and replacement of the inverted fundus uteri were accomplished with similar satisfactory results.

In the first of these two cases, the tumour not only completely distended the cavity of the pelvis, but a projection from the body of the growth protruded through the os externum in such a manner that it was found, after repeated trials, utterly impossible to apply a ligature; and this, as the result proved, was a fortunate circumstance, as, from the peculiar circumstances of the case, such a proceeding would have been either unsatisfactory from imperfect removal of the mass, or disastrous from inclusion of a portion of the uterus in the noose, the fundus of that organ being inverted behind the upper part of the tumour. Nor would torsion have been attended with better success, as the inverted uterus itself would necessarily have been more affected by the twisting than the pedicle of the polypus. The case was as follows.

A stout, fair complexioned, red-haired woman, who had been twenty years married, but never pregnant, had a polypus the size of a large orange removed by ligature in 1840. After a fortnight's continuance of profuse fetid discharges, the tumour came away.

About the middle of 1842, I was requested to see her on account of what she considered to be a return of her previous symptoms. I distinctly felt the pressure of a small hard body within the os uteri; but as the Medical attendant did not concur with me in opinion, nothing was at that time attempted for the relief of the patient. About the end of 1848, I was again re-

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quested to see her, in consequence of frequent retention of urine and obstruction to the passage of fæces being added to her other symptoms.

These were found to depend upon the presence of an enormous polypus, which not only completely distended the vagina, but projected by a lobe from its lower and anterior surface through the os externum.

All attempts to pass a ligature proved fruitless. During each menstrual period she suffered from violent expulsive pains, attended by profuse hæmorrhage; and her state became so alarming, that an attempt was made, first with a small vectis, and afterwards with a single crotchet, to assist the uterine efforts in dislodging the tumour. It was a good deal torn in the experiment, and in half-an-hour the operation was abandoned at the request of the patient.

From this time, however, the attacks of pain and flooding became much less severe, the patient removed to the sea-side; and, although portions of the tumour continued to slough away for some time, she rapidly regained her health, and for upwards of twelve months enjoyed comparative comfort. Ultimately, however, the retention of urine became troublesome, as ever requiring the use of the catheter very frequently, and at last almost daily. The instrument could only be introduced with its concavity directed backwards, and at last an elastic male catheter, curved like the ordinary female instrument, was required to reach the bladder. During the summer of 1850, the patient lost ground considerably, and on the 2nd of August she was seized with a very violent attack of expulsive pains, accompanied by severe hæmorrhage. These symptoms continued day by day; and, as it became evident that the patient would not otherwise long survive, it was proposed to her to attempt the extraction of the tumour under the influence of chloroform. To this she consented, and on the 12th of August, the bladder and rectum having been previously emptied of their contents, the chloroform was admininistered to her by Mr. Stobart. Great difficulty was experienced in introducing Davis's guarded crotchet sufficiently far to obtain a firm purchase of the tumour, owing to the small size and extreme rigidity of the os externum. When at last this was accomplished, and the handles had been tightly tied together, the influence of the chloroform was allowed to pass off, and traction was made by Mr. Thwaites for thirty or forty seconds at a time, with an interval of two or three minutes between each effort. No pain was complained of in the abdomen, but at the end of half-an-hour the suffering caused by the pressure of the tumour against the perinæum and os externum was so great that our patient requested to have the chloroform again. She was now kept constantly under the influence of the anæsthetic by Mr. Stobart, and Mr. Thwaites conducted the traction so as to imitate as far as possible the progress of an ordinary labour. expulsive action on the part of the patient now took the place of her cries, and in three hours and a-half from the commencement of the operation, the extraction of the tumour was effected, and in the last stage solely by the natural efforts, which, as soon as the polypus fairly engaged in the os externum, became violent and almost constant.

The large kidney-shaped mass thus brought to light was found to be connected posteriorly, at the junction of the middle with the upper third of its concavity, with the inverted fundus of the uterus, by a very short and thick neck; this attachment was cut through, and the inverted fundus uteri was carefully replaced. There was very little hæmorrhage, and that of a dark, sanious character, during the operation, and none afterwards, except from the perinæum, which, although carefully supported with both hands during the extrusion of the tumour, suffered considerable laceration. The patient was utterly unconscious of pain during the last three hours of the operation, and she suffered no after inconvenience from the large quantity of chloroform inhaled. It was judiciously administered on a handkerchief by my friend Mr. Stobart.

A soft pillow was placed between the knees, which were then kept tied together. The patient was ordered to lie constantly on her side, and the perinæum was gently sponged with tepid water twenty times a-day. No other treatment was adopted. She never had a single unpleasant symptom. In a week, the rent in the perinæum was quite healed, and, with the exception of the anæmia, she was quite well, and has continued up to the present time (January, 1855) in the enjoyment of perfect health.

The tumour was of a firm fibrous character, shaped like a kidney, with the concavity directed backwards, and from the lower part of its anterior convex surface a portion projected out through the os externum. Its length from above downwards was seven inches, and its circumference twelve inches; weight, nearly thirty-four ounces. The neck was so extremely short, that, when divided, the cut surfaces formed slight depressions on both the uterus and the tumour. The neck was oval; the long diameter an inch and a-half; the short diameter, an inch.

Bishop Auckland, Jan. 26, 1855.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

SERIES OF CASES OF ABDOMINAL TUMOURS.

(Continued from page 114.)

GUY'S HOSPITAL AND OTHER INSTITUTIONS.

We proceed this week with the department of our present series, which comprises tumours of hydatid origin. The cases already mentioned of this class have affected either the liver or spleen, or been lodged in some part of the abdominal wall, without implicating any viscus. Several of the following are examples of the parasite being lodged either in or close to the kidney, and of the escape of the cyst by the urethra. Anxious to illustrate the subject in hand as fully as possible, we shall depart a little from our usual custom, and record several cases which did not occur in Hospitals, but the particulars respecting which have been kindly furnished to us by the Surgeons by whom they were treated.

The passage of hydatids by the urethra is, undoubtedly, a rare occurrence. Mr. Birkett, in recording an example of it, in a late volume of the Guy's Hospital Reports, observes, he was, on reference, only able to find the following information respecting its occurrence:—"Dr. Copland, in his valuable work, (Dict. Pract. Med., Art. Kidneys, Sect. 243,) states, that he once recognised the debris of hydatids voided with the urine of a patient, but he gives no further particulars; and a case is related by Dr. Durrant, (*Prov. Med. and Surg. Journal*, March, 1851.) My friend, Dr. Hannover, of Copenhagen, had once a case under his observation; and I have heard of another instance occurring in the practice of Mr. Parry, of Docking, in Norfolk." The particulars of Mr. Birkett's case are as follow: we shall give them very briefly, as it has already been published:—

Case 49. — HYDATIDS PASSED BY URETHRA AT DIFFERENT TIMES THROUGH A PERIOD OF EIGHT YEARS.

A strong, healthy-looking man, aged 34, came under Mr. Birkett's care, in July, 1851, having, for several days, been passing hydatids with his urine. He brought with him several cysts which had been voided, and, on introducing a catheter, Mr. Birkett drew off others. On a most careful examination, no tumour could be detected in the lumbar region, nor was there any indication to the touch of anything abnormal within the abdomen. The man was one of the corps of Sappers and Miners, and had been much in foreign parts. His history was, that he had first felt pain in the left side in August, 1841, at which time he was in Hospital at Malta, recovering from the plague. A blister was applied over the part, but the pain continued. About a year later he discovered a swelling in the same region; and in June, 1843, after an illness of several days, attended by acute pain, he passed with his urine "blood and corruption, with bladders and skins." From that time to the date of Mr. Birkett's report of the case, the escape of hydatids had continued to recur at intervals varying from one to six months. The occasions had always been preceded by pain and temporary depression of spirits, but his general health had not suffered. After violent exertion, as in cricket-playing, a few cysts would generally escape.

Mr. Burkett has kindly supplied us information which enables us to bring this case up to the present time. The man has not, since the date of the previous report, passed many hydatids. He is now in good health, and is again engaged in service in the East. It is believed that he has been quite free from the disease for several years.

This case is of unusual interest from the very prolonged con-

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tinuance of the escape of the parasites. One might speculate that the cyst probably communicated with the ureter or kidney by a somewhat valvular opening, so as to prevent the entrance of urine into its cavity. If the latter fluid had found its way into it, the death of the parent cyst would most likely ensue, and the production of the cysts cease. The following case is a very similar one.

Case 50.—LARGE ABDOMINAL TUMOUR.—ESCAPE OF HYDATIDS BY THE URETHRA AND SUBSIDENCE OF THE ENLARGEMENT.—FAVOURABLE PROGRESS.

[Under the Care of Dr. BABINGTON.]

Charlotte P., aged 27, of fair complexion, florid, and healthy looking, was admitted into Guy's Hospital on February 8, 1854, under the care of Dr. Babington. She was a single woman, and had been employed as a household servant. Her history was, that the catamenia had not appeared until the age of 21, and from that period to age 24, menstruation had been attended with much pain; in other respects she had enjoyed good health. About the age of 23, she was one day kicked in the abdomen by a child whom she was carrying upstairs. The kick gave her much pain, and, on the night following it, she discovered for the first time a tumour, thought to be about the size of an egg, in her right side. The tumour gradually increased, and, in the course of a year, became so large as visibly to distend the abdomen. About this time the menstrual function was suspended, and the increasing size of her abdomen caused her great trouble, by exciting suspicions in the minds of her relatives as to the existence of pregnancy. The enlargement was, however, continued beyond the time which would have been the case in such an event, and anxieties as to the nature of the disease took the place of the suspicions alluded to. She was now sent up to town, from her home in Oxfordshire, to obtain further advice, and was admitted into St. Bartholomew's Hospital under the care of Dr. Hue. The tumour was at this time stationary, and her general health good. After a few weeks' stay in the Hospital, she was discharged, and returned to service, where she continued, without material change in her condition until about a year, prior to her admission under Dr. Babington, when she began to pass "skins and little bladders" with her urine. These bodies continued to be voided ever after in large numbers. Often a cyst would get impacted in the urethra, and require to be pulled out with the fingers. At first, neither blood nor matter were ever present in the urine.

About ten weeks before admission, however, after having been confined to bed for several days with intense pain in the side, she suddenly felt a sensation as if something burst within her, and shortly afterwards matter and blood began to escape. The tumour had meanwhile much diminished in size, and at the time of her admission there was no visible enlargement of the abdomen. She was of a very healthy family, and, as far as she was aware, had never suffered from worms. During her illness she had somewhat lost flesh, but still retained a fairly robust appearance, and was of cheerful temperament. On examination of the abdomen a large mass, apparently about the size of a fœtal head, but flattened, was easily felt in the right hypochondriac or lumbar region. It was not tender, and felt firm.

This patient remained under Dr. Babington's care for several months, during which vast numbers of hydatid cysts were passed. The cysts varied much in size, and some were broken and others whole. The urine contained also much pus. At one time the quantity of cysts voided increased very greatly during the exhibition of a course of iodide of potassium; but whether the effect was a mere coincidence or an evidence of the virtues which that salt is supposed to possess as a parasiticide was not considered certain. The girl rather improved in health, and the tumour got decidedly smaller before she left the Hospital. At the time of her discharge, however, the urine still occasionally contained pus, and the cysts continued to escape at times. We have not been able to obtain any information as to her progress since her return home.

The evidence derivable from other cases of similar nature as well as *à priori* reasoning on the nature of the disease would quite authorise a very favourable prognosis being given in the above case. It is impossible, however, to speculate as to probable duration. In the case just cited (*Case* 50), the escape of the cysts has continued for eight years, and will possibly much longer in others; and in the majority it has ceased after comparatively short periods. With a parent cyst steadily decreasing in size, with a free escape of the smaller ones, and with the evidence afforded by suppuration that the parent is dead, an ultimate cure may, however, with much certainty be anticipated.

Case 51.—HYDATIDS PASSED BY THE URETHRA.—RECOVERY.

Some years ago, Mr. Henry Ewen, of Long Sutton, Lincolnshire, was kind enough to show to the compiler of the present series some specimens of hydatid cysts which had escaped by the urethra. The cysts were several of them quite perfect, and varied in size from a large pea to considerably over that of a marble; from their half-translucent appearance it might be assumed that they had been voided living. The patient, from whom they had been obtained, was an agricultural labourer, aged 35. The account given of his illness was, that after having for some days suffered from a febrile attack, he had suddenly felt something crack in his loins; soon after which the cysts appeared in his urine. A large number having passed, they ceased for a time to flow; but about a month later a second attack occurred, and he voided a few more. After the last-mentioned occurrence no more ever passed, and he has now, for several years, remained quite well.

For the particulars of the three following cases we are indebted to Mr. Gay, in whose practice they occurred.

Case 51.—SEVERE ABDOMINAL SYMPTOMS; HYDATIDS PASSED BY THE URETHRA—RECOVERY.

Mrs. W., aged 38, a thin, delicate woman, the mother of several children, came under Mr. Gay's care in June, 1846. Her account was, that for two months she had suffered from severe pains in the back, groin, and left side of the abdomen. The pain had at times been so severe in the hip as to prevent her from walking about, and it had usually occurred in paroxysms of a few hours' duration, subsiding very considerably afterwards. It had often been of a bearing down character, and a very marked feature in the case had been its frequent location in a defined spot just over the anterior superior spinous process of the ilium. She had on one occasion passed by the urethra two small pieces of skin, the escape of which was thought to have temporally relieved the pain.

On the 18th of June, after having for several days suffered much pain, and passed very little urine, about two tablespoonsful of clear blood were voided, after which a large acepholocyst followed. The cyst had to be drawn out with the fingers. The pain in the hip was afterwards much diminished, and the urine flowed freely.

On June 20 she felt restless and poorly on rising from bed, and had a sense of bearing down with some pain in the hip. The latter increased until noon, and soon after a cyst, much smaller than the first, was passed. The urine at this time contained pus, but no blood. The presence of pus was only occasional. It should have been stated that she had mentioned among her earlier symptoms the circumstance, that, when lying on her right side, she had been liable to a sensation as if something dragged over from the left lumbar region. At first, all the uneasiness felt had been in the lumbar region, the pain in the hip having come on subsequently.

On the 23rd the urine was again purulent. A specimen of it was submitted to Dr. Peacock for microscopic examination, who discovered in it the remains of the bodies of echinococci and some of their hooklets.

The woman remained ill and liable to occasional attacks of pain, followed by the escape of cysts, until about the end of August. The treatment consisted in exhibiting quinine and iron, and in supporting the strength by full and generous diet. She ultimately recovered, and lost all her symptoms. For upwards of eight years she has now lived without any recurrence.

Case 52.—PASSAGE OF HYDATIDS BY THE URETHRA. RECOVERY.

Mr. W., a somewhat cachectic man, the husband of the subject of the preceding case, came under Mr. Gay's care very shortly after his wife, and on account of almost precisely similar symptoms. Hydatid cysts were repeatedly passed, and his urine often contained pus, with the microscopic debris of echinococci. He made at length a perfect recovery, and yet remains in good health. (The details of this case should have been published, but unfortunately the notes have been mislaid. Mr. Gay supplied us with the above facts from memory.)

Case 53.—HYDATIDS PASSED BY THE URETHRA.—PROBABLE RECOVERY.

A young man, of pale complexion and lymphatic temperament, consulted Mr. Gay on November 4, 1846. He stated

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that he had, on October 27, been rather suddenly seized with racking pain in the region of the right kidney. The pain was described as having been extremely severe, darting up and down from the kidney to the bladder. The testicles were said to have been drawn up. At night the pain very much subsided; but on the following day he found himself unable to retain his urine for more than a few minutes at a time. A small quantity of blood was also passed after each micturition. These symptoms continued for about three days, when they passed off almost completely.

On November 3, however, the pain in the back returned, and, after a time, there was a sudden desire to pass water. There was at first difficulty in the attempts to empty the bladder, but after a little straining a large hydatid cyst escaped, and the urine followed freely. During the day, many smaller cysts escaped.

Mr. Gay saw this patient for a second time about three weeks after the occurrence alluded to. No other cysts had been passed, and the man was then free from symptoms, excepting a sense of weariness, and some pain in the back and in the region of the bladder on making any extra exertion.

Since December, 1846, the man has not been under observation, and whether he has remained without relapse or not is, consequently, unknown.

Case 54.—PASSAGE BY THE URETHRA OF A SMALL PORTION OF HYDATID CYST.—RECOVERY.

The patient in this case came under the observation of Mr. Jardine, House-Surgeon to the Winchester Hospital. He was a man of middle age, who, after some urinary symptoms, voided a piece of membrane which in its characters exactly resembled a portion of an hydatid cyst. Mr. Jardine was not able to detect any echinococci or their hooklets, nor were any entire cysts obtained; but the microscopic lamination of the portion of membrane alluded to was sufficiently well marked to make its nature certain. The man recovered perfectly.

Case 55.—HYDATIDS REPEATEDLY PASSED BY THE URETHRA.—RECOVERY.

The following are some particulars of one of the cases mentioned above as having been referred to by Mr. Birkett. They have been kindly supplied to us by Mr. Parry, and have never before been published:—A farm-labourer, residing at Docking, in Norfolk, between 20 and 30 years of age, and who had always previously enjoyed good health, came under Mr. Parry's care on account of having passed something unusual in his urine. His general health was but little interfered with, and he was still capable of following his occupation. It appeared that for some months he had observed the hydatid cysts—for such they proved to be—to escape with his water. He complained of slight pain and uneasiness in the region of the kidneys, extending downwards towards the bladder. The urine did not contain any other abnormal material, and was of natural appearance. A tonic plan of treatment was pursued, (tinct. ferri sesq.,) and he quite recovered. Mr. Parry saw him a year afterwards, up to which time he had not passed any more hydatids, and he was then in good health.

GENERAL REMARKS ON THE CASES OF HYDATIDS IN CONNEXION WITH THE URINARY ORGANS.

A question of interest which suggests itself respecting the above cases is, With what organ were the cysts probably connected? The circumstance of escape by the urethra goes for very little indeed, as indicative of original location in the kidney. The same might have resulted from communication with the pelvis of that organ, with the urethra, or with the bladder itself; and, judging from the entire absence of symptoms specifically renal, it might be supposed more likely that one of the latter had been the case. The absence of kidney symptoms is, however, not the strongest reason for believing that the kidney was not the organ involved. In a future investigation of the theories propounded to account for the entrance of these parasites into the body, we shall have to show that, according to the best sustained of them, the kidney is of all the viscera one of the least likely to be made their habitat. In direct support of this is clinical experience. Dr. Bright states, that he never knew of an instance of an hydatid cyst developed in the kidney(a); and a tolerably extensive inquiry on the part of the writer has failed to obtain an exception (proved by *post-mortem*) to the suggested rule. For hydatids to develope in the cellular tissue of any part of the abdominal cavity is, on the contrary, very common, and such we should therefore be quite justified in believing was the position of the original cysts in most of the preceding cases. The different symptoms present are then easily accounted for. In those in which, as in one of Mr. Gay's cases, great pain had been present, probably some nerve trunk had been stretched over the tumour, or possibly some of the paroxysms were due to temporary impaction of an escaping cyst in the ureter. Some other varieties in the symptoms observed may no doubt be referred to the very different degree of irritability manifested by different individuals.

It might be inferred from the circumstance, that of the preceding cases the patients in all either recovered, or are believed to be in process of recovery, that the prognosis is especially favourable respecting hydatids in connexion with urinary organs. And such, probably, after once a free passage of exit has been obtained, is indeed the case. If the reasons we have given above for believing the kidney not to be usually involved be deemed sound, there remains then no organ implicated likely to occasion serious mischief. The bladder bears the irritation well, and the final escape of the cysts is sufficiently secured.

Now and then, however, hydatid tumours developed in the pelvis do cause fatal effects by their pressure on the urinary organs; such effects are, however, almost invariably produced prior to the rupture of the cyst. Mr. Cock has mentioned to us a case in which he was consulted where the patient had suffered from retention of urine, and was already almost moribund. A catheter having at length been passed, some hydatid cysts followed it. The man, however, sank from the effects of too protracted retention. A somewhat similar instance has been related to us by Mr. Birkett, in which a man died, under the care of the late Mr. Callaway, in Guy's Hospital, having been admitted in a hopeless state, from retention of urine. From him, also, hydatids were obtained before death by the catheter. At the *autopsy* a large hydatid tumour was found between the bladder and the rectum, pressing forwards on the neck of the former. The tumour might have been readily opened from the perinæum, had the man lived long enough to allow of the discussion of such a measure. There is at present a lad attending occasionally at Guy's Hospital, under Mr. Cock's care, who has a rounded tumour developed apparently just above the bladder, and passing backwards towards the rectum, which is believed to be of hydatid nature. The diagnosis, however, not being certain, we forbear to mention the case at any length in the present series. The good health of the patient, notwithstanding the size of the tumour, the painlessness and non-progressive character of the latter, make it, however, very likely that the opinion suggested is correct. The inconvenience caused has not, as yet, been sufficient to warrant active measures.

The cases under Mr. Gay's care, in which a man and his wife were almost simultaneously the subjects of hydatids, are of great interest. The explanation of the occurrence is probably to be found in the supposition, that both had at some period partaken of food or drink containing the ova of the parasites. Flocks of sheep have been proved to be liable to have the disease prevail, it being, indeed, rare for it to occur in single individuals.

(a) Guy's Hospital Reports for 1839. Page 213.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

TREATMENT OF HOSPITAL PHAGEDÆNA.

The prevalence of phagedæna, which, during the past nine months, has been pretty general in the London Hospitals, seems now to be steadily diminishing. It has been very difficult to arrive at any satisfactory conclusions respecting the laws regulating its occurrence. At one period, it has appeared to spread through a certain ward, or to prevail in a certain Hospital, as if by contagion; while, at others, observations have been made tending strongly to support the opinion, that it was largely under the influence of atmospheric changes. It has prevailed very irregularly in the different Hospitals, being now epidemic in one, and then, after the lapse of a short time, appearing in another. On the whole, it has been a mild form of the disease. Very few have, we believe, died of it, and a vast majority have recovered after a short and not very destructive attack. In several instances, however, in which stumps, after amputation, have been attacked by it, so much of the soft parts have been destroyed, that a second removal of the bones has become necessary. With regard to the treatment of the disease, the following recommendations might, we think, be summed up as the results of the combined experience of the Surgeons who have been most engaged with it:—

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1. *As soon as a wound shows a tendency to become sloughy or phagedænic, to have the patient change his bed, and, if possible, his ward.*—This practice was pursued in almost all cases in Guy's and in the London Hospital, and more or less in most others. Often very sudden benefit was remarked. The recommendation, of course, proceeds on the supposed desirability of removing the patient away from any local influences, contagious or endemic, which may have had part in producing the disease. The following case may be quoted as illustrative:—A boy, in excellent health, submitted to primary amputation of the arm, on account of a crush, under the care of Mr. Wordsworth, in the London Hospital. On the day following the operation he was remarkably well, and had not the least of constitutional disturbance. During the next six days he continued well, and the stump was granulating healthily, when it became necessary to change his bed, and to put him into one from which a man who had died of pyæmia had been removed. Mr. Wordsworth directed that all the bed furniture should, as a measure of precaution, be removed; and, with the exception of the mattrass, this order was complied with. On the morning following the change of bed, the lad was feverish and restless, and his stump had lost its granulations and presented a sloughy surface. He was at once ordered back to his original bed. The phagedæna did not spread; but, almost immediately after the second change, the condition of the stump began to improve, and ever afterwards the advance was uninterrupted.

2. *To destroy fetor by the employment of charcoal.* In this way, probably, not only is a gas decomposed which was likely to have acted prejudicially on the animal functions, but one which might not improbably have been the means of direct infection.

3. *To employ nitric acid as an application to the sore.* Most Surgeons have formed a very high opinion of the value of this remedy when efficiently used. The acid should be concentrated and pure, and should be liberally applied. We have already at such length spoken in its praise that anything further need scarcely be here added. (See *Medical Times and Gazette* for Jan. 6, page 9.)

4. *To employ as constitutional measures tonics and general stimulants, with in some cases opium, or the chlorate of potash as specific remedies.* Respecting the use of the latter, a considerable difference of opinion prevails; but instances have occurred in some Hospitals which appeared to show almost incontestably their potency in at least some individual cases. The chlorate of potash well deserves a much more thorough investigation as to its remedial powers than it has yet received.

STOMACHIC PILL.

THE following is the prescription for an excellent dinner pill. We copy it from the Pharmacopœia of Guy's Hospital:—

Take of powdered capsicum, ℥i.; powdered rhubarb, ℥ij. Make into a mass with treacle, and divide into sixty pills. Two or three to be taken every day before dinner.

LOTION OF THE CHLORATE OF POTASH.

In the Middlesex Hospital, Mr. Moore, and also several of his colleagues at his suggestion, have been largely using a lotion of the chlorate of potash as a dressing for unhealthy sores. It is considered to have been very successful. The strength has been from two to three drachms to the pint of water. It has been freely applied on lint.

BIRTHS.—The births of 934 boys and 898 girls, 1832 children, were registered in the week; average, 1541.

METEOROLOGY.—The mean height of the barometer in the week was 29·511 in. The reading on Wednesday and Friday rose to 29·77 in. and 29·79 in. The mean temperature of the week was 30·9°, which is 7·3° below the average of the same week in 38 years. The mean daily temperature was below the average on every day of the week, and the extent of depression was 10·4° on Friday; and so much as 15·4° on Saturday. The highest temperature of the week occurred on Monday, and was 40·4°; the lowest was 17·4°, and occurred on Saturday, on which day the highest was 33°. The mean dew-point temperature was 29·7°; and the difference between this and the mean air temperature was 1·2°. The temperature of the water of the Thames was 35·1°. Wind north-east. Rain, 0·73 in. Horizontal movement of air (6 days), 735 miles. Electricity positive, and generally strong.

Medical Times & Gazette.

SATURDAY, FEBRUARY 17.

THE ARMY AND ITS DOCTORS.

So long as the newspapers alone blamed the Army Medical Department for the sickness and death among our troops in the East, and abused Dr. Smith for what was the result of cholera and climate, or of the hunger, nakedness, and want of shelter to which our poor fellows have been exposed through the indolence or incapacity either of the Commander-in-Chief, the Quartermaster-General, the Chief Commissary, or military officials at home, we have been content to reply by simply stating the real facts of the case. Even when certain Medical Journals who derive their sole information of the occurrences at the seat of war from these same newspapers, or from the letters of a *soi-disant* "Special Correspondent," evidently concocted by an ingenious gentleman in an Eastern suburb, we thought it unnecessary to do more. But the organ of an Association of 2000 of our Professional brethren has at length joined in the cowardly outcry against a hard-working and able man, who only requires the ordeal of a Parliamentary inquiry to prove beyond all question that he foresaw all the difficulties which have arisen, made every provision against them, and has been thwarted only by the incredulity of a Minister, or the neglect of non-Medical officials. We have over and over again urged the necessity of strict inquiry; we have stated that this inquiry was earnestly desired by the whole Army Medical Department; yet, without waiting for the result of an investigation, which, however long delayed, cannot be prevented, the *Association Medical Journal* ventures to charge our Military Medical System with "gross neglect, gross mismanagement, and a blind and obstinate adherence to a system of routine totally unsuited to the crisis, shameful in a liberal Profession." Is this the support a Professional brother labouring under unexampled difficulties is to receive from the organ of the Association? One member has, in our columns this day, repudiated the sentiments of his Journal. We feel certain that the majority of the great body to which he belongs will also disdain the ungenerous attack, and will probably receive it as another lesson to teach them that, although a weekly journal may be desirable in some respects, it is not always creditable to the Association, and that they will have their doubts increased as to the expediency of sacrificing many other great objects to secure an expensive and dangerous Periodical.

We do not intend here to enter into any defence of the Army Medical Department in general, or of its Chief in particular, because we cannot expect that our simple assertions, (founded though they may be, and are, upon positive knowledge) that a special transport-service, and a well-organized ambulance-corps, were demanded and refused before the first part of the Expedition left our shores; that abundance of Medical stores and comforts, and every necessary Surgical appliance, were prepared and despatched; that a large and efficient *personnel* was collected; in a word, that there was neither neglect, mismanagement, nor blind adherence to routine, but the very reverse. We must, with others, wait until all this is proved before a competent tribunal; but, in justice and fairness, we do claim for those who are doing their best in the service of their country, an impartial investigation, and demand that no Englishman shall condemn a professional brother, or a large class of professional brethren, before they have been heard in their own defence.

We cannot conclude without giving one illustration of the

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difficulties our brethren in the Crimea meet with in their endeavours to procure what is necessary for the poor fellows who come under their care. We quote from the letter of the *Times'* Correspondent at Balaklava, of the 25th of January, who says:—

"A circumstance occurred in Balaklava to-day which I will state for the calm consideration of the public at home, without one single word of comment. The Charity, an iron screw-steamer, is at present in harbour for the reception of sick British soldiers, who are under the charge of a British Medical officer. That officer went on shore to-day and made an application to the officer in charge of the Government stoves, for two or three to put on board the ship to warm the men. 'Three of my men,' said he, 'died last night from choleraic symptoms, brought on in their present state from the extreme cold of the ship; and I fear more will follow them from the same cause.' 'Oh!' said the guardian of the stoves, 'you must make your requisition in due form, send it up to head-quarters, and get it signed properly, and returned, and then I will let you have the stoves.' 'But my men may die meantime.' 'I can't help that; I must have the requisition.' 'It is my firm belief that there are men now in a dangerous state whom another night will certainly kill.' 'I really can do nothing; I must have a requisition properly signed before I can give one of these stoves away.' 'For God's sake, then, *lend* me some; I'll be responsible for their safety.' 'I really can do nothing of the kind.' 'But, consider, this requisition will take time to be filled up and signed, and meantime these poor fellows will go.' 'I cannot help that.' 'I'll be responsible for anything you do.' 'Oh, no, that can't be done!' 'Will a requisition signed by the P. M. O. of this place be of any use?' 'No.' 'Will it answer if he takes on himself the responsibility?' 'Certainly not.' The Surgeon went off in sorrow and disgust. Such are the 'rules' of the service in the hands of incapable and callous men."

This is one specimen of what our Army Surgeons have to contend with. Ought not such an Officer, so wanting in feeling and discretion, to be instantly dismissed from his post? and would not such dismissal be invaluable as an example? Other evils not less glaring are due to the transport service not distributing the abundant stores supplied to them; others to want of food, clothing, and shelter; and it is too bad that, while fighting manfully against such deplorable mismanagement in other departments, our Medical Officers should reap the bitter censure, not only of the ignorant and careless, but of those who might be, and ought to be, better informed, and more disposed to shield a Medical brother, than to blacken his reputation by unmerited censure.

THE NAVAL MEDICAL SERVICE.

An Order is about to be issued from the Admiralty, which will do something towards redressing the grievances under which the Medical Officers of the Navy have so long laboured. A class of Staff-Surgeons is to be created, and the pay and half-pay of several classes somewhat increased. But the monster grievance is still to remain unredressed. The Assistant-Surgeons are still condemned to a preparatory training of three years in the midshipmen's berth, and to all the delights of cockpit accommodation. The excuse is, that the Doctors have appealed from the Admiralty to the House of Commons; and to the House of Commons, say two or three obstinate Admirals, must the Doctors trust. They have thrown down the gauntlet at last. The Profession must now take it up in earnest, and prove that the Representatives of the nation will not sacrifice their sailors to the antiquated prejudices of Whitehall.

THE VACCINATION ACTS.

The Profession has too often suffered from the effects of clumsy legislation; and we regret to find that the New Vaccination Acts, passed at a very recent period, have already entirely failed in producing the effects which were expected from them. Medical men are as badly paid as ever for performing this important operation; the practice of vaccination is as much neglected as ever, and small-pox, of course, continues its destructive ravages. Under the present system the enforcement of vaccination is vested in the Registrars of Births and Deaths, and the appointment of the public vaccinators rests most assuredly with the local Boards of Guardians. The remuneration, fixed by authority, always ridiculously small, is rendered still less by adding to the labours of the vaccinators without increasing their pay, and the fine of 20s. imposed upon parents for not bringing their infants to be vaccinated has already sunk into a dead letter.

A glance at a late Report of the Registrar-General places these facts in a most prominent and alarming light.

In one district (Lambeth) upwards of 1500 births have been registered since the 1st of August, 1853, but only 228 certificates of successful vaccination were received.

In another locality (Redruth) the Registrar states, that he has delivered 539 notices to the parents of children born, and has received only about 140 certificates of successful vaccination.

In a district of Liverpool, the Registrar states, that of 288 notices for vaccination given out, only 22 certificates of successful vaccination have been received.

In one place (Mitford) it is stated that there is an aversion to the Compulsory Vaccination Act; and the Registrar thinks that people endeavour to avoid having the births of their children registered, in order to prevent their receiving the notice requiring vaccination.

These extracts might be multiplied to a great extent, but enough has been shown to prove, what is indeed now a matter of notoriety, that the Vaccination Acts have turned out complete failures.

The fundamental principle of the present measures, namely, their compulsory character, has already been practically abandoned; and we have never yet heard of the penalty having been enforced, or even sued for. The very idea of compulsion is repugnant to Englishmen, and the ignorant and the vulgar luxuriate in the uncontrolled power of propagating disease among their fellow-creatures. Just as the attempts to cleanse our dirty streets and alleys, and to purify our workhouses, are continually being frustrated by the obstinacy of local Boards, so may each individual claim for himself the right of opposing the vaccination of his children. We have no doubt that, if the penalty were ever enforced, the delinquent would become a martyr and a hero in the eyes of the ignorant portion of the public. For ourselves, although admiring most unfeignedly the principles of liberty, we consider that the liberty of generating and propagating disease ought to be restrained by the hand of authority.

We hope that the whole machinery of the vaccination of the public will undergo extensive alterations; and, if the Profession would make an united and vigorous effort, we believe that the Legislature would listen to representations as to the evils of the present system, and as to the means of correcting them. We should advise that the penalties proposed in the late Acts should not only be threatened, but enforced; that the Registrars of Births and Deaths should no longer be entrusted with the working of the Acts; that the Boards of Guardians should forthwith abandon the power of electing the Vaccinators; that the practice of Vaccination should be regulated and controlled by adequate Professional Superintendents; and that the Vaccinators should be properly paid.

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REVIEWS.

The Diagnosis of Surgical Cancer. (The Liston Prize Essay for 1854.) By JOHN ZACHARIAH LAURENCE, Surgeon to the Northern and Farringdon Dispensaries, etc. 8vo. Pp. 77. London.

THE great object of Medicine is to cure disease. At the present moment, however, this object is to be furthered rather by an improvement in our knowledge of the diagnosis of diseases than of the remedies by which they are to be removed. While the public look to the Profession to find a cure for cancer, and sufferers place themselves in the hands of quacks because they promise them the one thing they desire, viz., to be cured, the Profession themselves are by no means agreed as to what they mean by the word "cancer." While one Surgeon, trusting to his unaided senses, maintains that a given growth, both before and after its removal, is cancer, another, enjoying the same opportunities for examining the growth, as firmly supports the opinion, that it is not cancer. Now, until pathologists have determined what are the diagnostic characters of a cancerous growth, an analysis of the effects obtained by the use of various remedies in the treatment of the disease must be valueless. For example: A removes by the knife a dozen growths that he calls cancer, and six of the patients have no return of the disease; while B reports that the disease returned within a limited period in every one of twelve cases of cancer on which he operated. The conclusions of these Surgeons as to the value of an operation for cancer would be very different; and, if teachers of Surgery, the rules of practice they would lay down for their pupils would also be very different; while the one would strongly recommend an operation, the other would as strongly dissuade the patient from submitting to an operation.

Mr. Laurence enjoyed considerable opportunities, both in University College and Middlesex Hospitals, for becoming practically acquainted with cancer and the diseases with which it is often confounded. These opportunities he evidently turned to good account. The conclusions he has drawn from his experience are embodied in the Essay before us, to which the Liston prize was last year awarded. Mr. Laurence's Essay is divided into two chapters. In the first he treats of the pathology and symptomatology of cancer; and, in the second, of the anatomy of cancer.

At the outset he assigns to the word "malignant" a meaning refusing alike to give it as wide a signification as Mr. Travers, who uses it as though synonymous with incurable, or to restrict it, as some pathologists do, to signify those growths which are the consequence of a constitutional affection of an inevitably fatal nature. He included in the class malignant growths, "both the cancerous and cancroid forms of disease."

"Cancroid growths kill by their local effects—pain, discharges, and hæmorrhages. I do not remember ever having seen a cachectic state produced independent of such effects; on the other hand, a cachexia, out of all proportion to the local effects, is not uncommon in truly cancerous affections."

Mr. Laurence adds:—

"For the practical Surgeon, little if any difference exists in the ultimate fate of the patients affected with either form of disease."

From this conclusion our own experience, as well as the recorded experience of excellent pathologists, leads us to dissent *in toto*, if, as one must suppose, Mr. Laurence includes in the very vague term "cancroid," epithelial growths, ulcerated fibrous, and enchondromatous growths, and fungoid ulcers of the breast, not cancerous in nature; for all these we have repeatedly seen removed without recurrence of the disease.

Mr. Laurence passes in review, with reference to their diagnostic value, the following points:—

Hereditary Predisposition.—This is of little or no diagnostic value.

Sex.—The same may be said of sex as of hereditary predisposition.

Age, taken in conjunction with locality, is sometimes of considerable importance in a diagnostic point of view; *e. g.*, a tumour in the breast of a girl of 14 is almost certainly not cancer, while "a tumour in the eye or orbit of a child under 12 is always to be looked on with suspicion; it is probably encephaloid." And a tumour in the same situation in a subject past the meridian of life is probably melanotic.

Previous Health.—Little information is to be gained from a consideration of this point.

No diagnostic data are derivable from a review of the probable *exciting cause* of the growth.

Progress of Growth.—Mr. Laurence inclines to the belief that too much stress has been laid by Surgeons on rapidity of growth, as evidence of malignancy.

Loss of flesh, without obvious cause, if accompanied by the development of a tumour, renders it highly probable that the latter is cancerous. However, Mr. Laurence says:—

"In eighteen cases of well-marked cancerous disease, in which I paid especial attention to this circumstance—*i. e.*, loss of flesh—in nine no appreciable loss of flesh had ensued."

This rather startling statement is, we think, explicable by the fact, which is made patent in the concluding part of the paragraph, that Mr. Laurence has included cases of epithelial growths among his eighteen cases of well-marked cancerous disease.

Cachexia.—The condition known as cancerous cachexia, so characteristic of the disease when fully marked, is, in the author's opinion, generally only to be observed in the latter stages of the disease.

Of the *physical properties of cancerous tumours*, Mr. Laurence attaches little value with reference to scirrhus, to any but the following:—"Fixedness and intimate connexion;" "retraction of the nipple, dimpling and discoloration of the skin, and enlargement of the superficial veins."

The tendency to *sloughing* and *hæmorrhage* are among the most remarkable characters of malignant growths.

Pain.—"In eleven cases of scirrhus and epithelioma in which I inquired into this point, in ten this species of pain—*i. e., lancinating*—was present, associated, however, for the most part, with either burning or aching pains."

Glandular engorgements are of considerable signification, "both in a diagnostic and operative point of view." "If due to simple irritation, there is commonly more or less of an acute inflammatory action set up in them, which is not produced in the chronic invasion of the gland tissue by the cancerous material."

With reference to the value of the microscope in assisting in the diagnosis of cancer, Mr. Laurence sums up the conclusions at which he has arrived thus:—

1. That in the greater number of cases of cancerous tumours the so-called cancer-cell will be found.
2. That this form of cell is occasionally seen in growths manifestly innocent.
3. That *vice versâ* (which is, however, less frequent), tumours anatomically innocent prove clinically malignant; that "the cancer-cell is not the *sine qud non* character of cancer."
4. That the inferences drawn from the microscopic examinations are not to be deduced from a few isolated cells that may have happened to strike the eye, but rather from the characters of all the cells and of the field of view generally.
5. That the results afforded by the microscope must take an important but not an exclusive and overbalancing position in the series of data which are to serve us as the premises for our conclusions.

These conclusions, it appears to us, are sound, and all the present state of pathological anatomy warrants the practical Surgeon in adopting.

Some well-executed drawings from nature, intended to illustrate Mr. Laurence's opinion, that no line of demarcation exists between fibro-plastic corpuscles and cancer-cells, and consequently that there is no specific difference between the two, are appended to the Essay.

We have noticed this Essay at some length, not only because it is highly creditable to its author, but also because it indicates the kind of research which young Surgeons might pursue with advantage. On the Continent, be it remembered, the materials for some of their most valuable works were collected while the authors were holding positions in no respect superior in advantages to those enjoyed by the House-Surgeons and Physicians'-Assistants of the London Hospitals. We strongly recommend Mr. Laurence's Essay to the attentive consideration of our readers.

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PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

UPON DIPHTHERITIC CONJUNCTIVITIS AND THE APPLICATION OF CAUSTIC IN ACUTE INFLAMMATIONS.

By Dr. A. von GRAEFE.

The occurrence of fibrinous exudations upon the conjunctiva has been long known. They differ from layers of coherent mucus in being more adherent, elastic, apt to coil up, and capable of splitting into fibres. Under the microscope they are seen to consist of coagulated fibrin; the latter are composed of a convolution of young cells.

The exudation first appears as a jelly-like coagulated substance. In the latter stages it disappears before the increasing number of pus corpuscles. If in a case of acute conjunctivitis the upper lid be everted for a few minutes, the mucous membrane exposed to the air will be forthwith covered by such a layer. In very young infants, the blood is not sufficiently formed that it may yield a firm layer of fibrin; at least, such an occurrence is the exception.

The characteristics of this form of disease depend less on the exudation of fibrin than on the condition of the mucous membrane itself. In blennorrhagic inflammation, the conjunctiva is looser, succulent, and infiltrated by a fluid exudation. In diphtheritic inflammation it is stiff, and filled with a firm substance. The eyelid is therefore prominent and immovable, instead of being only swollen and soft. In blennorrhœia the conjunctiva is very vascular, and the circulation is so far free, that the greater number of the vessels contain fluid non-coagulated blood. The diphtheritic conjunctiva is, in consequence of a high degree of stasis of the blood, but sparingly supplied with the circulating fluid. The blennorrhagic secretion consists of yellow-coloured homogeneous pus; that of diphtheritis is brownish grey and semi-transparent. In this latter disease there is a great sensation of heat experienced by the patient.

The symptoms occur as follow. In an eye previously sound, there suddenly comes on swelling of the upper lid, attended by an increased flow of tears, and by a marked sense of heat. The integument of the lid loses its folds, and becomes smooth and glistening. There is also incipient chemosis; but the conjunctiva is not very red; the network of vessels forming large meshes; the membrane between them being of yellow colour, studded with red points. The upper lid is remarkably stiff; its eversion is attended with both pain and difficulty. The appearance of the conjunctiva palpebrarum would not strike the inexperienced observer; but the smooth yellow surface is not in truth the membrane; it is a thick layer of fibrin, which arrests the circulation in the part, and threatens destruction to the eye.

After a time the lids lose their stiffness; the conjunctiva becomes more spongy and looser, the fibrin separates, the vessels fill, and pour forth discharge; the chemosis loses its yellow colour, and the peculiarities of the diphtheritis are lost. The duration of the different stages varies extremely. The author has seen the stage of fibrinous exudation last from six to ten days; that of succulence and spongy alteration of the mucous membrane coming on afterwards. But this latter may be complicated by relapses of the exudative inflammation.

The dangers of diphtheritic inflammation are those which refer to the cornea. A part becomes turbid, and loses its epithelium; the colour changes to a muddy yellow; a sore or ulcer forms, which becomes deeper and deeper; while upon its surface, by the aid of a magnifying glass, numerous points are seen, which indicate molecular necrosis.

It is mostly an epidemic, may proceed from a variety of causes, and is decidedly contagious. The prognosis is worse in adults than in children. Of 40 young patients suffering from this disease, the eye was lost in nine cases. Three had leucoma, with adherent iris; 21 recovered without any affection of the cornea; 7 had slight corneal affections at later periods.

As regards treatment, the author recommends abstraction of blood, the application of ice, and the administration of mercury. He, however, attaches especial importance to the application of caustic. He affirms that this method of treatment is not only permissible, but is indicated in all forms and from the commencement; that it controls the worst and most dangerous changes; that ulcerations of the cornea do not contra-indicate its use. For the acute forms he uses a solution of ten grains nitrate silver to the ounce of water, or a solid stick of nitrate of silver and nitrate of potash fused together. The caustic must be applied to all the diseased surface, and must be proportioned to the severity of the attack.

The same author relates the following cases of interest:—

1. *Polypus of the Lacrymal Sac.*—A girl of 10 suffered from dacryocysto-blennorrhœa. The lacrymal sac was found prominent. When opened there escaped first a little fluid, then a polypus, the size of a hazel-nut, attached by a narrow peduncle, which was easily cut through. The minute examination of the growth showed that it consisted of precisely the same elements as nasal polypi.

A man, aged 29, suffered from the same disease; the polypus was not larger than a pea; the peduncle was much finer; the structure was precisely similar to the former.

2. He mentions having examined a young soldier who had *double puncta lacrymalia* in the lower lid. Such an occurrence is extremely rare; and

3. A case of *sub-conjunctival emphysema consequent on rupture of the lacrymal sac*, from a blow with a piece of wood. By proper treatment the inflammatory symptoms were subdued, and ultimately the permeability of the nasal duct was re-established.

4. *Tumours of the Caruncula Lacrymalis.*—He relates one of fibro-cellular structure in a girl of 18, and a case of hypertrophy of the caruncula in a boy of 10.—*Archiv für Ophthalmologie.*

REMARKS UPON OPACITIES OF THE VITREOUS HUMOUR.

Opacities of the vitreous humour, of every variety of form, belong to the commonest ophthalmoscopic discoveries in amblyopic affections. Whence do they arise? Dr. Graefe believes their causes are manifold; but he draws particular attention to one, namely, intra-ocular hæmorrhages. A sudden cloud, sometimes of reddish hue, may obscure vision wholly or in part, or spots of every variety of form may float before the sight. In some cases there is complete absorption of the extravasated mass. In most instances, however, filamentous, or flocky dark spots, remain. The commonest forms are punctated, filamentous, membranous, flocky, or irregular. The first are not easily overlooked. The cause of intra-ocular hæmorrhage lies, doubtless, in disease of the coats of the blood-vessels; for the contents of the globe are constantly under a state of pressure, and, therefore, the commonly exciting causes of hæmorrhage are removed. The chief source is sclerotico-choroiditis posterior, which leads to chronic inflammation and distension of the capillaries in the back part of the globe. But intra-ocular hæmorrhage may ensue from simple hyperæmia of the choroid, dependent upon some unknown change in the strength of the walls of the vessels.—*Op. cit.*

EFFUSION OF BLOOD INTO THE ORBIT.

A labouring man, aged 19, consulted Dr. Graefe for double vision of four days' duration. A fixed expression of the left eye immediately struck the attention; its axis of vision was either in a state of unnatural convergence or divergence with the right eye, in various movements of the head. More accurate investigation convinced the author that there was complete paralysis of the musculus rectus inferior, musculus rectus superior, and musculus obliquus superior; partial paralysis of the musculus rectus internus, musculus rectus externus, and of the nervus opticus; so that the functions of four nerves were affected,—namely, the N. Oculo-motorius, N. Trochlearis, N. Abducens, N. Opticus. There were no cerebral symptoms whatever. Taking this circumstance into consideration, as well as the fact of the suddenness of the attack, Dr. Graefe diagnosed effusion of blood behind the bulb of the eye, with pressure on the nerves.

He also relates two cases of suddenly excited exophthalmus, from caries of the orbit; and the *post-mortem* observations on a case of paralysis of the oculo-motor nerve. The corresponding optic nerve was shrunken up to the chiasma; the oculo-motor nerve one-half thinner than the opposite; but there were interspersed opaque white blots in its tissue, which were seen to be caused by thickening of the neurilemma. In the left corpus striatum there was a softened spot. The muscles of the globe were atrophied.—*Op. cit.*

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PROVINCIAL CORRESPONDENCE.

SCOTLAND.

EDINBURGH, Feb. 10, 1855.

MEDICO-CHIRURGICAL SOCIETY.

THE Medico-Chirurgical Society met on Wednesday. Though in general a strenuous upholder of the importance of "primary evidence," I regret that on this occasion, for a reason that would be satisfactory to you did I mention it, I can only give you a hearsay account, collected from those who were present.

Dr. Gairdner exhibited some pathological specimens.

Mr. Spence exhibited a case of irregular distribution of the arteries, which would have rendered ligature of the subclavian a highly dangerous operation; also a jaw which he had removed, and one-half of which had been removed by Mr. Liston, some years before. The first paper of the evening was then read by the Secretary, in the absence of the author, viz.:—

CASES OF GUNSHOT WOUNDS.

By Dr. JAMES JOHNSTONE.

The author of this paper is Surgeon to the Hampshire Militia, and in that capacity had charge of the Hospital at Southampton, by which many of the wounded brought home by the Himalaya were received. Some of the cases were very interesting, but I have not been able to gather, from those who were present, the details with sufficient accuracy to warrant me in attempting to send them. Dr. Johnstone, incidentally, in the course of his paper, gave the most unqualified contradiction to the statement of the *Times* in regard to the treatment of the wounded by the Custom-house authorities. The *Times* stated, that they were exposed on the pier till 7 p.m.; whereas Dr. Johnstone saw them safe in bed in the Hospital at 4·30 p.m. He also stated, that most of the men spoke well of the Hospital at Scutari. The nature of the paper precluded any discussion.

The next paper was by Dr. W. T. Gairdner,—

ON THE ADMINISTRATION OF GALLIC ACID, CHIEFLY IN BRIGHT'S DISEASE AND IN HÆMOPTYSIS.

The author advocated the employment of very large doses of this substance, if any benefit was to be expected from its use at all. He had found, when given in this way, that it rendered the sputa dark-coloured, and also affected the urine, in which it could be detected by any of the ordinary tests. He was at a loss how to account for the colour of the sputa, but found that a solution of gallic acid was turned black by alkalies.

Dr. Gairdner had not a very favourable opinion of the remedy in any disease, and thought it quite useless in albuminuria.

Dr. Matthews Duncan and Drs. Andrew and Alexander Wood concurred in the opinion of its inutility.

Professor Simpson had been led to introduce gallic acid into practice from finding the benefit of Rushini's styptic in menorrhagia, and from ascertaining that this quack medicine contained a large proportion of it. He did not think it of much value in uterine discharges. He condemned the giving of it along with alkalies, or while the patient was allowed alkaline drinks; and contended that it could not be less powerful, in its remote effects, than tannin, because tannin became converted in the stomach into gallic acid, and, of course, possessed only the power of that latter drug.

GENERAL CORRESPONDENCE.

CORONERS' INQUESTS AND VERDICTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—If you do me the honour of perusing the enclosed copy of a letter which I forwarded to the *Times* the day after the appearance of the Coroner's verdict in the case of Sir John Wombwell's sudden death, you will understand how I rejoiced on finding, in the *Medical Times* of last week, that you coincided in every sentiment expressed in that letter respecting the degree of value of the Coroner's Court in general, and that of the Medical examination and verdict in the aforesaid case in particular. I am not at all surprised to read in your just and spirited remarks, that "the case was much canvassed in professional circles." It could not be otherwise; and I, as one of the Profession, thought the occasion a very suitable one for rousing the public attention, through a widely read Journal, to a highly painful subject of national importance, which had formed a large part of the inquiries recently published by myself, and honoured with a favourable notice in your Journal of the 12th of August.

I rejoice to see the subject in such good hands as yours; and, should you deem the publication of the letter, which the *Times* has ignored, likely to come in aid of your own arguments and freely expressed observations, so remarkably coincident with my own, all I can say is, that it is much at your service.

I am, &c.

A. B. GRANVILLE, M.D.

1, Curzon Street, May Fair, Feb. 8, 1855.

[COPY.]

[To the Editor of the Times.]

SIR,—The verdict, or rather the inquiry which led to it, in the case of the sudden death of a late Baronet, if correctly reported in your Journal of yesterday, is another of the many hundred examples of either the inutility or the insufficiency of such investigations. So long as inquiries into the probable causes of sudden death are conducted in the manner therein specified, where the evidence attempted to be supplied from an actual *post-mortem* examination is three-fourths of it conjectural, we shall never come to a satisfactory conclusion into the causes of the increasing frequency of such awful occurrences.

In the present instance we have only one fact ascertained, viz., that "the immediate structure and vessels of the heart had been converted into fat." But even this fact, extraordinary as it is, cannot avail us much, since it is, immediately after, qualified by the witness with a different statement, namely, "that the heart was surrounded with a mass of fat," (two very different conditions, by the by,) and that, in the opinion of all present, "the deceased had died from the fatty inclosure of the heart." Granting the latter to be the more correct definition of the state of the parts, how does it warrant the conclusion come to, without having examined the state of the brain and its vessels, (with which operation, in fact, the inquiry should have commenced,) that the cause of death was a disease of the heart?

The jury were informed, that the brain was not examined, because, in the opinion of the Medical witness, it "had not anything to do with the death,"—a bold assertion for one who had not looked into the brain. And upon what solid ground was such an opinion formed? "The position and the appearance of the deceased," which position the witness had before described as being that of "lying partially on his left side." And upon evidence and opinion such as these, were the jury directed to give the verdict they have recorded! If the position is to influence the question of whether the heart or the head had been the seat of the cause of death (a point of the utmost practical importance in such inquiries), the former having been examined and not the latter, I hesitate not to say, that the position in which deceased was found should have led to precisely an opposite conclusion; for in the state in which the heart was described the patient must have experienced a sense of suffocation which would have made him instinctively turn on his back, or perhaps taught him never to turn on his left side; whereas, on the supposition of a stagnation of blood in the great veins at the back of the head to have prevailed, as it often does to a fatal extent simultaneously with certain affections of the heart, the sufferer would have yielded to the consequent *assoupissement*, and turning gently on his side to relieve the weight in the head, would so fall asleep, and in it die. In the absence, therefore, of any knowledge of the internal condition of the head, the verdict recorded in your Journal is incomplete, of no great value to the Profession, and inaccurate for public information.

If I am not too far intruding on your space, I would proceed to observe, that this painful subject of persons being "found dead," ought to attract more serious attention than the repeated erroneous or inane Coroner's verdicts we read of in the papers have permitted the public to give to it. The number of such occurrences is fast increasing, like that of sudden death in general. In a work recently published, under the head of "Death Statistics," it is stated, that not fewer than 17,478 cases of sudden death had taken place in England in the course of five years preceding 1852, of which 3170 occurred in the Metropolis. Not one-half of this number had been inquired into. In the year just concluded, 657 sudden deaths (not by violence) in the Metropolis have been recorded by the Registrar-General, 400 of which, or thereabout, have not been noticed by the Coroners. In this very day's *Times*, there are recorded two sudden deaths of gentlemen, 57 and 58 years of age, and a third still more awful in the case of Mr. Ralph Carr, a magistrate,

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who fell in the street, after staggering for a few seconds, and died *instanter*. In the latter case there is to be an inquest: (a) in the two former instances, it does not appear that any was held. And, indeed, if the verdicts are to be such as in the great majority of instances they have been, we may well dispense with them, for they have made us very little wiser respecting the true causes of sudden death.

Until one or more Medical Inspectors be appointed by the Government, whose duty shall be to investigate, by a careful anatomical examination, and not in a slovenly and superficial manner, each case of sudden death, especially such as have been characterised by the words "Found dead,"—and still more so when it concerns infants,—we shall not become acquainted with the real nature of those causes which suddenly cut short the tie of life. The volume before alluded to tells us, that out of 2,516,569 children born alive, in the course of five years, in England, 377,845 had died under one year of age, of whom not fewer than 114,845 had periahed before the thirtieth day of their existence! During the late strike at Preston, the destruction of infant life went on at a speedier rate even; for, compared with the general mortality of that period in that town, that of children under 5 years of age was at the rate of 50 per cent. (!); at 1 year of age, 33⅓ per cent.; while, in every 125 deaths, 10 were those of infants 1 month old! Have the Coroners enlightened us on such a fearful mortality?

Of the number of sudden deaths generally recorded in the Registrar-General's Reports for 1851 for the Metropolis only, which amount to 516, I am in a position to state, that not fewer than 230, or little less than the half of them, took place during sleep; that is, 230 individuals, in the course of that year, retired to rest in their usual state of health, hoping and expecting to rise again in the morning; but, when the morning came, they were "found dead." Do not these awful realities call for inquiry? Not such as we have hitherto had; neither so insufficient as the one which has called for the present communication from

Your humble Servant,

Jan. 18, 1855. A. B. G., M.D.

SICKNESS AND MORTALITY IN THE CRIMEA.

[To the Editor of the Medical Times and Gazette.]

Sir,—As the appalling amount of sickness and mortality among our brave troops at the Crimea and at Constantinople still continues unabated, the mind of the public is no less perplexed and grieved at the results than that of the Medical Profession must be deeply and eagerly interested in the causes that have engendered and promoted them.

Beyond the well-known and appreciated remote causes, as fatigue, cold, and hunger, which have laid the foundation of disease in general, and an increase of mortality, it is very desirable, in a sanitary and Medical point of view, to be better acquainted with the more direct and exciting causes that have given rise to such an overwhelming amount of the special diseases of diarrhœa and dysentery, instead of primary fever, scurvy, etc.

It would be desirable to know whether the diarrhœa puts on the features of a simple anæmic relaxation, such as the premonitory laxity of cholera, or whether it had more of the character of inflammatory irritation of the mucous membrane, as has been the case, in one instance, wherein a *post-mortem* was reported. It would also be of much interest in a dietetic point of view, whether the general issue of salt pork, so much used, and often taken uncooked, as the only or almost chief article of food, had not a good share in causing so much intestinal weakness or irritation. The same and similar inquiries would be desirable, to ascertain how or in what degree the plague of dysentery has so much prevailed and been so fatal; and whether this last disease has, in any of its phases, assumed a contagious character, or that attention has been drawn to its propagation in this manner.

Besides the predisposing agencies arising from stinted or unsuitable food, it would be equally an object to be correctly ascertained,—the quality of the water that is used for drink and cooking by our troops; whether it is derived from wells, brooks, or pools, and what are its mineral and organic impregnations. This should be a special object to ascertain by correct analysis, especially to see that there are no artificial and noxious additions made to it by any treacherous and wicked vagrants from the enemy's camp, or from our deceitful neighbours the Greeks.

Perhaps you could lay a courteous requisition on some of your Medical Correspondents in the East, to inform the Medical public in this country on the above important points.

Before concluding this short communication, I cannot but express my disappointment and regret to see in last week's Number of the *Association Journal* such a vituperation and unjust attack on the Director-General of the Medical Department of the Army and the Medical Staff in the East, for allowing such an amount of disease and death to prevail among our troops; and even to impeach the talents and Medical superintendence of those more particularly engaged in the treatment and cure of our sick soldiers. I am sure the Editor in this case is not the spokesman of the members of our Association, who, I am confident, have a more generous *esprit de corps*, as well as a greater regard to fairness and justice.

I am, etc.

February 12, 1855. Medicus.

(a) It does not appear that any such inquest took place; at least none as appeared in the public papers, though promised in the *Times* of the 8th ult.

POOR-LAW MEDICAL OFFICERS.

[To the Editor of the Medical Times and Gazette.]

Sir,—The Medical officers holding appointments under the Poor-laws in this country, owe you a debt of gratitude for advocating their cause against the miserable parsimony which is being carried out by the diminution of some of the Medical Officers' salaries, which certainly the most illiberal cannot consider too large when the vast amount of labour, mental and bodily, entailed by attendance on the many cases of illness throughout their extensive districts is taken into account.

I may add, that I know of two Unions in each of which the Guardians have passed resolutions, that an officer applying for an increase of salary must first resign his appointment.

I am, etc.

Feb. 8, 1855. An Irish Dispensary Surgeon.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Saturday, Feb. 10.

E. Headland, Esq., President, in the chair.

Mr. Henry Thompson exhibited an instrument of French manufacture for incising strictures of the urethra by internal incision. The inventor, he said (M. Rebat) considered dilatation to be ineffectual in cases of stricture of the urethra, and advocated a complete division.

Mr. Hancock said, that notwithstanding the instrument had been highly commended by French authorities, he should not feel justified in using it. He also expressed his doubts as to the expediency of Syme's operation.

Mr. Thompson said he exhibited the instrument chiefly as a curiosity, and not because he approved of it. He had seen Syme's operation performed twice with success, but he thought it should only be resorted to in very exceptional cases.

Mr. Canton exhibited a malignant tumour which he had removed from the testicle of a boy 9 years old, who, some weeks previously, had received a kick against the scrotum.

Mr. Rogers Harrison exhibited

A DISEASED LIVER,

and other parts, from a patient who was the subject of very complicated disorders.

Mr. Hogg undertook to make a microscopical examination of the parts, and report thereon to the Society.

Dr. F. Headland then read a paper on

THE NATURE AND TREATMENT OF DIABETES MELLITUS.

After a slight general sketch of the symptoms, he proceeded to the inquiry, What is the physiological cause of this abnormal and excessive secretion of glucose, or grape sugar? Three chief theories had been brought forward to account for this.

1. *Theory of Renal Disorder.*—By Dr. M. Good and others of his time it was supposed that the glucose was formed by the kidney in the act of secretion. The author discussed the various alleged morbid conditions of the kidney in diabetes, none of which are known to be constant. The discovery of sugar in the blood and other secretions of diabetics is sufficient to overthrow this theory.

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2. *Theory of Saccharine Assimilation;* held by Bouchardat in France, and by the majority of Physicians in England. It supposes that the formation of glucose is due to a deranged digestion or assimilation. Most consider that it is formed in the stomach; others blame the liver. This notion, also, the author disclaimed,—arguing that, after a meal on starchy matters, grape sugar may be found in the blood of a healthy man; that it is part of the function of the liver to form sugar and fat out of albuminous compounds; and that this explanation does not account for the excretion of sugar, for grape-sugar given to a healthy man does not pass out in the urine.

3. *Theory of Saccharine non-Assimilation.*—Supported by Mialhe, Liebig, B. Jones, and others. To this the author gave his own adhesion. It derives confirmation from the experiments of Lehmann, Dumas, and D. Thomson. The starch of the food is the chief supporter of the respiratory process. Starch cannot be absorbed without being first changed into dextrine. This is a sort of transition to grape sugar, into which it is all formed in the blood. This grape sugar is not yet in a condition to be oxidised; it is therefore again changed into two atoms of lactic acid, (or some very similar material). This then combines with oxygen in the blood, supporting the animal heat by its combustion, and forming carbonic acid. These changes require certain agents, probably ferments, to effect them. Supposing they have proceeded as far as glucose, and the agency be wanting which should change this into lactic acid,—then the glucose, not being available to the system, is excreted in the urine. The liver attempts to supply the want by forming glucose and fat out of albuminous food. This glucose passes also into the urine. In addition to all this waste, the very tissues are preyed upon to supply fuel for the respiration. The author then discussed at length the subject of treatment, under the following heads.—

A. *Erroneous Plans of Treatment.*

1. Attempts to prevent the formation of glucose.
2. Attempts to hinder the excretive function of the kidney.

The first is a natural process; the second is a healthy provision.

B. *Doubtful Plans of Treatment.*

1. The use of diuretics.
2. Stimulation of the nervous centres, as by strychnia.
3. Treatment directed to the liver.
4. The use of oxidising agents.

C. *Correct Plans of Treatment.*

Dietetic Rule.—To supply, if possible, such articles of food as shall be able, at the same time, to nourish the patient, and to maintain the respiratory combustion without passing through the stage of glucose. (Among other things, fat and oils, dry wines, and milk, were recommended.)

Therapeutic Indications—

1. To give some remedy that shall seem to be capable of causing the glucose to undergo its normal transformations. (Yeast, rennet, pepsine, etc. were discussed. The author particularly recommended *milk just turned sour*, as containing a decomposing caseine, which transmutes milk sugar into lactic acid. He had advised the use of this remedy in his Essay on the Action of Medicines. It should be used as an article of diet; or it may also be given in enemata, and in warm footbaths.

2. To replace the urinary secretion by means of diaphoretics and purges. (The Author recommended copious sweating, for a physiological reason.)

3. To attend to the general health, and to treat complications.

Dr. Gibb concurred in the author's theory respecting the arrest in the natural process of converting grape sugar into lactic acid. With regard to the supposed influence of saliva on starch, recent experiments had shown that it alone did not, as stated, possess the power of converting starch into sugar. He agreed with the author as to the general mode of treatment, attaching great importance to the administration of fatty matters.

Dr. B. Daniel suggested whether the glucose, coming in contact with the kidney, might not render it peculiarly irritable, and so account for the remarkable increase in its action. He believed that external applications over the renal region were beneficial; and concurred in most of the practical suggestions of Dr. Headland.

Dr. Snow said, that the non-conversion of grape sugar into lactic acid might admit of another explanation than the want of some fervent to determine the change, as suggested by the author, though his explanation was probably the correct one. It was possible that there might be some morbid material in the blood preventing the change. In the same way, there were two explanations of the circumstance of small-pox and other eruptive fevers occurring only once: one being, that some substance in the body was used up; and the other, that the disease left behind it some material which prevented the recurrence of any similar action. The latter kind of explanation, in the case of diabetes, received some support from the circumstance, that large doses of opium and some other narcotic medicines caused the presence of sugar in the urine. With regard to rennet, he believed that a French author, some years ago, in making some experiments on dogs, with a view to produce diabetes by the injection of grape sugar in the blood, found that, when the sugar was mixed with rennet, it did not re-appear in the urine. He (Dr. Snow) would suggest whether lactic acid itself might not be administered with advantage, as it was well known that certain substances would sometimes occasion the further production of the same substances. As to alcohol, he did not think it answered as respiratory food. Its use in diabetes would be only as a narcotic. In the Arctic Expeditions, it had been found that alcohol did not answer as respiratory food, and that the sailors could best bear the cold on teetotal principles.

Dr. Cogswell said, that the author had given no proof that food underwent the changes he had described. Chemists had laid down certain formulæ in reference to such changes, and almost required them to be believed without proof. The high authority of Dr. Prout was against such formulæ; he had no faith in them as guides, relying more upon the old empiric system of trying remedies.

Mr. Jabez Hogg said he had tried one of the methods of treatment described by the author as erroneous, (the administration of sulphuret of arsenic,) and had certainly found it fail; but he had given cod-liver oil with decided benefit. He had seen three *post-mortem* examinations of diabetic subjects, and in each case had found sugar in the liver; he had also found the fæces destitute of bile, clay-coloured, and hard. With reference to the tests for sugar, he would recommend that suggested by Mr. Horsley,—equal quantities of chromate of potash and liquor potassæ, which, heated with a small quantity of diabetic urine, deposited a beautiful sap green.

The author having replied, the Society adjourned.

PHYSIOLOGICAL SECTION.

MONDAY, FEBRUARY 12.

Dr. SNOW, Vice-President, in the Chair.

VALVES IN THE SPLENIC AND GASTRIC VEINS OF A MASTIFF.

Dr. Crisp exhibited the spleen of a mastiff, for the purpose of showing the valves in the veins. In the splenic and gastric veins there were nine pairs of valves. Dr. Crisp likewise showed some parts of the anatomy of the Capuchin monkey, *(Colus Capuchinus,)* and of the armadillo, *(Dasipus sexcinctus.)* A contrast was made between the heads of the two animals: the weight of the brain in the former, as compared with that of the body, was $\frac{1}{240}$; of the monkey, about $\frac{1}{16}$. The molar teeth of the armadillo, although this animal is classed with the *edentata*, (toothless,) amounted to 40, 20 in each jaw; while those of the capuchins number 36, being 4 more than the monkeys of the Old World. The eye of the armadillo was less than that of a rat; it measured $2\frac{1}{2}$ lines in diameter. The diameter of the monkey's eye was 8 lines.

Mr. Rogers Harrison believed that the hyena was the subject of mollities ossium, as he had observed in living specimens in the Surrey Gardens and Regent's Park.

Dr. Crisp said, it would be difficult to decide whether a living hyena was the subject of mollities ossium, as its limbs were naturally bent.

Dr. Gibb said, he had examined a great number of animals, and could not remember a single instance of mollities ossium. It might be expected to occur more frequently in the monkey than in other animals, from its more frequently suffering from scrofulous disease.

Dr. Rowth suggested whether the disease might not be rickets, which was common among the lower animals, and in which the bones were soft and moveable as in mollities ossium.

Dr. Gibb believed it very probable that the disease was rickets, which he had frequently noticed in animals.

Mr. Dendy asked Dr. Crisp how the monkey had been fed.

Dr. Crisp said it had been fed on bread, greens, carrots, and the like,—a very different kind of food from that on which it lived in a natural state, and the change might probably have been the means of bringing about the disease.

Dr. Richardson referred to the number of teeth in the monkey

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tribe, and said if it were true that the monkeys in the new and the old world differed in the number of their teeth, that circumstance might throw some light upon the question of distinct races which had perplexed so many minds.

Dr. Crisp said there was no doubt of the fact to which he had alluded, as it had been mentioned by Cuvier and other naturalists.

Mr. Dendy said, that some monkeys had an extra rib. There could be no doubt of the existence of different genera and species; and there was often a disposition to vary even in the same species, certainly in the same genera.

Dr. Crisp said that the chimpanzee had thirteen ribs, and the ourang twelve. Such variations as he had mentioned with regard to the teeth were of great interest with reference to the distributions of animals. Such a circumstance upset entirely the notion of animals passing from one continent to another on floating islands, as it was highly improbable that a monkey, in crossing the Atlantic, would cut four teeth.

Dr. Glover said, that Dr. Knox, in his "Physical History of Man," mentioned the variations between American and European monkeys in corroboration of the theory respecting the distinctness of the European and American races.

Dr. Cogswell read a paper on

THE NATURAL SOURCE AND PHYSIOLOGICAL ACTION OF THE WOORARA POISON.

Previous to 1852, when the author published a series of experiments on the subject, only a few scattered instances were known of the power possessed by a numerous section of the class of dynamic poisons of paralysing the part to which they are immediately applied. Opium and hydrocyanic acid had been observed to paralyse the hind leg of the frog; aconite and the viper's poison to cause numbness of the tongue, and ticunas instantaneously to stop the peristaltic motion of the bowel of a guinea-pig. The propriety with which the last effect was attributed by Messrs. Morgan and Addison to paralysis appearing doubtful, and the author being also desirous of including the ticunas among the substances whose local action had been investigated, he had procured some of this poison for examination. There was much obscurity connected with the name, the natural source and physiological action of the South American arrow poison. It was severally called urare, curare, woorara, woorali, and ticunas. The first was supposed by Humboldt and Sir R. Schomburgh to be the term employed by Raleigh; but, though the poison itself was mentioned in Raleigh's "First Voyage to Guiana," the word "ourari" only occurred in the Appendix to the account of the Second Voyage, which was performed by Captain Keymis, and there only as one of the names of poisoned herbs. "Curare" was the name employed by Humboldt himself, and was preferred on the Continent; but the author was unacquainted with its origin. "Woorara" was used familiarly by Bancroft, in 1769, who said the poison was so called from the name of a twining plant which furnished its chief ingredient; and, as it was adopted by Brodie, and had become current in our language, it was thought to deserve the preference. "Woorali" was a corruption of woorara by one of the Indian tribes. "Ticunas" was simply the name of a tribe on the Amazon, which prepared the poison, and need not be retained, except (as with other drugs) to indicate a particular manufacture, as the Macusi or Wapisiana Woorara of the Orinoco, the Lamas or Ticunas Woorara of the Amazon, etc. As regarded the natural source, the colonists of Demerara believed a chief active ingredient to be the poison of snakes; and two American writers had lately advocated the same opinion. The physiological action, as generally described, agreed with that view. Professor Taylor, however, alleged, that the poison undoubtedly contained strychnia, and Schomburgh thought he had traced it to a plant called the Strychnos toxifera, and mentions two experiments in which the extract had proved fatal, but without describing the symptoms. The author had tried on animals the seed and extracts of the bark and wood, prepared from specimens obtained at public institutions, but found no effect from them. The specimens of the wood, however, had not been authenticated by the authorities. Experiments were then described to show that the effects of Wonara are the opposite to those of strychnia. It was the common belief, also, that woorara might be swallowed with impunity; and Sir B. Brodie quoted Fontana to this purport; but the latter had found it fatal when given internally, though a larger quantity was necessary than if applied to a wound, and the author's experiments confirmed this result. Applied to the bowel the poison did not immediately cause paralysis, but local constriction, like the other dynamic poisons; while in the author's experience all had a preliminary irritant effect, whatever the nature of their specific action. Introduced beneath the skin of the frog's leg, it paralysed the limb like opium and the other poisons mentioned in the author's previous publication. The paper concludes with the following summary:—

1. The term "Woorara" appears to have been longer distinctly employed to designate the Indian arrow-poison than any of the other names, except, perhaps, "curara," with the origin of which the author is not acquainted.

2. Woorara has a generic meaning like opium, sarsaparilla, etc.; while "ticunas" is only the proper name of one of the native tribes which prepare the poison. Ticunas, however, in common with "macusi" and other Indian names, may be used specifically to distinguish particular manufactures, according to the practice with other drugs.

3. The physiological action of woorara is opposed to the view that it owes its chief ingredient to a plant of the genus *Strychnos*.

4. In order to determine the point as to whether or not the poison is derived from the *Strychnos Toxifera*, it is necessary to obtain authentic specimens of the bark and wood in sufficient quantity to enable the question to be thoroughly investigated.

5. Woorara is a poison when swallowed, contrary to what is commonly believed on that subject.

6. It acts primarily as a stimulant.

7. It acts secondarily, or, as it may be termed specifically, as a sedative, paralysing the functions of the nervous system, and this both locally when it is immediately applied to the body, and constitutionally after it enters the circulation.

Mr. Dendy asked whether, in the cases mentioned by the author, in which death followed the administration of the poison by the mouth, there was any abrasion which might account for the fatal result.

Dr. Glover believed that the different names mentioned by the author were only varieties of the same word, all referring to the same poison. He thought the views of the colonists as to its being composite were correct. Probably snake poison was one of the ingredients; and it might have more to do with the preservation of the poison than the addition of any new properties. The poison was an antidote to strychnia; and as the effects of strychnia were similar to those of tetanus, he would suggest, whether the poison might not be used with advantage in cases of tetanus. With regard to prussic acid, he had applied the vapour of that poison to his eye, and it produced great vascularity, which, however, was soon removed. The sensation produced by prussic acid was that of extreme heat and inexpressible acridity. In every case he had seen of poisoning by prussic acid, he had found the stomach congested. In animals he had found somewhat of the same congestion, but not to the same extent as in the human subject.

The Chairman said that prussic acid vapour, when inhaled, felt warm and pungent; and dilute prussic acid, when applied to the skin, produced heat and redness. He believed every narcotic was more or less irritating.

Dr. Gibb said that the Rev. Mr. Brett, a traveller in British Guiana, mentioned a poison which he said was prepared from the expressed juice of the *Strychnos toxifera*, and stated that the natives not only poisoned their arrows with it, but kept it under their nails, with which they could cause death by scratching, or dipping their fingers into any fluid and poisoning it.

The Chairman said he had killed two guinea pigs with an arrow that had been in England twenty-five years; one died in five minutes and the other in half-an-hour. It was a remarkable circumstance, that sensibility and consciousness remained to the last; the animals, however, soon lost their muscular power, and were in a kind of paralysis agitans. Generally, consciousness was lost first, and muscular power last.

Dr. Crisp said it was a question how long a serpent's poison would retain its virulence; and he was about to test that point by some poison which he took from a rattlesnake three years ago. He did not think that experiments with the poison upon reptiles were altogether satisfactory; as those animals were not, he believed, so susceptible to animal poison as mammals. He had introduced by puncture the poison of a viper into the mouth of a common snake, a frog, and a toad, without any effect; and he had also caused a hornet to sting a frog, a toad, and a common lizard, without producing any apparent result.

Dr. Richardson said, that in the experiments of Mr. Walton and others, the poison had produced profound insensibility. The heart, also, continued to beat after respiration had ceased. The experiments had led him to think of the possibility of obtaining a new anæsthetic which should not paralyse the heart. Dr. Richardson then mentioned a case in which he administered a teaspoonful of prussic acid to a dog with paralysed limbs, in

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order to kill it, on which the animal for the first time began to walk about. He gave it the entire contents of an ounce bottle, but did not succeed in killing it. The dog was afterwards hanged, and, on examination, was found to present no unusual appearance to account for the occurrence.

Mr. Dendy thought the opinion that the Woorara poison was often swallowed with impunity received some corroboration from the fact, that the Indians constantly ate the game killed by the poisoned arrows. He agreed with Dr. Crisp in thinking that experiments with animal poison were not satisfactorily performed on cold-blooded animals.

Mr. Rogers Harrison said, he had seen death occur from hydrocyanic acid long before any irritation could ensue. He mentioned the effects of the cocculus indicus used by poachers in order to bring fish to the surface of ponds. The fish were evidently first paralysed by the poison, and were easily caught; but, if they were put into fresh water, they would recover.

The author, in replying, said, he did not know whether there was any abrasion in the cases mentioned by Mr. Dendy. He did not lay much stress on the circumstance, that the Indians ate the game killed by the poisoned arrows, seeing that the poison must be very much diffused, and the process of cooking might probably destroy its effects.

The Society then adjourned.

PATHOLOGICAL SOCIETY OF LONDON.

FEB. 6, 1855.

Mr. ARNOTT, President, in the chair.

Dr. Peacock exhibited

FOUR SPECIMENS ILLUSTRATIVE OF THE CHANGES IN FORM, SIZE, AND WEIGHT OF THE HEART IN DIFFERENT DISEASES.

1. The first specimen was removed from a girl 10 years of age, and presented most extensive disease of the mitral valve, the aperture being so contracted as only to admit of the passage of a ball twelve lines in circumference. The left ventricle retained its natural size; but the left auricle, and right auricle and ventricle were much dilated, and their walls thickened. The aortic aperture was small; the pulmonic much dilated; the heart, contrary to the usual form, was longer in the transverse than in the longitudinal diameter, and the organ weighed 7oz. 14 gr., or about a third more than natural. 2. The second specimen was removed from a man 21 years of age. The mitral aperture was greatly contracted, measuring only eighteen lines in circumference, and the lungs were also emphysematous. The heart was broader from side to side than longitudinally; the left ventricle, as in the former case, was not materially altered in size, but the left auricle, and the right auricle and ventricle were dilated, and their walls thickened,—the right ventricle especially so, its walls measuring seven lines in width. The organ weighed 14 oz., or was about half as large again as natural. 3. The third specimen was one of obstructive and regurgitant disease of the aortic valves, which had been removed from a tall and powerful man, 39 years of age. The organ was greatly increased in size, and weighed 25¾ oz., or more than double its proper weight; its longitudinal diameter exceeded the transverse, and the increase of size was chiefly due to the dilatation and hypertrophy of the left ventricle, the parietes of which measured eight lines in width; the other cavities were dilated and hypertrophied to a less degree. 4. The fourth specimen was removed from a boy 18 years of age, and was one of combined aortic and mitral disease, with adherent pericardium. The form and weight of the organ were intermediate, between mitral and aortic disease alone; both the right and left ventricles being considerably hypertrophied and dilated; it weighed 16 oz., or about double its proper weight.

At the conclusion of his communication, Dr. Peacock inquired of Dr. Ogle as to the weight of a very large heart which he believed was preserved in the museum of St. George's Hospital.

Dr. Ogle replied, that it was five pounds.

Dr. Snow asked, whether in the cases of hypertrophy of the heart without valvular disease there was not almost always present disease of the kidney.

Dr. Peacock replied, that such was undoubtedly the case in a majority of instances, but there were frequent exceptions. In the case he had mentioned no kidney disease existed.

Dr. Brinton related the particulars of a case which he had attended, in which a man died after having had all the symptoms of mitro-valvular disease and hypertrophy; but at the autopsy the latter condition alone was found. The illness had dated from a known period, and had been little more than a year. At first there had been in the urine a trace of albumen, but latterly it had disappeared, and the kidneys were found healthy.

Dr. Peacock asked how the physical phenomena of mitral disease had been produced.

Dr. Brinton: Probably, by incompetency on the part of the mitral valve to close the much dilated auriculo-ventricular aperture.

Dr. Gibbon next showed a specimen illustrating

ULCER IN THE DUODENUM AFTER SCALD.

A man, who had fallen into a vat of boiling water and been most severely scalded, was admitted under Mr. Curling's care into the London Hospital, and died a few days afterwards. No general autopsy was permitted, but the duodenum was removed, and was found to present numerous small ulcers.

Dr. Gibbon also showed a specimen of ulceration of the mucous membrane of the stomach, which he had removed from the body of a young woman.

Mr. Gray inquired of Dr. Gibbon, whether other parts of the intestinal tract had been inspected in his first case. His reason for asking was, that he had of late made many examinations of the bodies of those dead of burns, and had not found that ulcerations were by any means confined to the duodenum, or even more frequent in it than other parts of the bowel. He had seen them in the small intestines and in the cæcum; never in the stomach.

Dr. Gibbon said that only the duodenum had been inspected in his case, as the friends of the patient refused permission for a general autopsy.

Dr. Ogle exhibited an example of

FOREIGN BODY FOUND LOOSE IN THE PERITONÆAL CAVITY.

The specimen consisted of a rounded, white, glistening mass, nearly the size of a damson-plum. It remarkably resembled, excepting in being only about half as large, one which was exhibited by Mr. Shaw at a recent meeting, and described in our report. (See page 627, December 16, 1854.) On section it showed a capsule of tough, dense, yellowish-white structure, about the eighth of an inch in thickness, enclosing a collection of yellow gritty material, resembling somewhat dried-up pus or the remains of a dead hydatid. Its capsule was finely laminated. The section thus differed from Mr. Shaw's specimen in the relative amount of enclosed material and of surrounding medium. In Mr. Shaw's the capsule made up almost the whole mass, while in the present one it was comparatively thin. Dr. Ogle stated that he had devoted much pains to the investigation of the tumour, with the hope of discovering some clue to its mode of origin. That it had once been attached to the liver was rendered evident by the existence in the exterior of that viscus of a cup-shaped depression, into which it exactly fitted. The thought first suggested was, that it represented the remains of a dead and collapsed hydatid cyst; but careful microscopical examination had not afforded any conclusive evidence in support of this view. The material in the interior consisted of fatty matters and of carbonate of lime, with amorphous and granular bodies. On the whole, perhaps, the only satisfactory conclusion respecting it was, that it had originated in some deposit in the sub-peritoneal tissue, which had become encapsuled, and at length, by some accidental violence, been detached.

The appointment of a Committee to further examine this specimen having been suggested,

Dr. Ogle stated, that he should be very glad to submit to any further investigation the Society thought fit, but wished to add that it had already, besides a laborious inspection by himself, been examined both by Dr. Bristowe and Mr. Hutchinson, whose conclusions coincided with his own.

At the President's suggestion, Dr. Bence Jones was requested to make a chemical examination of it and to report.

Dr. Snow Beck presented the parts which had been concerned in a

DIAPHRAGMATIC HERNIA OF THE STOMACH, SPLEEN, OMENTUM, AND PART OF COLON INTO THE LEFT PLEURA.

A young lady, aged 24, in previous good health, returned home in the evening after dining with some friends, and com-

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plained of pain at the chest and of sickness. She occasionally suffered from these symptoms, and they attracted but little attention. In the night this pain in the chest became very severe, and she died under the appearance of asphyxia; the face being much congested, dark red, and lips livid. On the examination of the body, the chest was observed to be remarkably prominent, especially at the left side; the left lung much congested, livid, and lacerating in places under strong pressure. The heart occupied the middle of the lower sternum, was rather small, but otherwise healthy; it contained no blood in any of the cavities. In the left pleura was found the stomach, of considerable size, filled with air and partially digested food; the spleen, rather large; the omentum; about two feet of colon; and the lung, atrophied and compressed against the vertebral column. An opening large enough to admit the fist with ease existed in the diaphragm, with round edges, and without any signs of recent laceration. The uterus was somewhat enlarged, and antiverted to nearly a right angle between the body and the cervix. This young lady had been subject to similar attacks, when the face beame dark red, and was usually relieved by vomiting. She was delicate when a girl, but latterly had been very healthy. The catamenia appeared regularly, and without pain or other inconvenience. It appeared probable that this was a severe attack of the symptoms she had before suffered from, but aggravated and rendered fatal by the condition of the right lung. The condition of the uterus was most instructive, as verifying the opinion he had previously expressed, that displacements, unaccompanied by other disease, were not attended with any morbid symptom, and required no remedial means. These cases demonstrated, in the strongest manner, the impropriety of introducing foreign substances into the cavity of the uterus, to remove a condition which, at worst, was only an unimportant alteration from the usual position.

Mr. Partridge asked, whether there was anything in the state of the opening, etc., to indicate that the rupture had been recent.

Dr. Snow Beck replied, that the opening had every appearance of having been congenital. There was extravasation of blood, and, from the condition of the compressed lung, he felt little doubt but that the relation of parts found at death had existed for a very long period.

Mr. Hutchinson exhibited the parts removed in an

EXCISION OF THE ELBOW-JOINT.

The parts consisted of the articular extremities of the humerus, ulna, and radius. Their chief pathological interest attached itself to the existence of a circumscribed abscess in the ulna immediately beneath the coronoid process. There was also acute inflammation of the joint itself and extensive absorption of cartilage from the greater sigmoid notch. The abscess in the ulna did not appear to have opened itself in any direction. It had been cut across during the operation, when nearly a drachm of a thick, greenish pus escaped. The pus contained in it differed very markedly from that within and external to the joint. The patient from whom the parts had been removed was a man, aged 43, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital. About six weeks ago he had received a blow over the olecranon, after which general inflammation of the fore-arm ensued, attended by intense pain in the bone. The man described himself as having scarcely slept for a month. When admitted the joint was evidently involved, and the man was so much reduced, that it was at first thought that immediate amputation would be necessary. Ultimately, however, the excision had been determined on. The patient had done well since the operation.

Dr. Vander Byl next brought before the Society specimens of

TUMOURS CONNECTED WITH NERVES.

The specimen showed several rather large tumours attached by pedicles to different portions of the nerve trunks at distances of a few inches. The tumours were reddish in colour, of irregular oval shape, and about the size of chestnuts; their pedicles of attachment were narrow, and appeared rather loose.

At the instance of Mr. Partridge, Dr. Snow Beck was requested to make a further examination of Dr. Vander Byl's specimen, and report to a future meeting.

Dr. Brinton exhibited a

DISEASED HEART.

The organ was much enlarged; its aortic valves were uniformly thickened, and extending across its left ventricle was a long, slender, and elastic cord. During life the second sound had been absent over the base of the organ, and a doubtful bruit had been heard at the apex. The examination, however, had been performed when the man was almost dying, and had a pulse of 150; it could not therefore be deemed satisfactory.

FUNGUS HÆMATODES OF THE HEART AND SPLEEN.

Dr. Crisp exhibited the spleen and a portion of a heart affected with fungus hæmatodes. The patient, a man, 50 years of age, was ill about six months. The iliac and other pelvic bones were apparently first diseased; and at his death, the spleen, liver, and heart were also implicated. The aortic blood and likewise the soft matter of the tumours contained numerous small, round, sporule-like bodies, about one-eighth the size of blood-corpuscles, which Dr. Crisp called the seeds of the fungus, he believing that these bodies, in certain localities, underwent a kind of fructifying process, and that in this manner the disease was disseminated.

Dr. Russell Reynolds exhibited

SCIRRHO-ENCEPHALOID TUMOUR IMPLICATING THE DURA MATER AND CEREBELLUM.

The patient, a woman aged 50, had suffered intense paroxysmal cephalalgia, of fixed locality, for more than twelve months. There was slight paralysis of the left side, and some sensorial disturbance, such as numbness, "creeping," etc. No tumour could be detected in the mammæ or elsewhere. There was complete anorexia, with occasional vomiting, and progressive emaciation. On *post-mortem* examination, a tumour, scirrho-encephaloid in appearance, was found occupying one-third of the left lateral lobe of the cerebellum. It was firmly adherent to the dura mater, and the latter to the bone; neither, however, appeared diseased. In the centre was a calcareous mass, size of a pea, presenting no organization resembling bone. Microscopical examination of the tumour displayed caudate and fusiform cells, with large nuclei, etc. In the apex of left lung there was distinct tubercular deposit, granulating and yellow softened masses, judging both from obvious and microscopical examination. There was no deposit in any other organ.

Mr. Henry Thompson showed a specimen of

ACUTE NEPHRITIS FROM CHRONIC DISEASE OF THE BLADDER AND URETHRA.

A man, aged 46, who had been at different times under Mr. Thompson's care for two years, on acconnt of stricture of the urethra, had at length, after a short acute illness, died comatose. The autopsy showed the urethra much contracted in parts, and a large abscess in connexion with it, just in front of the pubic fascia. The bladder was in a state of chronic inflammation. The left kidney was much hypertrophied, weighing twenty-one ounces; it was in a condition of most intense congestion, exactly resembling the illustrations of acute nephritis given by Rayer. The right kidney was pale and atrophic, weighing only three ounces. Mr. Thompson directed attention to the circumstance, that the hypertrophied, and probably the only efficient organ, had been the one attacked by inflammation.

Mr. Hutchinson asked if the extension of inflammation to the kidney were consequent on an attack of retention.

Mr. Thompson replied in the negative. For some time the introduction of a catheter had been easy, and there had been no liability to retention.

Mr. Hillman exhibited a

LARGE FIBRO-CELLULAR TUMOUR REMOVED FROM THE BUTTOCK.

The specimen had been taken after death from the body of a woman, who had for many years been an object of much interest to London Surgeons. She had once been under Sir Astley Cooper's care on account of it, and, twenty-eight years ago, was in St. Bartholomew's Hospital, under that of Mr. Vincent; more lately, she had consulted Messrs. Fergusson and Partridge, at King's College. To the best of her belief, the tumour had not increased in size for the last twenty-eight years. Sir A. Cooper's advice to her had been, on no account to allow any one to attempt its removal. The *post-mortem* had fully sustained this opinion, since, although hanging apparently loosely in the buttock, it was found to have deep attachments, and so completely to surround the sciatic nerves and vessels that its extirpation without injury to those structures would have been impossible. The mass was altogether much larger than an adult head. Its general structure was very evidently fibrous; but in one part was a circumscribed mass of deposit, about the size of an orange, the section of which showed exactly the characters of hard cancer. A very careful microscopic examination had been made

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both by Mr. Brooke and himself, and Mr. Hillman thought that no doubt could exist, but that the specimen demonstrated the development of cancer in an innocent tumour.

Mr. Brooke observed, that he had placed microscopic preparations from different parts of the tumour under the instrument then on the table, and should be glad if members would examine for themselves. [Many gentlemen subsequently examined the preparations, and most appeared to be satisfied as to the correctness of the opinion given.]

Dr. Gibb exhibited some preparations taken from the body of a woman who had died from

APOPLEXY WITH FATTY HEART.

The patient's age was 45; she had died suddenly in St. Pancras Dispensary, where she had been admitted only the day previously, under the care of Dr. Cogswell. At the autopsy, an apoplectic clot was found in the substance of the right corpus striatum, protruding into the lateral ventricle. All the vessels at the base of the brain were in an atheromatous condition. The heart was in a state of fatty degeneration, but its valves were healthy. The liver was much enlarged and fatty. Neither stertor nor intermittent pulse had been present before death.

NORTH LONDON MEDICAL SOCIETY.

Dr. Nicholl, of Hampstead, exhibited a specimen of

FIBRINOUS CASTS OF BRONCHIAL TUBES.

The patient was a lady, 32 years of age. The attack set in as an ordinary cold, and had lasted some five or six days before it came under notice. She was labouring under a most severe paroxysmal cough, accompanied with a sense of constriction and oppression in the chest. There was no great febrile disturbance, but considerable debility, with loss of appetite, and general *malaise*, owing, in great measure, to the want of sufficient rest at night. The pulse was small, frequent, and soft, and the tongue somewhat furred. Sibilant and sonorous rhonchi were audible throughout the greater part of the chest, but were more distinctly marked on the left side. No local deficiency in resonance, or *bruit de soupasse*, on which Valleix lays so much stress, was to be detected. The expectoration was white, frothy, and glairy, and contained the largest of the fibrinous casts, but not the slightest appearance of blood. The treatment consisted in the employment of free counter-irritation to the chest, in the form of turpentine stupes and sinapisms, and in the internal use of tartar-emetic with hydrocyanic acid. After a few days there was an evident diminution in the consistence of these casts, and they soon became reduced to a few flimsy shreds, which disappeared altogether at the end of little more than a week from the commencement of this treatment. During this period, some eight or ten of these masses were expectorated, generally one, but sometimes two, in the twenty-four hours. They were generally brought up soon after rising in the morning, and this ejection was always followed by a temporary diminution in the violence of the cough. Once or twice there were attacks of extreme dyspnœa. Of the three casts before this Society, one was a mere semi-transparent film, with imperfect ramifications. It was among the last which were coughed up, and its appearance seems to indicate that the process of deposition was proceeding less actively. The other two were expectorated earlier in the attack, and are distinguished by their firmer texture, and the more perfect manner in which they are moulded. Each presents a kind of flocculent head, which must have completely sealed up the bronchial tube in which it was formed, and fully accounts for the attacks of dyspnœa that occasionally occurred. The trunk which surrounds this head is very nearly one-fifth of an inch in diameter, and two-fifths of an inch long, in both specimens. It then divides, and each branch continues to bifurcate in the same manner as the bronchial tubes themselves. They are firm, elastic, white, distinctly laminated, and tubular. Through the trunk of one of the casts I readily passed a common director. Beneath the microscope they present an immense number of corpuscles, imbedded in a granular basis mass. The former appear to be somewhat larger than blood-globules, occasionally enclosed, and contain granules and molecules. The latter seemed for the most part to be structureless, though here and there an evident tendency to fibrillation manifested itself. Their histological characters showed that these deposits consist of Rokitansky's and Croupon's variety of fibrin.

Mr. Sedgwick then read a paper on

PERFORATING ULCERS OF THE STOMACH.

and exhibited five stomachs so perforated. After briefly alluding to the labours of others in the same field of observation, Mr. Sedgwick stated, that it was his intention to restrict his remarks to such points of interest connected with the disease as he was enabled to illustrate by recent cases, of which he exhibited five *post-mortem* preparations. Some of these would be found to contain facts which were probably new, and might consequently interest from their novelty; but in directing the attention of the Society to them, he was more anxious to dwell upon such points as should be considered practically useful, rather than such as might be thought to possess the attraction merely of being new. Mr. Sedgwick observed, that the immediate cause of these ulcers was still involved in obscurity, and that much patient inquiry, especially by means of the microscope, would probably be required before we could hope to arrive at any definite conclusions on the subject. The poor and ill fed were more liable to them than the rich, and more particularly that class of the sick poor who were addicted to habitual intemperance. In such the stomach, after a time, was reduced to a state similar to that of a person who had been kept on food either deficient in quantity, or of a quality insufficient to nourish the body. Under such circumstances the stomach appeared to lose its digestive power, and a return to a nutritious diet often failed to restore it. Mr. Sedgwick remarked, that when this had occurred there seemed to be a proneness in the stomach to local inflammation and ulceration analogous to what was known to take place in the lower animals who had been starved to death. In most of the cases he had examined of perforation of the stomach,—and he might add in all those where he had specially looked for it,—he had noticed that peculiar condition of the mucous membrane, termed "mammillation," to which much attention had been directed of late years. With reference to its pathological importance, or whether it was in all cases to be looked upon as a morbid condition of the mucous membrane, he was not prepared to offer a decided opinion; but from the frequency with which it had been met in persons who had died suddenly from accident, as well as from disease, he was not disposed to attach much importance to it beyond being an evidence of the suddenness of the death. After describing at some length the history and *post-mortem* appearances of the five cases of perforation referred to, Mr. Sedgwick begged to submit to the Society the following points for consideration:—1. Sex and age most liable to the disease. 2. Its diagnosis. 3. Its seat. And, lastly, its termination by perforation. It was generally stated that perforating ulcers of the stomach were most common in young unmarried females, especially those belonging to the class of domestic servants. He remarked that it was only in this country, however, that the greater frequency of the disease at an early age had been observed. The French pathologists seemed to consider it as more common later in life; while, among the Germans, Rokitansky, who was celebrated for the great number of his *post-mortem* examinations, had found it more frequent after 50 than under 30. Mr. Sedgwick, in calling attention to the ages of the five cases under notice, one a female aged 38, and the others men of the respective ages of 53, 59, 66, and 82, observed that the last case was interesting, as being the oldest on record, and was useful in showing that disease might occur at even the most advanced period of life. Mr. Sedgwick stated, as the result of his observations on diseases of the stomach, extending over a period of twelve years, that cases of perforation occurring late in life often escaped notice as such, while many more occurred without being published, and that consequently he was of opinion, that this alleged greater frequency of the disease with us at an early age was more apparent than real. He thought the diagnosis of the disease before perforation had occurred might sometimes be very doubtful, and instanced the case of an old Chelsea pensioner, who had suffered from pain after food for upwards of thirty years, but had never had vomiting, or any other symptom referring to the stomach; after death, which was the result of perforation, great thickening and induration were found around the ulcer, showing that it must have existed for several years. When perforation took place, Mr. Sedgwick observed, that he had always found the symptoms sufficiently indicative; these were, sudden and intense pain in the epigastric region, with not unfrequently a feeling on the part of the patient that something had given way in his inside, followed by collapse, and in some cases even syncope; tenderness over the abdomen, with occasionally tympanitis; a disposition to vomit, without generally the ability to do so; urgent thirst,

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and suppression of urine. Some writers on the subject were of opinion that vomiting occurred in most cases of perforation; but, in his experience of the disease, the occurrence of vomiting was unusual, and he had only noticed it in one case, which was in other respects also an exceptional one. The suppression of urine, which did not appear to have attracted much notice, was as marked a symptom in these cases as in cholera; and the patient, notwithstanding the quantity of fluid so often improperly allowed to be swallowed, either did not pass any urine after the accident, or only a few ounces, which were turbid and high coloured, and after death no urine was found in the bladder, which, as in cholera, appeared to be always firmly contracted. While he considered that, with a due regard to these symptoms, so grave an accident as perforation of the stomach was not likely to take place without being recognised during life, he would beg to call the attention of the Society to the possibility of the opposite mistake occurring from cases simulating more or less perforation of the stomach, and where after death the stomach had been found free from disease. During the last year he had been present, by invitation, at two *post-mortem* examinations where this was the case, as they both presented many symptoms in common, and the sudden deaths were due to the same cause in each. He would only describe the first. A woman, aged 43, suffering from cancer of the womb. There had been, as was so often observed in these cases, great irritability of the stomach, with much nausea and occasional vomiting after taking food. For four or five days before death she had suffered much from pain in the pit of the stomach, and complained of tenderness on pressure there, for which turpentine fomentations had been used; the pain and tenderness increased, and, after passing a night of great suffering, she was suddenly seized, at 9 a.m., with agonizing pain in the epigastrium, and complained that the pressure of the bedclothes over the abdomen distressed her; she quickly passed into a state of collapse, and died soon after 11 a.m. the same morning. The sudden death was found to be due to disease of the heart, which was in a very advanced stage of fatty degeneration. There was no evidence of peritonitis, and the stomach, beyond some patches of well-marked mammillation, appeared free from disease. After discussing at some length the seat of the disease, and referring to one of the preparations on the table as an exceptional instance of a perforating ulcer occurring not only in the cardiac division of the stomach, but also on its posterior surface, Mr. Sedgwick concluded with some remarks on the terminations of the disease by perforation. He observed, that all the preparations on the table illustrated this tendency in ulcer of the stomach to go on to a fatal termination, either by communicating with the cavity of the abdomen, and so causing death by peritonitis, or by opening into an arterial branch, and so leading to death by hæmorrhage. Four of the cases related proved fatal by peritonitis from perforation, and, as usual, in each of them one ulcer only existed in the stomach. One of these cases was remarkable, from the fact of hæmorrhage, to an almost fatal extent, having occurred five years previous to death, and on no subsequent occasion. In the last case referred to, that of a labourer, aged 66, the immediate cause of death was doubtful; in this case, two ulcers were found in the stomach, in both of which the perforating process had been going on simultaneously; in the posterior ulcer leading to hæmorrhage, which commenced three days before death, and was alone sufficiently profuse to account for it; while in the anterior ulcer there was a small opening communicating with the cavity of the abdomen, and which had given rise to peritonitis, which was, however, unusually slight. After commenting upon all the particulars connected with this interesting case, Mr. Sedgwick was inclined to believe that the perforation in the anterior ulcer was the result of the over-distension of the stomach with blood, and that the hæmorrhage should be considered to have accelerated, rather than have caused, the death of the patient.

The paper gave rise to a protracted discussion, in which a considerable number of the members took part. Mr. Sedgwick replied, and the Society adjourned.

MEDICAL NEWS.

THE LATE DR. STRUTHERS.—We regret to see that the last sad catalogue of deaths at Scutari Hospital opens with Acting-Assistant-Staff Surgeon A. Struthers. Dr. Struthers, who was one of the junior medical officers in the Royal Infirmary here, left Edinburgh in October last for Constantinople, having been highly recommended by eminent medical men of this city. He was a young man of great professional promise, and brother to Dr. John Struthers, Lecturer on Anatomy in the Edinburgh Medical School, and one of the surgeons to the Royal Infirmary. He died on the 20th January, from fever of a remittent type. To all who have been acquainted with our Infirmary during the last six years, the name of Alexander Struthers—the youngest of three brothers pursuing the same Profession—must have been familiar, and the notice of his early decease must have struck as heavily on their hearts, as it did on our own, when we called to remembrance how very lately his quick step and eager eye and countenance were with us, and how little token they gave of a premature grave. Dr. Alexander Struthers will long be remembered in this School of Medicine as a gifted and accomplished student; and by his own immediate friends, the most distinguished among our University's more recent alumni, his memory will be cherished with a lasting affection. The same ardent desire for Professional knowledge which led the lamented Dr. Mackenzie to the Crimea, took young Struthers to Scutari, and just as truly as those who fell at the Alma and at Inkermann have these two devoted men met a soldier's grave. It must be consoling to know that the sick-bed of our departed friend was attended by those who were among his oldest and most esteemed companions,—that all the means for his recovery which Medical ingenuity could suggest were put in execution,—that, as his illness increased, Miss Nightingale herself was with him,—and that his last hours were soothed by one whose Christian labours he had, during many weeks of health, both appreciated and enjoyed. He lies buried on the high ground overlooking the Sea of Marmora; his is the centre one of three fresh-made graves—Dr. Read on the one side, and brave young Thistlethwayte, of the 33rd, on the other.—*Edinburgh Courant.*

APPOINTMENTS.

SIR JOHN FORBES, M.D., D.C.L., has been appointed by Government Medical Superintendent of the Civil Hospital at Smyrna, for the reception of sick and wounded from the Crimea.

THOMAS GOOD, Esq., M.R.C.S.E. and L.A.C., was elected, on the 30th ult., Coroner for the Launceston District of the county.

DR. BARCLAY, Medical Registrar of St. George's Hospital, and Dr. LEARED, Physician to the City Infirmary for Diseases of the Chest, have been appointed Physicians. Mr. HOLMES COOTE, Assistant-Surgeon to St. Bartholomew's Hospital, and Mr. SPENCER WELLS, Surgeon to the Samaritan Hospital, and Lecturer on Surgery at the School of Medicine adjoining St. George's Hospital, have been appointed Surgeons to the same Hospital. Several other appointments have been made, but have not yet been officially announced.—Mr. Spencer Wells left England on Thursday last for Smyrna, for the purpose of forwarding the necessary preliminary arrangements.

DEATHS.

BROOKES.—Feb. 12, Robert Brookes, Esq., Surgeon, 57, Mount Street, Lambeth, deeply lamented. M.R.C.S.E. 1811.

EDWARDS.—Feb. 8, at Keynsham, Roger Edwards, Esq., Surgeon, aged 77.

LOWRY.—Feb. 7, at Maidstone, aged 75, James Lowry, Esq., M.D., St. Andrews, 1825; M.R.C.S. Eng., 1804; formerly Surgeon R.N. (retired). He had a medal with two bars,—one for the 12th October, 1798, and the other for Egypt.

NEWTON.—Jan. 26, at Scutari, of fever, John Newton, Esq., Second-Class Staff Surgeon, only son of the late J. H. Newton, Esq., M.R.C.S., and of H. M. forces.

THE EAST INDIA COMPANY'S APPOINTMENTS BY MERIT.—We have before us a striking illustration of what may be expected to accrue to the public service, in the following episode connected with a first attempt to administer patronage according to merit instead of favour. Our readers will have observed that second in the list of successful competitors for the Hon. East India Company's Medical Appointments stands the name of Dr. Chuckerbutty. The following reminiscences of this gentleman will be interesting:—He is by birth a Brahmin of the highest caste, a native of the district of Dacca, Bengal. His history presents a memorable instance of what may be achieved by industry and energy, and leads us to rejoice that we have introduced a system under which merit can conquer all the difficulties of race, of poverty, and of friendlessness. He was born in 1827, and, at six years old, was left an orphan by very poor parents. Notwithstanding which he contrived to become master

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of Sanscrit, Persian, and the Bengalee vernacular. He was 13 before he heard English, but at that time the visit of an official excited his attention. He determined to make himself master of the language. With a few clothes in a bundle, and a little parched rice for food, he set off on a journey of sixty miles to the nearest English school. Without money, friends, or introductions, he concluded a bargain with the schoolmaster to perform the duties of cook, for which his caste as a Brahmin gave him peculiar advantages, on condition of being taught English; and this enterprise, though interrupted by sickness and family affairs, he steadily carried out. His merits attracting notice, he received a stipend from the Managing Committee of the school, to enable him to pursue his studies. In 1843, the late Mr. Alexander, of the Bengal Civil Service, offered to pay his expenses as a student of the Medical College in Calcutta; and, though at first rejected, he renewed the attempt in 1844 with complete success. At this period of his life, he cut off and cast aside the sacred thread, the distinction of the Brahminical caste, and renounced Hindooism. In the autumn of 1844, it was announced to the students of the Medical College, that an opportunity would be afforded to some of them to proceed to England, to complete their Medical education. It was a bold step for a Hindoo, involving loss of caste, patrimony, and social advantages; but Chuckerbutty did not hesitate for an instant. He baffled all opposition, and in March, 1845, sailed for England. At University College, where he entered in the ensuing April, he obtained the gold medal for comparative anatomy and geology, besides certificates of honour, and a competent knowledge of Latin, Greek, French, and German. In 1848 he became a Surgeon, and in 1849 a Physician. He returned to India in 1850, was appointed Assistant-Physician and Lecturer in the College Hospital, and in 1854 Professor of Materia Medica and Clinical Medicine. His ambition had always been to become a member of the covenanted service of the East India Company, and thus to remove from his race the stigma of a proscription which denied them a career of honourable ambition in their own land. The time now came when free and open competition was to give into his hands the prize which a narrow policy had withheld from him. As soon as he learnt that the appointment of Assistant-Surgeon was to be obtained by public competition, he gave up all the advantages he enjoyed at Calcutta, and at great expense, and, contrary to advice, set out for England. "If I fail," he wrote, "it will be a satisfaction to me that I have used my best efforts in the service of my country, and that it is only physical difficulties thrown in our way by the Legislature which have been the cause of my disappointment and loss." He has not failed, but will return to his native country an example to others of the rewards awaiting patient perseverance, and carrying with him a testimony, that in this country true merit is not now in danger of being shackled and cast aside.

Number of Sick and Wounded in the Crimea and at Scutari.—On the 27th of January there were 4851 men and 81 officers sick and wounded in the Crimea. There had been admitted to Hospital during the preceding week 2368. There were 1967 discharged cured, and 325 died during the same period. The Army was 29,695 strong. Of the diseases treated, 1612 were diseases of the bowels, and 9 were of spasmodic cholera. On the 1st of February there were in the six Hospitals at Scutari 4997 sick and wounded.

North Staffordshire Medical Society.—From an interesting Report of this Society from its establishment in 1852, may be gathered the advantages arising from a friendly intercourse among the members of the community to which we belong. In the year 1849, at the house of Dr. Wilson, it was proposed to form a Medical Book Club. A plan of proceeding was agreed upon, and the Society was organised on the spot. Under the able and indefatigable Secretaryship of J. Barnard Davis, Esq., the Society has greatly prospered. It numbers more than thirty members, and has circulated upwards of 250 volumes of the most approved Medical literature of the day, at an annual cost of only 10s. 6d. to each member. The advantages attendant upon the occasional meetings of the members of this Society were soon apparent; it became desirable to afford greater facilities for co-operation, and that, too, on a more extended field. With this view, it was agreed, at the annual meeting held in August, 1852, to hold a Medical Conversazione at an early period, in a central part of the district, the arrangements for which were kindly undertaken by Mr. Garner and Mr. Barker; and so satisfactorily were they carried out by those gentlemen, that it was decided to hold similar meetings at least once in three months, which arrangement has been recently changed to six meetings during the year. On the subject of quackery, the Report says: —"The number of persons acting in this district as Medical men, without possessing any Medical education or qualification whatever, has long been felt as a great evil by the Profession, to whom their dangerous and fraudulent practices are best known. The Society has used all the means in its power to check a system as rampant in this neighbourhood as in any part of the kingdom. Several of the most notorious offenders have been served with notice by the Solicitor to the Society, that proceedings will be taken against them unless they desist; and, in one case, this measure has been carried into effect, and a conviction obtained." The Report goes on to recapitulate the various subjects which have engaged their attention, among which are—Medical Ethics, Medical Reform, the Cholera Epidemic, Medical Education, and other subjects of practical interest to the Profession. We cannot but congratulate the Medical gentlemen of North Staffordshire on the establishment of a Society which, judging from the character of its proceedings for the two years in which it has been in existence, bids fair to supply a desideratum; and that it is, in some measure at least, accomplishing the highly important objects contemplated in its formation.

Old Age and Mania.—A woman died at the Hoxton Lunatic Asylum last week, aged 103 years, who had been the subject of mania 12 years. She was admitted into the Asylum in 1843.

Mortality Notabilia.—The more severe cold of winter continues to produce its natural effect in a high rate of mortality. The deaths, which in the third week of January were 1549, and in the two subsequent weeks rose to 1630 and 1604, fell last week to 1546. Taking the deaths of the same week in each of the years 1845—54, it is found that they averaged 1104, with which, after a correction for increase of population, the 1546 deaths of last week give 332 more deaths than in an ordinary season. The average temperature of the ten corresponding weeks was 41·2°, which exceeds the temperature of last week by 10·3°. The decrease noticed above is confined entirely to the young; for, in the period extending from 20 to 60 years of age, the number suffered no change, while, of persons in still more advanced life, the deaths increased from 374 to 417. In this last number are 95 deaths of men and women who were fourscore years or upwards. Diseases of the organs of respiration were fatal in 424 cases, while the corrected average for corresponding weeks is only 245. Bronchitis is specified as the mortal disease in 235 out of the 424 cases, and is at present fatal to considerably more than twice its usual amount; pneumonia numbers 126, the average being 97. 158 persons died of consumption, a malady which is not caused, and shows less liability to be accelerated, by extreme cold.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, February* 10, 1855.

Causes of Death.	In the week ending Saturday, Feb. 10, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Average of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp° 30·9						° 41·2
All Causes	1546	665	210	252	322	95	1103·5
Specified Causes	1543	664	209	252	321	95	1098·2
Diseases:—							
1. Zymotic Class	318	250	20	21	23	4	223·4
2. Dropsy, Cancer, and others of uncertain seat	54	7	8	17	18	4	47·7
3. Tubercular Class	218	72	74	55	12	..	188·1
4 Of Brain, Nerves, etc.	158	60	28	23	37	14	129·1
5. Of Heart, etc.	57	3	9	27	18	..	41·8
6. Of Respiratory Organs	424	140	47	82	135	20	223·0
7. Of Digestive Organs	62	24	11	12	14	1	65·2
8. Of Kidneys, etc.	19	2	1	7	8	1	10·5
9. Of Uterus; viz. — Puerperal Disease, etc.	8	..	8	..	..	..	7·6
10. Of Joints, Bones; viz.—Rheumatism, etc.	7	1	2	1	2	1	8·2
11. Of Skin, etc.	2	..	1	..	1	..	1·9
12. Malformations	5	5	..	..	..	..	4·3
13. Debility from Premature Birth, etc.	58	58	..	..	..	..	27·8
14. Atrophy	25	20	..	..	5	..	23·8
15. Age	88	..	..	..	40	48	55·7
16. Sudden	20	11	1	4	4	..	10·1
17. Violence, Privation, etc.	30	16	4	3	4	2	30·0

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MORTALITY IN THE METROPOLIS.—1854.

We complete our statistics of mortality for the past year by the following Table of the *deaths from each disease* recorded by the Registrar General. The numbers under each *class* of disease were given in a Table in our Number for January 6.

Mean Temperature	49·9°	49·8°	49·4°	50·6°	47·7°	40·8°	51·7°	59·8°	43·7°	49·0°
Causes of Death.	1849.	1850.	1851.	1852.	1853.	1st Qr. 1854.	2nd Qr. 1854.	3rd Qr. 1854.	4th Qr. 1854.	Total. 1854.
I.										
Small Pox	518	498	1066	1166	217	123	122	142	289	676
Measles	1153	977	1322	600	1007	344	476	210	369	1399
Scarlatina	2145	1178	1269	2549	2069	417	747	978	1297	3439
Hooping Cough	2345	1572	2161	1565	2652	941	779	332	419	2471
Croup	324	307	315	343	374	145	114	97	132	488
Thrush	178	146	163	156	165	41	40	63	36	180
Diarrhœa	3463	1884	2271	2164	2310	308	315	2069	543	3235
Dysentery	370	182	170	152	162	40	26	70	39	175
Cholera	1412	127	213	162	881	7	11	9708	982	10708
Influenza	127	109	354	117	112	27	37	8	31	103
Purpura and Scurvy	54	43	52	56	55	11	20	13	10	54
Ague	28	18	19	18	24	5	5	11	3	24
Remittent Fever	80	87	122	91	104	36	31	25	30	122
Infantile Fever	36	44	58	45	52	16	14	9	7	46
Typhus	2479	1923	2346	2164	2649	582	697	678	712	2669
Metria, or Puerperal Fever (*see* Childbirth)	258	199	180	188	140	42	47	38	45	172
Rheumatic Fever (*see* Rheumatism)	58	67	66	74	73	20	23	18	19	80
Erysipelas	459	374	347	339	324	96	115	109	128	448
Syphilis	100	122	129	140	165	46	58	47	40	191
Noma, or Canker (*see* Mortification)	13	17	29	15	16	7	7	4	7	25
Hydrophobia	...	1	...	...	1	...	2	4	1	7
II.										
Hæmorrhage	204	219	180	233	210	50	46	47	51	194
Dropsy	865	779	818	811	844	224	228	214	227	893
Abscess	90	89	90	98	127	38	25	32	28	123
Ulcer	57	53	47	50	55	27	14	7	21	69
Fistula	17	19	24	15	30	10	8	3	5	26
Mortification	171	163	197	158	186	55	46	30	58	189
Cancer	870	889	910	986	1083	281	262	226	252	1021
Gout	55	59	57	60	52	20	24	8	14	66
III.										
Scrofula	354	305	381	447	443	112	126	91	117	446
Tabes Mesenterica	841	752	812	838	965	261	268	325	245	1099
Phthisis or Consumption	6317	6137	7027	6985	7502	1869	1867	1664	1707	7107
Hydrocephalus	1470	1345	1603	1595	1599	430	386	411	333	1560
IV.										
Cephalitis	550	525	537	528	573	173	144	181	137	635
Apoplexy	1250	1326	1250	1162	1339	368	342	278	335	1323
Paralysis	1109	1153	1063	1021	1212	363	313	310	290	1276
Delirium Tremens	164	155	130	123	146	34	50	45	35	164
Chorea	2	13	10	9	10	2	1	4	5	12
Epilepsy	342	286	325	370	413	94	103	97	83	377
Tetanus	24	18	21	24	10	5	5	4	4	18
Insanity	89	94	112	114	132	28	30	28	29	115
Convulsions	2062	1762	2024	2029	2183	592	540	497	515	2144
Disease of Brain, etc.	651	633	596	621	654	201	172	165	137	675
V.										
Pericarditis	121	122	138	116	94	37	30	25	38	130
Aneurism	85	89	80	69	104	22	21	14	30	87
Disease of Heart, etc.	1725	1754	1955	1971	2151	602	487	430	543	2062
VI.										
Laryngitis	192	189	198	202	239	107	87	43	92	329
Bronchitis	3243	3282	3992	3744	5223	1691	962	538	1358	4549
Pleurisy	151	131	189	154	169	46	40	32	38	156
Pneumonia	3593	3108	3684	3271	3938	1118	951	609	1298	3976
Asthma	658	726	816	627	833	291	130	70	170	661
Disease of Lungs, etc.	415	386	433	437	429	113	101	82	94	390
Mean Temperature	49·9°	49·8°	49·4°	50·6°	47·7°	40·8°	51·7°	59·8°	43·7°	49·0°
Causes of Death.	1849.	1850.	1851.	1852.	1853.	1st Qr. 1854.	2nd Qr. 1854.	3rd Qr. 1854.	4th Qr. 1854.	Total. 1854.
VII.										
Teething	552	499	598	564	673	219	170	185	158	732
Quinsey	82	71	74	56	56	16	18	16	21	71
Gastritis	87	98	103	79	76	17	26	17	22	82
Enteritis	407	372	363	394	329	79	75	92	78	324
Peritonitis	216	217	217	213	192	56	44	43	60	203
Ascites	106	111	132	126	155	33	31	23	60	147
Ulceration of Intestines, etc.	117	95	115	139	140	42	31	35	36	144
Hernia	130	128	138	137	148	45	30	33	41	149
Ileus	122	133	142	144	161	46	28	53	35	162
Intussusception	60	44	39	47	46	16	12	11	8	47
Stricture (of the Intestinal Canal)	33	47	42	44	37	6	9	18	16	49
Disease of Stomach, etc.	301	249	288	293	299	78	70	68	62	278
Disease of Pancreas	1	1	5	1	3	...	2	5	...	7
Hepatitis	174	195	190	207	215	45	58	51	59	213
Jaundice	162	141	166	186	156	30	57	62	33	182
Disease of Liver	578	542	571	589	651	159	149	129	178	615
Disease of Spleen	11	12	13	16	12	2	2	6	5	15
VIII.										
Nephritis	22	28	32	29	35	12	8	17	5	42
Nephria, (or Bright's Dis. of Kidneys)	121	136	136	148	184	56	45	48	46	195
Ischuria	10	10	14	11	10	3	2	2	3	10
Diabetes	40	45	41	48	54	14	19	14	15	62
Stone	30	31	26	33	38	10	10	6	7	33
Cystitis	40	31	26	35	36	7	12	11	7	37
Stricture of Urethra	37	46	47	55	65	14	17	12	20	63
Disease of Kidneys, etc.	285	287	281	298	321	80	83	64	75	302
IX.										
Paramenia	16	11	8	15	10	1	1	1	2	5
Ovarian Dropsy	50	60	46	46	46	17	9	15	17	58
Childbirth (*see* Metria)	244	244	231	262	252	77	55	58	73	263
Disease of Uterus, etc.	156	152	159	150	140	36	34	37	43	150
X.										
Arthritis	6	8	12	19	15	4	1	3	8	16
Rheumatism	212	228	213	247	221	64	57	54	65	240
Disease of Joints, etc.	177	175	178	180	190	39	46	50	43	178
XI.										
Carbuncle	15	19	19	50	70	25	25	19	22	91
Phlegmon	23	26	24	32	22	16	3	6	11	36
Disease of Skin, etc.	37	42	46	48	33	9	13	13	16	51
XII.—XVI. (a)										
XVII.										
Intemperance	64	74	67	80	88	29	24	18	12	83
Privation	46	23	28	23	34	12	3	8	17	40
Want of Milk (*see* Privation and Atrophy)	176	180	252	267	302	76	58	117	66	317
Neglect	7	5	6	2	10	1	...	...	...	1
Cold (*see* Privatn)	6	3	6	12	12	10	3	...	10	23
Poison	82	93	86	91	95	17	17	13	21	68
Burns and Scalds	218	244	252	238	309	133	61	23	58	275
Hanging, etc.	144	229	219	312	279	69	57	44	66	236
Drowning	276	262	287	353	355	56	81	104	101	342
Fractures and Contusions	513	549	642	612	738	141	160	177	178	656
Wounds	98	76	119	100	114	24	23	28	34	109
Other Violence	64	58	87	50	65	18	22	21	28	89
Causes not Specified	306	348	388	409	679	152	175	152	211	690

(a) These diseases, and the number of deaths, will be found in the Table published Jan. 6. The headings are as follow:—12. Malformations; 13. Debility from Premature Birth, &c.; 14. Atrophy; 15. Age; 16. Sudden Death.

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THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	2	2	5	17	6	8
North	490,396	5	2	18	16	4	7
Central ..	393,256	4	4	6	18	0	6
East.....	485,522	10	7	11	15	3	16
South	616,685	7	6	12	24	11	6
Total..	2,362,286	28	21	54	90	24	43

MORTALITY IN PUBLIC INSTITUTIONS for the week ending Feb. 10 :—

	Males.	Females.	Total.
Workhouses...	76	93	169
Military and Naval Asylums ...	6	...	6
General Hospitals	39	24	63
Hospitals for Special Diseases ...	7	3	10
Lying-in Hospitals	...	...	...
Lunatic Asylums	13	17	30
Military and Naval Hospitals ...	9	...	9
Hospitals for Foreigners, etc. ...	2	...	2
Prisons	...	...	...
	152	137	289

BOOKS RECEIVED.

On the Statics of Pregnancy. By Matthew Duncan, M.D. Edinburgh. 1855. [Reprint of an interesting paper from the Edinburgh Medical and Surgical Journal.]

The Micrographic Dictionary. By Griffith and Henfrey. Part VII. London: Van Voorst. 1855.

The Statist. No. 2. February. 1855.

A Lecture on Respiration. By Thomas Hopley. Second Thousand. London: Churchill. 1855.

Muspratt's Chemistry. Part XII. Glasgow: Mackenzie. 1855.

The Electric Telegraph Popularised. By D. Lardner, D.C.L. London: Walton and Maberly. 1855. [A good popular account of the electric telegraph, profusely illustrated.]

An Elementary Course of Natural and Experimental Philosophy. By T. Tate, F.R.A.S., of Kneller Training College. Two Vols. London: Longmans. 1855. [An excellent manual, containing familiar explanations of the principles of physical science for the use of beginners, exceedingly well illustrated.]

On Fibro-Bronchitis and Rheumatic Pneumonia. By T. H. Buckter, M.D. Philadelphia. 1853.

Bouchut on the Diseases of Children. Translated by P. H. Bird, F.R.C.S. London: Churchill. 1855.

Contributions to Teratology. By A. M. Adam, M.D. [A reprint from the Monthly Journal of Medical Science.]

TO CORRESPONDENTS.

INFIRMARY HOUSE-SURGEON *v.* PRISON WARDER.

[To the Editor of the Medical Times and Gazette.]

SIR,—Your advertising sheet contains among others two advertisements—one, for a House-Surgeon to the Northern Infirmary, Inverness, for which, being qualified for the office, the favoured candidate is to receive the liberal salary of £30 per annum. The other, for a Warder for the infirmary of the Winchester County Prison, with the very fair salary of £54 12s. per year. The first-mentioned office requires a man with the education of a gentleman, and acquirements of a fair medical and surgical practitioner; the latter must have the use of his hands among the sick and lame, and be able to read and write, as any groom or stable-boy can do. What a rush there must be for the first chance!

I am, &c. G. H.

West Haddon.

Erratum.—In our last Number, in the list of successful Candidates for E.I.C. Appointments, *for* "James Brown," *read* "John Brown."

Mr. Marshall.—See the Student's Number for the first question. The works of Carpenter and Rymer Jones.

Mr. H.—We found that the articles on the Adulteration of Drugs were not very acceptable to the majority of our subscribers, and have, therefore, left this subject to our Pharmaceutical Contemporary.

Our Correspondent at Turlew will find that we shall not fail to continue our exposure of the present defects of the Coroner's Courts.

M.R.C.S., Burley.—The appreciation of our labours by our subscribers is always pleasing. The department will be extended.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the short report of this Society's Dinner which you were good enough to insert last week, there is an inaccuracy, caused no doubt by indistinctness in the handwriting of the copy, which I shall be greatly obliged by your noticing, as it may surprise many members of the Society, who either were present, or are acquainted with the circumstances of the case.

Instead of my saying, that I rejoiced "at the Directors having placed at their disposal £9," etc., it should have been, "that they had placed at the disposal of the Secretary some money, hitherto less desirably employed, which I hoped would chiefly be turned to account in making the Society more known."

I would now add, if you will give me leave, that the donations announced amounted to about £120. The Meeting was a very small one, and this sum was chiefly given by Members of the Society, who, of course, have already contributed as Subscribers. This serves to show the estimation in which it is held by its own Members—by those, in fact, who knew it best. It also explains their desire that all their Professional neighbours should share in their own advantages; whether, by some unexpected contingency, as recipients of its posthumous aid for their own families, or only as "cheerful givers" in a scheme of charity very discriminative, very unobjectionable, and, I may add, very delicately and considerately administered.

I am, etc.,

58, Berners-street, Feb. 14, 1855. CHARLES R. WALSH.

Dr. Creegan should apply to the Home Secretary.

Anti-Humbug, A. C., etc. etc.—We might publish your letters if authenticated. We quite coincide in your opinion as to the character of Mr. Thomas Wakley's recent letter to the *Illustrated London News*.

Mr. Parry.—Thanks.

COMMUNICATIONS have been received from—

Dr. GRANVILLE; Mr. WHIPPLE; Mr. UNDERHILL; Mr. H. SMITH; Dr. STRUTHERS; Dr. BUTCHER; Mr. PROPERT; Dr. SIEVEKING; Mr. CHAPMAN; Dr. HEADLAND; Dr. BLACK; Mr. POTTER; Mr. HARDAY; Mr. ADAMS; Mr. PARKER; Mr. WIFFEN; Mr. BORHAM; Dr. STEWART; Mr. MARSHALL; Mr. BROWN; Dr. RIGBY; Mr. WALSH; Dr. HEADLAND; Mr. DAY; Mr. HILLES; Dr. HARTWIG; ANTI-HUMBUG; Mr. BACOT; Dr. SNOW BECK; Mr. HILLIER; Mr. CROFTS; Mr. THORNHILL; Mr. LAURENCE; Mr. WINTER; Mr. PARRY; Dr. RUSSELL REYNOLDS; Mr. SMITH; Mr. BULLEN; Dr. ROULSTON; Mr. JOHNSON; etc.

APPOINTMENTS FOR THE WEEK.

FEBRUARY.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
17. SATURDAY....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	*Medical Society of London*, 8 p.m.: Dr. Garrod, "On Gout and Rheumatism." *Royal Institution*, 3 p.m.: Dr. J. H. Gladstone, "On the Principles of Chemistry." *Pathological Society of Dublin*, 4 p.m.
19. MONDAY	Cambridge.—Voluntary Classical Examination of B.A.	*Statistical Society*, 8 p.m. *Chemical Society*, 8 p.m.
20. TUESDAY	Operations at Guy's, 1 p.m.	*Pathological Society of London*, 8 p.m. Council meets at 7 p.m. *Linnæan Society*, 8 p.m. *Royal Institution*, 3 p.m.: Professor Tyndall, "On Electricity."
21. WEDNESDAY..	Croonian Lectures at the Royal College of Physicians, 4 p.m.: Dr. Black, "A Review of Some Points in the Physiology of the Circulation." Operations at University College Hospital, 2 p.m. (Mr. Quain on his visiting days); St. Mary's, 1 p.m.	*London Medical Society of Observation*, 8 p.m.: "On the Diseases of the Cerebro-Spinal System." At Dr. Snow Beck's, 9A, Langham Place. *Geological Society of London*, 8 p.m.
22. THURSDAY....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	*Royal Society*, 8½ p.m. *Royal Institution*, 3 p.m.: Mr. W. B. Donne, "On English Literature."
23. FRIDAY	Lumleian Lectures at the Royal College of Physicians, 4 p.m.: Dr. Copland, "Of the Metamorphosis and Waste of Blood-globules, and of the Depuration of the Blood in Disease." Operations at the London, 1½; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	*Royal Institution*, 8½ p.m.: John Dickinson, Esq., "On Providing an Additional Supply of Pure Water for London."

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James's Powder. — Physicians and

other Medical Practitioners having complained of the frequent use of Antimonial Powder, instead of the genuine "James's Powder" prescribed, have represented to Messrs. Newbery, that the price of the powder has greatly led to this fraudulent practice, and has also greatly prevented the more general use of the powder. Messrs. Newbery have therefore yielded to the suggestions of the Profession, and have reduced the price; and, to secure the use of the genuine medicine, recommend that the same should be prescribed as prepared by Messrs. Newbery—thus, "Pulv. Jacobi Ver." (Newbery's.) The price for dispensing will henceforth be reduced from 21s. to 9s. an ounce. The genuine has the name "F. Newbery, 45, St. Paul's" engraved on the Government Stamp.

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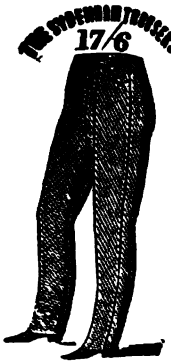
CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d., 8s. 6d., 15s., and 30s. each.



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An elegant preparation, vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

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An elegant, economical, and cleanly substitute for all ointments, as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

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"March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this Article is a very simple and neat dressing."

"10, Finsbury-place South, March 16, 1852.

"Dear Sir,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks. I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to insure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"Honorary Surgeon to the Royal Free Hospital, etc., etc.

To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

"ANDREW SMITH, M.D.,

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared and sold by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON, and by the Sole Consignee, Mr. WILLIAM BAILEY Wolverhampton; and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

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The Respirator.—The assumption of

the name "Respirator" for various discreditable and defective imitations of Mr. JEFFREYS' Instruments, the value of which, in Medical Practice, has given a wide reputation to the name, can only mislead unwary persons not acting under Professional advice. City Office for the Respirator, 25, Bucklersbury; West-end Depôt, 25, Holles-street, Oxford-street, London. In London and all Towns, the principal Chemists and Surgical Instrument Makers are Agents for Mr. Jeffreys' Respirators.

Fog, Cold, and Night Air.—Cook's

RESPIRATORY ORGAN and CHEST PROTECTORS.

"Cheap, elegant, and effective."—Lancet, November 30, 1850.

"The best thing of the kind we are acquainted with."—Medical Institute, March 15, 1851.

To be had of the Patentee, 10, Princes-street, Hanover-square, and of the principal Chemists in the United Kingdom.

Kousso.—(Brayera Anthelmintica.)

—THE NEW REMEDY FOR TAPE-WORM.—Mr. KEATING begs to inform the Profession that he receives constant supplies of this invaluable drug, hermetically sealed in Abyssinia, which he begs to offer the Profession at 1s. 4d. the ounce, postage free. By means of this remedy, Mr. Keating has had several cases in which the worm was completely voided, including the head.

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Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.—"Mr. Dinneford's solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

This excellent remedy, in addition to its extensive sale among the public, is also very largely used in dispensing, for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the Manufacturers.

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Abstract, regarding Economy in

CLOTHES, from the "Times," October 30:—"EVERY YARD of CLOTH SOLD at the LONDON CLOTH ESTABLISHMENT is Sold at the WHOLESALE PRICE.—Gentlemen Purchasing Cloth at the London Cloth Establishment (if they wish) have it made up on the Premises, at the expense of only the Workman's Wages, in addition to the price of the Trimmings." *The Economy of this system is proved* by the saving of from Thirty to Fifty per cent. in the price of every garment; in addition to the very obvious advantage of selection from such a stock, and the guarantee of a Superior Fit, Good Taste, and the Best Work.

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Surgical Instruments Made to Order, and Kept in Repair.

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H. P., having just added the latter house to his premises to carry on the business of Seedsman, offers to supply Flower Seeds in packets at the following prices:—25 varieties, 3s. 6d.; 50 ditto, 6s. 6d.; and 100 ditto, 12s. Guaranteed to be New Seeds. All other Seeds at the same moderate prices.

Newfoundland Cod-Liver Oil is

made from the Livers of the true Cod, "Morrhua Vulgaris," and not from the "Dorse Gadus Callarius," the variable Cod of Northern Europe.

For many years the undersigned have devoted their personal attention solely to the manufacture of this valuable Medicine. By extreme care in the selection of fresh and healthy livers, and the employment of appropriate and extensive machinery, they are enabled to supply the trade with PALE OIL, as it exists naturally in the membranous cells of the liver of the cod. They have thus succeeded in preventing the Oil assuming a brown colour, which is invariably the result either of excessive heat or putrescence.

The undersigned recommend as tests for Cod-liver Oil the following:—1st. By mixing together on an earthenware slab 25 drops of the oil with 2 drops of sulphuric acid, a deep purple (not red or brown) colour should be produced. 2nd. Take clean chips or spills of writing paper, dip them into the samples under examination, hold them for a second or two in a bright fire, taking care not to char or smoke them. The sense of smell will then at once reveal the relative quality of the samples, and a practised nose will detect an inferior or an admixture of other oils.

Observe, the following characteristics of our Oil are still maintained, namely, paleness of colour, without any bleaching process, absence of unpleasant smell, and agreeable sweetness of taste, which occasions no nausea or heat in the throat.

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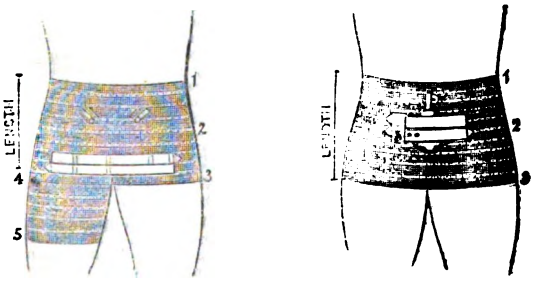
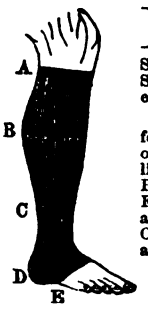


THE BELT AND AIR-PAD FOR FEMORAL HERNIA.—Mr. BOURJEAURD begs to state that this has been extensively tried, and has met with great approbation, especially at Guy's and St. Bartholomew's Hospitals. (See "Lancet," Jan 10th, 1852, page 43; and March 13th, 1852, page 267.) The air-pad is carefully adjusted, so that it may exactly rest on the femoral ring, the tube and stop-cock being free, to allow of the pad being subjected to more or less insufflation. The belts in all these apparatuses possess the great advantage of encompassing the abdomen without distressing the patient, and of giving such support to the intestines, as to lessen the chance of hernial protrusion. It is, in fact, extremely erroneous to confine the pressure to the rings; the whole abdominal mass should be well supported, and the pressure on the rings will then be effectual, without being exerted with the violence so often connected with the steel trusses.

APPARATUS FOR UMBILICAL HERNIA.—The belt is of the same kind as those figured in the other diagrams, but an air-pad sufficiently large is here fixed in the centre of the belt, and has the advantage, by its yielding and resilient properties, to fill, in some degree, the umbilical ring; thereby preventing protrusion, and leading the way, especially in children, to the final closure of the ring. Mr. Bourjeaurd has had several cases of radical cure with young subjects. See "Lancet, July 12th, 1851, page 33; and Feb. 12th, 1853, page 168.)



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"The work before us is evidently written by a clever man: a confessedly rare and obscure disease has been grappled with; original cases have been carefully recorded; the literature of Europe has been ransacked; every theory or hypothesis as to the cause and the morbid anatomy of the disease is discussed; every suggestion as to treatment is described. The question of treatment is discussed in a very philosophic spirit, and with no bias towards any particular plan. The Author makes some ingenious suggestions with regard to the optical management of conical cornea, and seems to have been very successful in some of his own cases, and he very properly urges that all such contrivances should be exhausted before recourse is had to surgical operations."—The Lancet.

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Testimonials must be sent to the Honorary Secretary one week before the Election. (By order,)

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"ARTHUR LEAPINGWELL,

"To Mr. Hooper, 7, Pall-mall East." "Haydon Vicarage, Sleaford.

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ORIGINAL LECTURES.

AN INTRODUCTORY CLINICAL LECTURE ON CLINICAL TEACHING; ON RESECTION OF THE ANKLE-JOINT, AND ON CASES OF NECROSIS.

DELIVERED AT

King's College Hospital.

By WILLIAM FERGUSSON, Esq., F.R.S.

Professor of Surgery in King's College, London, and Surgeon to King's College Hospital, etc.

Gentlemen,—This being the first opportunity I have had, since the commencement of the present session, of addressing you in what some are pleased to call a clinical lecture, I think I cannot do better than explain to you the views I hold with regard to clinical teaching, and the method I am in the habit of following in offering that instruction. I am the more induced so to do, as considerable differences exist with regard to the system of clinical teaching. It is of frequent occurrence to find clinical instruction and clinical lectures used as synonymous terms, and a great deal of stress is put upon this style of teaching; but there is, in reality, considerable difference between the two methods; and I have no hesitation in saying, that clinical lectures constitute only a small portion of clinical teaching. I say this, because I often observe clinical lectures are not of the style that answers to what I suppose to be meant by the expression of clinical teaching.

It not unfrequently occurs, that a clinical teacher selects a certain number of cases, and makes them the text of his lecture; but that is all, for the thread of his discourse runs mainly on the principles and practice of that disease, of which these selected instances are the type, and not on the cases themselves. Should these cases, however, vary in any special manner from each other, the student would derive much greater benefit by his teacher pointing out the main characteristics of that difference, discussing the correctness of his views, and stating the reasons which induced him to arrive at the definite opinion he may have offered, than if his remarks were of a more general character. In thus criticising his own dealings with his patients, I believe a more lasting impression would be made on the minds of his hearers.

In my system of clinical teaching, I am in the habit of selecting cases that I deem of special interest from those patients who are under my care in the Surgical wards of the Hospital, and likewise from among those persons who are sent to me by Medical men in town and elsewhere, for the sake of my opinion. I consider the study of these latter cases as highly instructive, as they are instances of disease which may be difficult of diagnosis, or, at all events, examples presenting some source of more than usual interest.

With regard to the mode of dealing with cases that are intended for special clinical instruction in the Surgical wards, the remarks of the teacher should be made at the bedside, or in some part of the ward in which the patient is lying; but this is often very inconvenient, and circumstances may not always permit of lucid explanations being given on the spot. In many cases it is not desirable to offer any particular remarks or raise any discussion in the hearing of the patient; and, again, the ward is not quite the place for such remarks, as a kind of freemasonry often exists among the inmates, so that what is said at one end of the ward is subsequently retailed at the other. Considerable harm may be done in this way, especially in those cases in which it is highly necessary that the sufferer should be kept in ignorance of the real nature of his disorder, a true knowledge of which might exert such an influence upon him as to render his danger more imminent. I have said it is improper for the teacher to state too much in the hearing of his patients; indeed, he cannot be too particular on this point, for the slightest expression on the part of the Surgeon is frequently construed into the most definite opinion. Even students who hear the opinion of their teacher expressed without any restriction should be careful not to carry such information to the wards, for in this way I have known the most serious consequences to ensue, the patients taking unnecessary alarm, suddenly leaving the Hospital, and so preventing the Surgeon and students from tracing to the last the details of cases which may be of great interest.

Many of these remarks are alike applicable to private as well as to public practice. In the former, particularly, the Surgeon should be most careful not to say too much regarding his cases to those who are not in a position to demand such information.

If clinical remarks cannot always be made at the bedside of the patient or in his ward, it is necessary that some other place should be selected, and proper opportunities taken by the teacher to address his pupils. It is for this reason that you are frequently assembled in this theatre, which, in fact, may be considered as the bedside. The cases to which allusion is made, if not actually before you at the moment, should be fresh in your recollection.

This, then, is the method that I usually follow in my clinical teaching; and in order that you may derive as much information as possible, I strongly advise you to give as much of your time and attention as is compatible with your other duties, to the study of disease in the wards of the Hospital. It will not suffice for you to content yourselves with hearing clinical instruction in the Lecture-room, as that forms only a part, and I am not prepared to say the greater part, of your Surgical studies. It is needful that you should see and accustom yourselves to the diagnosis of cases in the wards, catching the observations that your teacher may think necessary to make, and watch carefully the treatment that is carried out for the cure or palliation of disease, before it be brought under your more critical and special notice in the lecture-room. By attending to these points you will be better able to appreciate any observations that I may deem expedient to add to those I have already made. The patients who visit me at the Hospital furnish subjects for an external clinique, and by watching my dealings with these cases, you may pick up a great deal of useful information. It is a common idea, that the Surgical teacher imparts his knowledge solely by his tongue, and that all information must be conveyed by that organ to his pupils. Now, you must not suppose that you can obtain all necessary information by your ears; you must make good use of your eyes. For my own part I am not sure that I could not teach a deaf man Surgery if he would only make good use of his eyesight.

While it is of advantage to glean as much information by your ears as possible, you must still remember that there are many points that can only be acquired by minutely watching the actions of the Surgeon. I say this from the circumstance, that I do many things myself without making any special remark, and I would feign hope that you are capable of appreciating such without the necessity that I should make special reference to subjects of comparatively minor importance, which, if often repeated and insisted upon, would probably produce a bad effect, and prove tedious to those of you who must have become more or less familiar with them.

I have mentioned two sources from whence I select proper instances for clinical teaching. There is yet another. It is from those patients who come into this theatre for the purpose of undergoing an operation for the cure or alleviation of the diseases under which they may be labouring.

I will briefly explain to you my own impressions of the importance of witnessing a Surgical operation in all its details.

No doubt, the principal utility of an operating theatre in a Hospital which is attended by a numerous body of students, is, that they may have the advantage of seeing every operation of importance. Now, there are many Surgeons, who, though they may tell their pupils the right use of such an arrangement, will in the performance of an operation, so conduct their movements as to prevent the assembly seeing each individual step. It is by no means an uncommon occurrence, to see the Surgeon, attended by his assistants, completely surrounding the patient, and entirely precluding the main body of students from witnessing the operation. Now, this is not an exaggeration; I have seen it done many times. The older pupils among you must be conversant with my views upon the matter. Whatever I do

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in this theatre, my best endeavours are directed to the advantage of the unfortunate sufferer, but in so doing I never forget the duty I owe to you. I place myself and assistants in positions, perhaps not always the most convenient to ourselves, but which will not prevent you from obtaining the object for which you came.

As regards the performance of an operation, everything may seem to go on smoothly, all the steps necessary to go through having been previously studied. The instruments are duly selected and arranged, and the assistants know their duty beforehand. But sometimes a new feature is developed in the midst of an operation, unforeseen circumstances rendering it necessary that the projected plan should be altered, whereby another kind of manipulation and different instruments are required; and, should these not be at hand, delay is occasioned, perchance of detriment to the patient, and, at all events, of annoyance to the Surgeon. To show you the importance of having all necessary instruments at hand, that any emergency may be promptly met, I will relate an instance that occurred to myself. I remember, many years ago, being about to perform the operation of lithotomy, when every staff I had with me proved too large to pass into the patient's urethra. I was consequently, much to my annoyance, obliged to delay the operation till the arrival of a smaller instrument, which a kind friend, whose house was not far from the patient's residence, was not long in bringing. This was a lesson which has never been forgotten.

I have made these observations to-day, that those among you who are just commencing their studies at the Hospital should from the first be quite familiar with my method of clinical teaching. There are many little points to which I have alluded which may seem to give or to partake of a somewhat trivial nature, but which really I consider of the greatest importance.

Among the patients who have visited me to-day, was a little boy, who was admitted some time since into the Hospital, under urgent symptoms of necrosis of the bones of the right ankle, resulting from protracted disease of this joint. The disease involved the whole of the astragalus, and the articular end of the tibia. Now, but a few years ago, the only remedy for this condition would have been amputation in the leg; and, even now-a-days, many Surgeons would doubtless have thought it a case demanding the separation of the foot at the ankle-joint. I, however, was reluctant to resort even to this latter measure, but thought it advisable to try the effect of excising the astragalus and cutting away the articular end of the tibia. The operation, which many of you witnessed, and as you now see, has succeeded admirably, and the little fellow has preserved to him what will be a good and useful member. There is comparatively but little motion in the false joint that is established; yet, altogether, the result is as satisfactory as I could have hoped for.

There were also two other patients, the subjects of necrosis. One, a woman of middle age, had the entire turbinated bones necrosed, consequent upon a severe attack of lupus. The contour of the whole of the outer nose was destroyed, and a mass of hardened, fetid pus glued the dead bones together. The most noxious smell exuded from this condition. As the presence of the fetid mass was of detriment to the patient in many ways, I thought it right to remove it, which I did by introducing a pair of polypus forceps from above, and, by gently loosening it from its slight connexions, succeeded in ridding the patient of the disagreeable concretion.

The other instance of this disease was necrosis of the jaw in a very young child, which is, unfortunately, of frequent occurrence. The greater part of the base of the left side was dead, and separated from the healthy portions. I introduced a pair of polypus forceps through an opening which existed near the chin, and easily removed the disease in one piece. It is often the best way to remove the piece of bone through the mouth; indeed, I have known the whole of the jaw to be removed in pieces in this way. The odour evolved from the seat of disease was most offensive. In modern times a great deal has been said and written concerning the mischief to the system that arises from bad smells, etc.; but I know of no effluvia so offensive as that exuded from dead and dying bone; and when I think how persons, as in these two instances, can live and even thrive—for they are both in tolerable health—with this disgusting and noxious smell constantly present at the very inlets to their nose and mouth, I am almost inclined to imagine that many of the nuisances complained of are more injurious in a moral than in a physical point of view. While thus drawing your attention to these facts, I would not, however, have you suppose that I am an advocate for foul drains and bad stenches.

The next time we meet, I shall make some observations upon several interesting cases that are now in the wards.

ORIGINAL COMMUNICATIONS.

CASE OF
INVOLUNTARY TENDENCY TO FALL PRECIPITATELY FORWARDS.
WITH REMARKS.

By G. E. PAGET, M.D., F.R.C.P.

We are still but imperfectly acquainted with the nervous mechanism concerned in locomotion, and more particularly with the cerebral part of it. The peculiar, definite movements which have been caused by injuries of certain parts at the base of the brain, in the experiments of Magendie and others, must still be regarded as more striking than instructive; and though similar phenomena have now and then been observed in man, the cases are exceedingly rare in which the peculiar symptom has been certainly connected with well-defined local disease.

The following case may, therefore, be deemed to possess sufficient physiological interest to justify its publication, furnishing, as it does, one new fact where many are needed.

W. P., aged 41, was admitted into Addenbrooke's Hospital, July 6, 1853. He was a married man, living in a suburb of Cambridge, on the Newmarket Road, and following the occupation of a brickmaker, working in the wet clay. He was tall, well-made, light-complexioned, and of respectable appearance. He was also temperate in his habits, according to his wife's report, from whom the following history of his illness was derived.

Six weeks before his admission, he returned from his work at noon, complaining of giddiness. No Medical advice was sought for a fortnight, during which time he continued at his work, though still complaining of giddiness, and also of dimness of sight. He then, at the urgent desire of his wife, consulted Mr. Deighton, by whose directions he desisted from his work, and was actively and judiciously treated. He remained, however, in about the same state for another fortnight, when, one forenoon, on his wife's return home after a short absence, she found him reclining in a chair, perfectly insensible, with his mouth drawn to one side, and with his left limbs rigid and immoveable. Mr. Deighton bled him largely from the arm, but without immediate relief; and the coma continued until six o'clock the next morning, when it passed off, and in five or six hours afterwards the tonic spasm of the left arm and leg was relaxed, and he recovered the use of them.

A fortnight after this, he was admitted to the Hospital. His recovery from the fit had been far from complete. Though he could move his limbs freely, and seemed not deficient in strength, he could not go alone; in attempting it, he staggered, and fell forwards on his head. Whenever he got out of bed, he likewise fell precipitately forward. He could not feed himself, having difficulty in directing the food to his mouth, carrying it often to his cheek or chin instead of the mouth. He frequently passed his urine into the bed, apparently through inability to retain it when the need came (as it often did) suddenly and urgently. The same happened, and apparently from a similar cause, with the alvine evacuations. His memory was impaired, and he wept in an imbecile manner when reference was made to his miserable plight. Yet his understanding was clear for simple matters; he understood what I said to him, and, when I was questioning his wife on this point, he spontaneously made the remark, "I know very well, but I can't do." He said this with an effort, and then he wept in a helpless, half-imbecile manner. He groaned frequently. He kept his hand on his left temple, but said he had no pain. His pulse was 54; tongue furred; bowels rather torpid.

He was ordered to have middle diet; eight leeches to his right temple, and a grain of calomel every night and morning.

The following are the principal notes taken during the progress of the case:—

July 8.—A blister to be applied behind right ear.

9th.—Is not restless, as he was at his admission; he sleeps much and soundly.

10th.—Double vision; slight divergent strabismus.

11th.—Sometimes rambling in his mind. A seton to be inserted at the nucha. Iodide of potassium three grains thrice a-day.

15th.—Strabismus more evident; left eye turned outwards; the left upper lid fallen, and cannot be raised. He is more restless, constantly desiring to get out of bed. When he does, he precipitates himself forward on his head. Speech indistinct;

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bowels confined. Hydrarg. chlor. gr. ij., pil. coloc. c. gr. vj., statim.

16th.—Bowels well relieved. He is rather worse than better. Tinct. cinchon. fl. ʒj., liq. hydrarg. bichl. fl. ʒss., aquæ fl. ʒviss. ter quotidie.

17th.—Not quite so restless.

21st.—The left eye is no longer divergent, and he can separate the lids rather more widely. This morning I had him helped out of bed, in order to see him try to walk, some improvement having been reported. I find that he is quite unable to walk alone. He cannot direct his steps steadily. He staggers on either side, but his tendency to fall is chiefly forwards; he has a tendency to lean forwards, and fall on his face. Mind feebler, though he still seems to understand questions, and answers them intelligibly when the answer required is short and easily pronounced. When he attempts longer words, they are indistinct and unintelligible. Pulse 56.

August 3.—Augeatur dosis liq. hydr. bichl. ad fl. ʒj.

15th.—He no longer passes his evacuations into the bed. His power of walking is a little improved; the tendency to fall forward seems to be not quite so great. Slight gradual improvement in his mental condition, but he is inordinately emotional. The left eye is again divergently squinting, and its pupil dilated.

28th.—No further improvement in cerebral symptoms, though he is growing fatter and stronger, and his complexion has become that of health. The squint and dilatation of pupil of left eye, and the ptosis, are persistent. Pulse 65, strong; gums a little touched by the mercury. Omit. tinct. cinchonæ.

Sept. 19.—General health excellent; he has grown fat and rosy. Speech not quite so indistinct, but no other improvement. Mind far from clear. He is self-willed, and difficult to manage; this, I am told, was not his character when in health.

Tartar emetic ointment to scalp. Continue the bichloride.

26th.—A full eruption of pustules on the scalp; the seton removed.

28th.—Yester-evening a convulsive agitation of the right arm came on suddenly, and continued for a quarter of an hour, with a choking sound in his throat, but without loss of consciousness. Numbness of the arm ever since; no headache; pulse 72; bowels regular.

Hirudines viij. ad tempus sinistrum applicentur. Hydr. chlor. gr. v., pil. coloc. c. gr. x., statim.

Oct. 2.—Since the convulsion of his right arm, the fingers of that hand have shown a tendency to tonic extension. The spasm is noticeable during sleep, but is readily overcome by his volition when he is awake.

6th.—Yester-evening another similar convulsion of the right arm. He has been worse for the last three days in intelligence, temper, and bodily power. He almost always passes his urine into the bed, and lies in it without manifesting any desire to avoid the uncleanliness. He rubs the tartar emetic ointment off his head as soon as it has been applied. He sleeps heavily during the night, and not unfrequently during the day likewise. An issue to be made along sagittal suture.

Hydr. chloridi, pulv. ant. c. aa. gr. ij. bis quotidie.

Nov. 24.—He pulled the peas out of the issue. He gradually became worse and weaker. The issue, therefore, was allowed to heal, and small doses of tinct. ferri sesquichlor. were tried, instead of the calomel and antimony. Under this treatment he grew more torpid, and then all medicines were omitted, except purgatives, without which his bowels were not relieved.

He is now much weaker and thinner. He lies almost constantly in a state of stupor, never asking even for food; the nurse feeds him like an infant. When roused, he is sometimes troublesome, or even disposed to violence. Passes urine and fæces under him. The paralysis is persistent in parts supplied by the third nerve. The right arm is in a constant, moderately rigid spasm, the fingers being extended; but in the last few days it has been agitated four or five times, as it was on September 28.

After November 24 he continued to grow thinner and weaker. He generally lay in a state of unconsciousness, but sometimes recognised those around him. Thrice he had a general stiffening—a tonic spasm—of the whole body; several times a convulsion of the right arm, and this arm and the right leg were generally in a state of rigidity. He gradually sank, and died on Dec. 23.

On examination of the body, fourteen hours after death, the principal disease was found in the crura cerebri. On external inspection of the base of the brain, nothing abnormal could be seen except that the locus perforatus medius was not situated symmetrically in the mid line, but almost wholly on the left of it. On section of the right crus cerebri, a mass of disease was discovered, occupying its central part. The mass commenced a little posterior to the junction of the crura, and extended obliquely forwards from the right into the left crus, being about an inch in length, and nearly half-an-inch in breadth and thickness. It came close to the surface at the origin of the left oculo-motor nerve; but elsewhere it was deeply seated, occupying in both crura the position of the locus niger, and encroaching on the nervous fibrils around it. There was a well-marked line of demarcation between the diseased mass and the surrounding nervous substance; the latter was plainly distinguishable from the former by colour, and seemed healthy, except about the most anterior part of the mass, near the origin of the third nerve, where it was somewhat soft.

The diseased mass was not homogeneous; the greater part of it was of yellow colour, and very firm consistence—firmer than a healthy medulla oblongata,—and tough as well as firm; approaching, indeed, to the qualities of cartilage. The other part of the mass was of a dull greyish-red colour, and as soft as the grey substance of the brain. The part of the brain out of which issued the left oculo-motor nerve was, as has been mentioned, involved in the disease; but the right nerve and its origin were quite free.

There was more fluid than is ordinarily found in the arachnoid cavity, and the two layers of this membrane were strongly adherent along the posterior half of the great longitudinal sinus. The lateral ventricles, also, were dilated with fluid, and the right choroid plexus contained a white body the size of a hemp seed, and of the consistence of white cerebral matter. In other respects the brain seemed healthy; all parts of it were carefully examined. The other organs were free from disease.

Microscopic examination showed that the diseased mass in the crura cerebri was probably for the most part an inflammatory deposit, partially degenerate and withered. The firm yellow mass was composed almost entirely of shrivelled imperfect cells, shrivelled nuclei, and molecular matter.

The tendency of the patient to fall forwards on his face was noticed during the whole period of his stay in the Hospital, and latterly it was more strongly manifested. During the earlier part of the time, he could make two or three steps forward before falling; afterwards, the propensity to fall forwards showed itself before he could take a single step, and was constantly manifested whenever he got out of bed. Assistance and support were always needed to prevent his precipitating himself forwards.

Now, the first question is, What was the cause of this peculiar symptom? We can have no hesitation in referring it to the disease in the crura cerebri. None of the other morbid appearances in the brain had anything distinctive; they were all such as are commonly seen at the fatal termination of chronic cerebral disease, whatsoever the symptoms may have been during life. The disease of the crura was the only peculiar and uncommon lesion of the brain, and is therefore naturally associated with the peculiar and unique symptom. Moreover, the character of that diseased mass was such as to indicate plainly that the morbid action which produced it had been of long continuance, and we have, indeed, certain evidence of its existence on the fourth day after the patient's admission into the hospital, in the symptoms of paralysis of the oculo-motor nerve, and the same evidence of its continuance up to the time of death; so that we have good reason for believing the peculiar symptom and peculiar lesion to have been exactly contemporary. There can, then, be no reasonable doubt that the tendency to fall forwards is correctly associated with the disease of the crura, and was caused by it.

But, assuming the immediate cause of the falling forward to have been due to the disease of the crura cerebri, we have still some little ambiguity. The structure of each crus is twofold; in its interior is the locus niger, the vesicular substance constituting a nervous centre. The exterior is composed of nervous fibrils, which form the medium of communication between the cerebrum and other parts of the nervous system.

In the case related both the vesicular and fibrous structures were more or less involved in the disease, certain portions being destroyed and other parts remaining apparently uninjured. It may, then, be asked, whether the peculiar symptoms were due to the disease of the nervous centre, or of the fibres of communication. To this question we can give only a probable, not a certain answer. The locus niger is, with good reason, regarded as the nervous centre of the oculo-motor nerve; and this seems commonly held to be its only function. We have no right to presume that its function is thus limited, although, looking to its moderate dimensions, we may incline to the opinion, that it cannot exercise a very considerable influence over the general movements of the body, and so may be justified in concluding that the peculiar derangement of locomotion was rather caused

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by disease of the fibres whose function is to keep up a communication between the cerebrum and other parts of the nervous system.

The facts of the case related have no exact parallel in the results of experiments on animals. Section of a crus cerebri has caused a turning movement; the animal, remaining standing, has turned round a vertical axis, or moved round in a circle—a phenomenon very different from the precipitation forwards and downwards. Indeed, an exact correspondence was not to be expected between the effects of those experiments and the symptoms of the disease which has been described. Experiments on the crura cerebri have been limited to section of one crus; the disease, which has been described, affected, not one only, but both the crura, and both in nearly the same degree. It affected them, moreover, in a manner which could never be imitated by experiment, for it destroyed their interior, and left their exterior comparatively uninjured. We cannot, therefore, be surprised that the tendency to fall forwards, observed in this case of diseased crura cerebri, has never been occasioned in animals by section of one of the crura.

The only experiments on animals in which an involuntary tendency to fall forwards has been observed are those of Flourens on the organ of hearing. He found that on section of one of the superior semicircular canals in birds, or of its analogue the anterior semicircular canal in young quadrupeds, the animal became subject to a nodding movement; and, on section of the corresponding canals on both sides, the nodding became more violent, and was occasionally aggravated into a toppling forward. The absence of all nodding movement in the case which has been narrated indicates that the falling forward was not exactly analogous to that observed in Flouren's experiments. Yet it would be worth while to make a careful examination of the crura cerebri when opportunity offers in those rare cases of disease in which a nodding of the head is the characteristic symptom. I have at present under my care a patient in whom it supervened on an accidental shock to the head and neck.

I am not aware that there is on record any case of disease characterised by a propensity to fall forwards such as I have described; indeed, disease of the crura cerebri is comparatively rare. I can find no instance in Morgagni, only one in Andral's Clinique, only one in Abercrombie's work on the Brain, only one in Dr. Bright's Medical Reports. In none of these was the peculiar falling forward noticed. Dr. Bright's is the only case in which both of the crura were diseased, and the circumstances were such as to preclude the manifestation of any such symptom. The disease was apoplectic, and affected, not only the crura cerebri, but also the ventricles of the brain, all of which were filled with blood. The patient lived only thirteen hours from the commencement of the attack, and during this short period was perfectly insensible. (a)

Although I have not succeeded in finding any cases on record like that which I have narrated, yet it may be remarked that a symptom resembling the peculiar tendency to fall forwards is not unfrequently manifested in paralysis agitans. In this disease, as is well known, the patient has generally a tendency to lean forwards; and, to save himself from falling, is under the necessity of walking on his toes, with short, quick steps. In an advanced stage of the disease, the tendency to fall becomes almost as strongly manifested as in the case I have narrated; for the patient, in walking, would actually fall forwards on his face, unless supported. As the pathology of paralysis agitans is so obscure, it would be worth while, in case of an opportunity, to examine the state of the crura cerebri.

The peculiar circumstances of the case suggest some reflections in regard to the function of the cerebellum. From the well-known experiments of Flourens, the conclusion has been drawn, that the chief or sole function of this organ is to regulate and co-ordinate the muscular movements for the accomplishment of definite ends; and this seems no more than a fair inference from the facts. But a case like the present indicates that we must stop short of regarding the cerebellum alone as constituting the organ for co-ordination of movements. If the cerebellum, by itself, and independently of the cerebrum, had such a power of co-ordination, the movements would be regular and harmonious so long as the cerebellum and its transverse commissure, and its connexions with the nerves through the medulla oblongata, remained entire and free from disease. Now, in the present case, all these parts were healthy, and yet the guiding power was lost, as was evidenced not merely in the tendency to fall forwards, but more unequivocally by the patient's inability to convey food directly to his mouth. This single instance seems sufficient to prove that the entire mechanism for the co-ordination of movements is not contained in the cerebellum alone; but that the proper performance of this function requires also an integrity of certain connexions of the cerebrum.

This view is in no respect at variance with Flourens' experiments. In removing the cerebella of animals by successive slices, he found that the animals were gradually deprived of the power of harmoniously combining their muscular movements for the accomplishment of definite ends. This proved no more than that the cerebellum is an essential part of the co-ordinating mechanism. It did not prove that organ to contain the entire mechanism, because the removal of a part of the apparatus might be as effectual to disturb or destroy the function of the whole, as the removal of one of the wheels of a watch to arrest the movements of its hands.

What the parts are which, all together, constitute the apparatus for co-ordination of movements we cannot yet say; it is probable they are very extensive.

With respect to the influence of the several parts of the brain in the acts of locomotion, a doubt may reasonably be entertained whether experiments on the lower animals are in all cases a safe guide to the offices of the corresponding parts in man. Section of an optic thalamus in dogs and rabbits causes a turning movement, which, as far as I know, has never been observed in disease of that part in man; though apoplectic effusion into the optic thalamus is not unfrequently revealed in *post-mortem* examinations, and though the mechanical effects of such effusion do not differ greatly from the injuries in experiments.

(a) My friend Dr. Bond informs me, that he once met with the symptoms of involuntary precipitation forward in a case of chronic disease of the brain. The patient is still living.

ON THE MANNER OF FINDING AND EXPOSING THE ARTERIES

WHEN THEY ARE TO BE TIED IN A HEALTHY PART OF THEIR COURSE.

By Dr. A. DEVILLE.

Demonstrator of Anatomy at the School adjoining St. George's Hospital; Late Prosector in the Anatomical Theatre of the Hospitals of Paris.

(Concluded from page 158.)

Thus I have proved the propriety of my rules, by applying them successively to all the arteries which may be usefully tied in the regular practice of Surgery; if, indeed, after the long experience acquired by me in many years of teaching, it were necessary to afford such a proof. As I asserted at the beginning, every one is now enabled to ascertain that the operation of exposing an artery may be reduced to two simple rules, after which some very short formulæ are only required for each artery in particular. There is no need to observe that the notes annexed after each formula relate only to some points of Surgical anatomy, or sometimes to the choice of the place of selection, without altering in any way the two first settled rules.

Besides the above-mentioned places of selection, some arteries may be secured in other places, or some other arteries may be exposed; but such operations are not usual. However, when the students are well acquainted with the former or practical operations, it will be useful for them to exercise themselves to expose an artery, whatsoever it may be, in any point of its course, still according to the same rules already given. This is a very good practice, and may be of great use for some cases where they might afterwards be obliged to find both ends of an artery in the very place it has been wounded. Therefore I subjoin here some other formulæ that may, perhaps, be desired by some of them.

Dorsalis Pedis Artery.—A deep-seated artery. Rallying point: the internal border of the extensor brevis digitorum. Incision: in the direction of a line coming from the middle part between both malleoli, and extending forward to the posterior end of the space between the two first metatarsal bones. (31)

(31) The incision must begin at most at a distance of a finger's breadth from the ankle-joint.

Posterior Tibial Artery, behind or below the internal malleolus. A superficial artery. Incision: in the direction of a line parallel to the axis of the calcanean groove, beginning midway to the top of the internal malleolus, and the postero-superior part of the calcaneus. (32)

(32) The greatest danger that may occur in this operation is the opening of the synovial bursa around the tendons of the tibialis posticus and flexor longus digitorum. Among the various incisions proposed by many authors, either parallel to the

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tendo-Achillis, or transversal to the direction of the artery, or curved around and behind the top of the malleolus, none allows the operator to avoid so safely that danger, as the above directed, which is also superior to the others in many respects.

Peroneal Artery, at the middle of the leg.—A deep-seated artery. Rallying points: the soleus, which is cut across; the flexor longus pollicis, in the depth of which the artery lies, so that the muscle ought to be longitudinally and gently torn asunder with the point of the director. Incision: longitudinal, an inch behind the external border of the fibula. (33)

(33) It is nearly the same operation as for the posterior tibial artery at its upper part, excepting the incision made in the external part of the calf, and the necessity of tearing asunder the flexor longus pollicis.

Popliteal Artery, at its lower part.—A deep-seated artery. Rallying point: the internal part of the gastrocnemius, which is drawn aside backwards and outwards. Incision: along and behind the inner hamstring, between it and the internal border of the gastrocnemius.

Epigastric Artery.—A deep-seated artery. Rallying points: the broad abdominal muscles that must be cut across. Incision: above and parallel to Poupart's ligament. (34)

(34) It is exactly the first part of the operation for the iliac artery which is performed here, excepting that the incision needs no such an extent, and should, perhaps, be begun a little more inwardly. As soon as the muscles are entirely divided, we seek for the artery in the internal part of the incision behind the fascia transversalis, which must be torn asunder without injuring the peritonæum.

Internal Mammary Artery.—A deep-seated artery. Rallying points: the pectoralis major and intercostalis internus, that are cut across, following, if necessary, as a guide, the anterior intercostal vessels always perceivable. Incision: parallel to the middle part of the third intercostal space, chosen as the easier place.

Radial Artery, close to the wrist.—A deep-seated artery. Rallying point: the tendon of the extensor secundi internodii pollicis. Incision: from the top of the styloid process of the radius, down to the upper part of the first interosseous space.

Ulnar Artery, close to the wrist.—A superficial artery. Incision: along the external border of the flexor carpi ulnaris, and the os pisiformis (35)

(35) As soon as the skin is divided, the remaining part of the operation through the cellular tissue is a mere dissection, as for an anatomical preparation.

Axillary Artery, at its middle length.—A deep-seated artery. Rallying points: the pectoralis major, which is drawn aside; and, if necessary, the pectoralis minor, which is cut across. Incision: along the groove which separates the deltoid muscle from the pectoralis major. (36)

(36) I need not repeat that I entirely condemn that proceeding; nor is it necessary for me to give new reasons. However, I may add, that through the two regular proceedings above described the artery can be secured in any part of its length.

Facial Artery.—A superficial artery. Incision: a little oblique downwards and backwards, on the lower jaw, along the peculiar groove, in front of the attachments of the masseter. (37)

(37) The division of the subcutaneous cellular tissue, and of the platysma myoides behind which the artery lies, is a mere dissection.

Lingual Artery.—A deep-seated artery. Rallying points: 1st, the submaxillary gland, which must be lightly dissected from below upwards, to a greater extent on a female than a male subject; 2nd, the tendon of the digastricus, which must be drawn upwards, after having cut across the attachments of the stylo-hyoid muscle to the os hyoides; 3rd, the hyo-glossus muscle, which must be divided upon the director, as if it were an aponeurosis, a little below the level of the hypo-glosseal nerve, or a little above the os hyoides. Incision: along the superior border of the great cornu of the os hyoides. (38)

(38) This operation is one of the most certain, through the proceeding grounded upon the doctrine of the rallying points; and, on the contrary, most uncertain by the other proceedings, as it is demonstrated by the numerous cases where it has been tied (or attempted, at least, to be tied) on the living body, and given up by good operators after many exertions, without finishing the operation.

External Carotid Artery, at its beginning.—A superficial artery. Incision: almost parallel to the anterior border of the sterno-mastoideus, but directed a little more vertically, so as to reach upwards the angle of the lower jaw; the middle length of the incision ought to lie to the level of the great cornu of the os hyoides. (39)

(39) The aponeurosis often forms two superposed layers. Generally, but not always, numerous veins afford great obstacles before the artery is exposed, and chiefly isolated in a proper manner.

Arteria Innominata, and lower part of the *Common Carotid Artery*.—A deep-seated artery. Rallying point: the sterno-cleido-mastoideus, the two portions sternal and clavicular of which must be separated from each other by dissection. Incision: beginning on the internal end of the clavicle, and extending up vertically, a little oblique outwards, along the interstice between both portions of the muscle. (40)

(40) On the dead body, at least, the proposal, for the idea of which we are indebted to M. Sédillot, of separating along the two portions of the sterno-cleido-mastoideus, spares entirely the trouble of an additional transverse incision.

At last, I might have indicated also the gluteal, vertebral, thyroid, etc., arteries, but for the following reason: the first step of the operation, by which these arteries are exposed, offers nothing peculiar or different to the rules already described; but it is almost accessory, compared with the second step, or isolation of the vessel, which is by far the most interesting and difficult part of the operation, when it is a question of so deeply seated arteries amid numerous collateral organs.

17, Gerrard Street, Soho.

A SEVERE CASE OF HÆMATURIA.

By E. WILKINSON, Esq., L.R.C.S.E., L.S.A., L.M., etc.

History of the case: About three months ago the patient unfortunately sustained a severe injury by a large stone falling against him and crushing him up against some wooden pailing, at the same time embracing in its pressure the abdomen, the anterior part of the pelvis, and the os pubis. Two or three days after the occurrence of the accident, the patient vomited blood, passed two or three clots of blood during micturition, and had been subject to a difficulty in making water two or three different times previous to the event of the collision. Since then he has experienced an uneasiness and a difficulty in passing the contents of his bladder three times at stated intervals, having passed a little blood each time, but the most on the third attack. The patient attributes his present attack to his exertions in raising a stone in a quarry with a javelin, which caused more or less pain to be felt in the lumbar region at the time.

R. S., labourer, aged 28, married and has one child, very tall, and of a thin, spare habit of body, called me up in person between three and four o'clock in the morning of Saturday, Oct. 21, 1854, suffering great pain and uneasiness about the neck of the bladder, with a frequent desire to pass his urine, which came away in a few drops only, and quite bloody. I gave him the following medicines in my surgery:—℞ Ol. ricini. ℥i., tinct. hyosciam. ℥ss. M., and ordered him to take ten drops of tinct. ferri sesquichloridi every ten minutes until I saw him again. Thinking that if he did not obtain relief soon, catheterism might be required, I therefore visited him again at seven a.m., and found him much relieved, having passed more or less urine, but not so deeply tinged with blood. He continued thus relieved and improved until about six o'clock in the evening, when he was again seized with even greater difficulty, pain, and uneasiness in voiding his urine, with additional suffering, from his being unable to make more than a drop or two at a time, it being then deeply tinged with blood, or blood alone. He was then ordered to take the following medicines:—

℞ Acid. tannic. ℈ij. aqua ℥iv. M. ft. mist. cochlear. magn. i., ij., vel. iij. quartâ quaquâ horâ capiat. ℞ Tinct. ferri sesquichloridi gutt. x. every ten minutes. ℞ Acet. plumbi ext. hyoscyami aa. grs. xvi., opii gr. j. M. fiant pilulæ viij. quarum una instanter, altera sextis horis sumenda.

Sunday, 22nd.—On my visit this morning I found my patient a great deal better, having begun to make water freely about four o'clock in the morning, which, he said, was almost free from blood. Thinking the disease originated from some chronic affection of the kidneys, I ordered the patient to take ♏ xx. tinct. ferri sesquichlor. ter in die, the mixture and pills to be had recourse to if the hæmaturia returned or increased.

Monday, 23rd.—Urine was nearly clear up to nine a.m., then became more bloody, with clots of blood in it, and continued very much so until about two or three o'clock on Tuesday morning; it then became quite clear, and was passed both freely and easily. About six p.m. I was again requested to see the patient, his friends considering him to be in a very dangerous and nervous state. I found him lying upon some chairs in the house, with a very blanched and exsanguine countenance, a

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small, quick, hæmorrhagic pulse, of about 100 in the minute; countenance occasionally flushed, exactly resembling that of phthisical patients in an evening paroxysm of hectic fever; considerable thirst; bowels confined. The urine had been nearly clear up to nine a.m. that morning, when it became more bloody, and the patient had continued passing a large quantity of it with clots of blood of considerable size in it, up to the time of my visit, at six o'clock in the evening. The symptoms being very formidable, and considering there was no time to be lost in trying to save the poor man's life, I ordered the drops and pills to be continued, the latter now containing gr. iij. acet. plumbi in each; pulv. jalap. co. ʒj. to open the bowels, and the following mixture:—℞ Acid. tannic. ℈iv., infus. matico ʒviij. M. Three tablespoonsful every four hours, until the hæmorrhage abated, and then two tablespoonsful three times a-day.

Tuesday, 24th, two p.m.—The hæmorrhage had continued without much abatement until about two or three o'clock this morning, during which time many considerable clots of blood had been passed. The urine then became clearer, and was again passed both freely and easily, there being an occasional clot of blood in it. The medicine to be continued.

Wednesday, 25th.—I found the patient down-stairs in the house; pulse 66, rather weak; has passed a copious quantity of urine free from blood, except once, which was caused by the patient suddenly raising himself from the recumbent to the erect position, in a fit of passion, to correct an unruly child; but the effects of this soon passed away again; a little sediment in the urine, very like the tannic acid. I observed the same yesterday, but had no time to examine it minutely. When tannic acid is oxidised, it gives rise to gallic acid, carbonic acid, and water. This happens when tannic acid is taken as medicine, for then gallic acid may be found in the urine.

Thursday, 26th.—I met the patient walking out in the street to-day. The estimated quantity of blood this patient had lost during the attack could not be less from five to six quarts.

Aspatria, Cumberland, January 29, 1855.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT
OF THE PRINCIPAL OPERATIONS PERFORMED DURING JANUARY.

The following report includes, as usual, the following institutions—University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, Charing Cross, St. Mary's, the Metropolitan Free, the Marylebone, the Hospital for Sick Children, and the City Hospital for Diseases of the Chest.

LITHOTOMY.

In *Case* 3, reported last month as recovered, death has since taken place. The child, aged 3, was under the care of Mr. Quain in University College Hospital, and had got so far well as to be allowed, at the wish of its parents, to be taken home. Soon afterwards it suffered from swollen prepuce (it had congenital phymosis), retention of urine followed, and the perineal wound re-opened. Having been re-admitted, circumcision was performed, and suitable general treatment adopted, but subsequently an attack of diarrhœa carried it off. Death took place six weeks after the operation.

Number of cases, 8; recovered, 4; under treatment, 4.

Case 1.—A healthy boy, aged 8, under the care of Mr. De Morgan, in the Middlesex Hospital, having suffered from symptoms of stone for about five months. A stone about three-fourths of an inch long was removed. Recovered. *Case* 2.—A boy, aged 12, under the care of Mr. De Morgan in the Middlesex Hospital. He had suffered from stone for six months. The calculus removed was the size of a large nut. Doing well. *Case* 3.—A healthy child, aged 4, under the care of Mr. Athol Johnson, in the Hospital for Sick Children. There had always been great difficulty in detecting the stone. At the operation it was found to be too small to be grasped by the forceps, and was finally removed by the [illegible] end of a director and the finger. It weighed only five grains. The child recovered well. *Case* 4.—A man, aged 56, in very good health, under the care of Mr. Erichsen, in University College Hospital. The prostate was much enlarged. A stone as large as a small pigeon's egg was removed. Doing well. *Case* 5.—A man in moderate health, aged 44, under the care of Mr. Erichsen in University College Hospital. A large stone was removed. Under treatment. *Case* 6.—A boy, aged 6, in good health, under the care of Mr. Simon in St. Thomas's Hospital. During the operation some little difficulty was encountered in reaching the stone, and after its extraction, on examining the bladder, Mr. Simon detected a rough spot, from which, with a little management, he ultimately withdrew the eye-half of a common needle. On examination, the other half of the needle was found to form the nucleus of the stone. The needle had no doubt been broken during the operation. Its eye-half was quite free from deposit, and had probably been lodged in the coats of the bladder. The only history accounting for the entrance of the needle was, that a year and a-half previously, while being tossed, the child had cried out, as if hurt, and blood had afterwards been observed on its clothes. It seemed probable that on this occasion the needle might have been thrust into the perinæum. After the operation the child recovered well. *Case* 7.—A delicate, strumous boy, aged 6 years, who had previously been under Mr. Cock's care for upwards of two years, suffering from vesical symptoms, was admitted into Guy's Hospital on Nov. 22. Examinations had been frequently made, but without success in discovering a stone, until just before admission. Some time after admission the child took scarlet fever, and had a long illness, suffering afterwards from albuminuria and general dropsy. At length, however, the albumen disappeared from the urine, and three weeks ago the child was deemed sufficiently well to permit of the operation being performed. A small lithic-acid stone was removed. The child did well for the first week, but has subsequently had symptoms of pyæmia, and a large abscess has formed in the cellular tissue of the left fore-arm, extending deeply among the muscles. Although yet very ill, there seems a fair chance of ultimate recovery. *Case* 8.—A boy, aged 4, under the care of Mr. Skey, in St. Bartholomew's Hospital. Stone small. Recovered.

LITHECTASY IN FEMALES.

Case 1.—A fairly healthy woman, aged 30, under the care of Mr. Shaw, in the Middlesex Hospital. She had suffered from symptoms of stone for two years, and was, in addition, the subject of diseased hip. Mr. Shaw proceeded to the extraction of the stone, which was known to be large, by first dilating and then incising the urethra. Weiss's dilator was made to distend the urethra as much as possible, and then incisions were practised on both sides, and also vertically. The extraction required the application of much force. The stone weighed no less than five ounces. The patient has done well since. No sloughing followed, and the incisions have now healed. There is still incontinence of urine. *Case* 2.—A woman, aged 50, under the care of Mr. Moore. For eighteen years she had been liable to pain in the loins, and for six years to dysuria, and frequent attacks of retention. Lithotrity had been performed several times. Mr. Moore employed Weiss's dilator, and removed, without having recourse to incisions, a stone weighing about an ounce. The patient has done well since the operation, and has now perfect control over her bladder. She still, however, suffers from vesical irritation.

LITHOTRITY.

A man, aged 54, in fair health, who has lived much in India, has lately been under Mr. Hilton's care, in Guy's Hospital. He had suffered from stone for five years. A single lithotrity operation was performed, and the stone crushed. Some irritation followed, but not more than usual, and he was doing well until three days afterwards, when severe constitutional symptoms showed themselves. Subsequently, three large secondary abscesses formed in the cellular tissue of the arm, thigh, and leg respectively. In each part the pus extended deeply. The man's condition was very like that of mild pyæmia. He subsequently much improved, and has now been discharged for a time, in the hope that change of air may be beneficial.

HERNIOTOMY.

Number of cases, 10; recovered, 5; under treatment, 2; died, 3.

Case 1.—A woman, aged 39, under the care of Mr. Hilton, in Guy's Hospital, hernia femoral, strangulated twenty hours. The symptoms were well marked, but not very severe. Sac not opened. Recovered without a bad symptom. *Case* 2.—A woman, aged 59, under the care of Mr. Erichsen, in University College Hospital. The hernia was femoral, and had been incarcerated five or six days. During the first two days there were nearly all the symptoms of strangulation. After a warm bath and attempts

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at the taxis, although reduction was not yet effected, yet the symptoms disappeared in part, and the tumour was less tense. No action of the bowels, however, followed the employment of a purge and an enema; and, the symptoms again becoming threatening, the operation was proceeded to. The sac was not opened. Recovered. *Case* 3.—A weakly woman, aged 60, under the care of Mr. Paget, in St. Bartholomew's Hospital. She had noticed for the first time a small lump in her groin about a fortnight before admission. Two days before admission, the lump suddenly became larger and painful, and vomiting soon followed. She applied to a surgeon, who, without visiting her, ordered a blister and some aperient medicine. On the next day, the nature of the disease was recognised, and she was sent to the Hospital. Strangulation had existed about forty-nine hours at the time Mr. Paget operated. Sac not opened. Symptoms of peritonitis came on on the second day, but quickly subsided. Enemata were required to secure the action of the bowels, and by their help very large quantities of fæcal matter were brought away. *Case* 4.—A thin, debilitated woman, aged 65, was admitted into St. Bartholomew's Hospital, under the care of Mr. Coote. She had been subject to hernia for nine years, and strangulation had existed for ten days. Vomiting had been almost incessant during the period of strangulation. Her condition of exhaustion was so extreme, that it was not deemed safe to exhibit chloroform. The tissues about the sac were found agglutinated, and the sac was uniformly adherent to the bowel, and had to be dissected up. The portion of bowel strangulated was small, of an almost black colour; on its inner and upper surface was a mortified patch the size of a fourpenny bit. The stricture was divided, and the bowel laid open, but no discharge of fæces followed. The patient sank on the morning of the third day. About an hour before death, there had been a pretty free discharge of matter from the intestinal canal. No autopsy. *Case* 5.—A woman, aged 35, under the care of Mr. Critchett, in the London Hospital. Hernia femoral, of three years' duration, and strangulated twenty-seven hours. The small incision was practised, and the sac not opened. Recovered. *Case* 6.—A woman, of middle age, under the care of Mr. Ward, in the London Hospital. Hernia femoral, strangulated fifty-three hours. The small incision was practised, and the sac not opened. All the symptoms ceased after the operation, and a rapid recovery followed.—*Case* 7.—A woman, aged 67, under the care of Mr. Quain, in University College Hospital. Hernia femoral, strangulated fifty-four hours; sac opened. Under treatment, and doing well. *Case* 8.—A woman, aged 55, under the care of Mr. Quain, in University College Hospital. Hernia femoral, strangulated about two days; sac not opened. The pain, vomiting, and constipation had been present in this case for more than two days, but the patient stated that her rupture did not come down until some time after these symptoms set in. This, however, seemed doubtful, as she had never worn a truss, and had frequently allowed the hernia to be down without taking notice of it. Since the operation she has done well. *Case* 9.—A man, aged 32, under the care of Mr. Erichsen, in University College Hospital, for a large oblique inguinal hernia. Strangulation had existed for about twenty-six hours, and the taxis had been freely used. The sac was opened, and a large mass of gut forced down. The bowel was livid with congestion, and its peritoneal coat was in parts stripped off. Considerable difficulty was encountered in the attempts to return it, even after a free division of the stricture; and while these were being made the gut gave way. The edges of the laceration were then attached by sutures to the lips of the wound, and the bowel left in the sac. The patient sank thirty-one hours after the operation. *Case* 10.—A man, aged 75, admitted almost moribund, under the care of Mr. Erichsen, into University College Hospital, with a large inguinal hernia. Strangulation had existed for a long period, the exact duration of which could not be ascertained. The sac was opened, and a large coil of intestine, together with some omentum, exposed. The omentum adhered to the testicle and was not removed; the bowel was returned. The condition of the gut was not very bad. Death with brain symptoms followed twenty seven hours after the operation. At the autopsy some lymph and fluid effusion were found in the arachnoid sac.

OVARIOTOMY (EXPLORATION).

The case under the care of Dr. West and Mr. Paget, in St Bartholomew's Hospital, mentioned last month, has since been discharged. It will be remembered that the cyst had been opened and not removed, and that profuse and almost fatal suppuration from its interior had followed. Since the last mention the woman has improved in health; the cyst now appears to be almost obliterated, and only a small sinus leading into it remains, from which there is very little discharge. The patient has been discharged in order to go into the country. A radical cure is expected.

TREATMENT OF ANEURISM BY COMPRESSION.

Case 1.—A man, aged 30, under the case of Messrs. Adams and Ward, in the London Hospital, for a popliteal aneurism the size of a fist, and of six weeks' duration. Under compression treatment of a little more than three weeks a cure has resulted. The man is still, for precaution sake, confined to bed. *Case* 2.—A man, aged 30, under the care of Mr. Cock, in Guy's Hospital. The aneurism was very large, and the patient's thigh fat. Difficulty was found in keeping the pad adjusted, the skin threatened to become sore, the limb swelled, and after one or two interrupted trials of compression for a few hours at a time, it was judged better not to persist with it. (See Ligature of Arteries.)

LIGATURE OF ARTERIES.

The patient, under the care of Mr. Critchett, in the London Hospital, for whom, on account of aneurism by anastomosis in the orbit, ligature of the carotid was performed three months ago, remains under care. He has recently had an attack of hæmorrhage, in which several pints of blood were lost, and which nearly proved fatal.

Case 1.—A healthy man, aged 30, was admitted, under the care of Mr. Cock, into Guy's Hospital, on account of a very large femoral aneurism. The artery appeared to have given way just below Hunter's canal, and the tumour had extended itself nearly half-way up the thigh, and bulged on both sides of its lower third. A short trial of compression having been given up for reasons assigned above—(see *Case* 2, "Compression Treatment," etc.)—it was decided to ligature the femoral. The man being believed to have disease of the heart, or thoracic aorta, no chloroform was given. The ligature was applied a little higher up than usual; the artery was small and deeply placed. There was a very thick layer of subcutaneous fat in the thigh, and to this Mr. Cock was inclined to attribute much of the difficulty which had been encountered in the attempt at compression. After the operation the man did remarkably well. The ligature came away unusually early, (the eleventh day,) and about two ounces of blood were lost at the time. The wound is now just healed. The tumour has much decreased in size, but still remains soft and fluctuating.

TREPHINING OF THE SKULL.

Case 5, of last month's report, remains under care, and is doing well.

The following has been treated during the last month:—A man aged 58 years, was admitted, under Mr. Erichson's care, into University College Hospital, having sustained a fracture without depression of the right side of the occiput. Symptoms of compression, complicated by slight convulsive attacks, set in about eighteen hours after the accident. The trephine was employed over the seat of injury, and a small quantity of blood removed. Death ensued about five hours after the operation. At the autopsy the brain was found lacerated, and blood effused on the side opposite to the external injury.

AMPUTATIONS.

The cases left under care are either recovered or doing well.

Number of cases, 9; recovered, 2; under treatment, 4; died, 3.

Of the Thigh.—Case 1.—A man, aged 28, admitted into Guy's Hospital, under the care of Mr. Birkett, in a cachectic state, with disease of the knee-joint of thirteen years' duration. There was anchylosis of the joint. An abscess subsequently formed in the popliteal space, and acute inflammation about the ends of the already diseased bones reduced him to such a condition that amputation became necessary in order to save life. Recovered. *Case* 2.—A boy, aged 9, under the care of Mr. Cock, in Guy's Hospital, for diseased knee-joint. He was of strumous constitution, and miserably ill. It was necessary, in the amputation, to make the whole flap from the outer side of the thigh on the inner side, the soft parts having been extensively destroyed by ulceration. The disease had existed three years. Since the amputation, the boy has done extremely well, having gained flesh most rapidly. Recovered. *Case* 3.—A man, aged 19, under the care of Mr. Curling, in the London Hospital. The patient had, on account of diseased knee-joint, been under Mr. Curling's treatment since May last. After having gained much by rest in the Hospital, he was sent to Margate. The joint was made worse by the journeys to and from that place, and when re-admitted it was evident that some operation must be performed. Excision of the joint was thought of, but ulti-

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mately declined, on account of the man being believed to be phthisical. Amputation was at length done. The man did very well for the first week, but subsequently all the symptoms of pyæmia supervened, and he died in the third week. At the *autopsy*, pus was found surrounding the femur as high up as the hip-joint, which latter was also itself involved. There were deposits in the lungs and liver.

Of the Leg.—*Case* 4.—A lad, aged 17, under the care of Mr. Erichsen, whose leg had been amputated last month (*Case* 18) in the lower third, on account of a compound fracture. The flaps having been destroyed by phagedæna, a second amputation became necessary, and was performed in the upper third. Another attack of phagedæna followed, and the actual cautery had to be resorted to, to arrest its spread. The case is now doing well. *Case* 5.—A boy, aged 3, under the care of Mr. Birkett, in Guy's Hospital. In January, 1854, the child received a blow over the left foot. This led to death of the ossified centre of the os calcis, which was removed by laying open the sinuses which had formed. The operation was performed in March, 1854. (See Report, April 22, page 405, "Excision of Bones.") Since then the child's health has been very bad. The tarsus has been inflamed, repeated abscesses have formed, the ankle-joint became swollen, and the tibia enlarged about its centre. This condition of things determined Mr. Birkett no longer to delay amputation, which has accordingly been done in the upper third of the leg. The child has since recovered well. The examination of the foot after removal showed that complete reparation had taken place in the os calcis. The astragalus was carious, there was false membrane in the ankle-joint, and a large abscess external to it. About an inch and a-half of the middle of the shaft of the tibia was in a state of necrosis. *Case* 6.—A young man, aged 20, under the care of Mr. Luke, in the London Hospital, with strumous disease of the ankle-joint. Amputation in the lower third of the leg was performed. Doing very well.

Double Amputation.—*Case* 7.—B. H., a South Sea Islander, aged probably about 25, was admitted into the London Hospital, under the care of Mr. Adams, on account of frost-bites of both feet. He was just landed from on board ship, and was in a very exhausted condition. After treatment for a few weeks, deep lines of demarcation formed in both legs, in each about the junction of the middle and lower thirds. The suppuration now became profuse, and as the man appeared to have gained sufficient strength to warrant an operation, Mr. Adams determined to amputate. Both limbs were removed in the upper third on the same day. The operation was very quickly got through with, and but little blood was lost. On the night of the second day, however, a slight hæmorrhage occurred from the left stump, and so much reduced him, that he died next day.

Of the Forearm.—*Case* 8.—A man, aged 55, under the care of Mr. Quain, in University College Hospital. The forearm was disorganised by suppuration in the sheaths of the tendons, consequent on whitlow. He had for some time been in very bad health. Amputation through the upper arm was performed. Death from pyæmia resulted on the seventeenth day. Deposits were found in the lungs. *Case* 9.—A girl, in fair health, aged 10, under the care of Mr. Critchett, in the London Hospital, for great deformity of the arm, resulting from a form of lupoid ulceration of the skin. The member was quite hopelessly crippled. Amputation in the upper arm was performed. Recovered.

EXCISION OF BONES AND JOINTS.

Mr. Statham's case of excision of the knee-joint in University College Hospital continues under care. There is still profuse suppuration from the part, and the patient's progress has also been much retarded by a large bedsore on the back. The case of excision of the elbow-joint, in a woman aged 70, also operated on by Mr. Statham, remains under treatment. The patient has left the Hospital, the parts, however, not yet being sound; she is, however, making favourable progress, and keeps in good general health. Mr. Fergusson's case of excision of the knee-joint, reported last month (*Case* 1), is doing well. Mr. Paget's case of excision of the elbow-joint, reported in August, has been re-admitted during the last month, after a three months' absence in the country. The girl has got a very useful arm, with a fair amount of motion. All the sinuses had been healed for some time, but during the winter weather one or two of the cicatrices have again ulcerated. The thickening of the soft parts has been well removed.

During the month the following have been performed:—

Case 1.—Excision of the elbow-joint, by Mr. Fergusson, in King's College Hospital. The patient is doing well. *Case* 2.—A man, aged 18, in good health, was admitted into St. Thomas's Hospital, under the care of Mr. Simon, in consequence of anchylosis of the knee-joint in a flexed position. The deformity was extreme, and rendered the limb useless. Mr. Simon determined to attempt its remedy, by sawing out a wedge-shaped portion of the bone, so as to allow of the limb being straightened. This operation was accordingly done. The joint was found in a state of ossific anchylosis. Several wedged slices of the tibia were cut away, and the leg brought down until nearly in a line with the femur. Excepting that there were no articular structures involved, the operation amounted almost to an excision of the knee-joint. The parts were very well adjusted, and, for a week after the operation, the man did well. Symptoms of pyæmia then supervened, an abscess formed in one arm, and death occurred in the third week. No autopsy was allowed. *Case* 3.—A man, aged 43, but looking ten years older, was admitted, under Mr. Hutchinson's care, into the Metropolitan Free Hospital, on account of diseased elbow-joint. Six weeks previously he had sustained an injury to the olecranon, which was followed by inflammation of the whole forearm, and intense pain in the bone. From the account given, it was judged that the joint had been involved only secondarily. He was hectic, and extremely exhausted. At first it was thought that immediate amputation must be performed; but, after a few days' waiting, the swelling of the forearm subsided, and the general symptoms improved to such an extent, that an excision was deemed warrantable. The entire elbow-joint was accordingly excised, the usual H shaped incision being practised. The patient has since done remarkably well, as far as the elbow is concerned; he has had, however, some troublesome abscesses in the forearm. Under treatment. (For an account of the condition of the parts removed see report of the Pathological Society for Feb. 6, p. 171.) Case 4.—A man, aged 21, under the care of Mr. Cock, in Guy's Hospital, for tumefaction over the tarso-metatarsal joint of the left great toe. Mr. Cock cut down upon the spot, and scooped out some diseased bone in a state of carious softening. Much inflammation followed the operation, and considerable constitutional disturbance. There has also been a large abscess on the opposite side of the foot, unconnected with the original disease. Under treatment.

REMOVAL OF NECROSED BONE.

Case 1.—A boy, aged 13, under Mr. Birkett's care, in Guy's Hospital, for necrosis of the tibia, on which a previous operation had been performed. Some fragments of sequestrum were removed. *Case* 2.—A girl, aged 15, under the care of Mr. Holt, in the Westminster Hospital, for necrosis of the tibia, supervening on acute inflammation of the bone. A large sequestrum was removed from the lower third of the shaft of the bone. Doing well. *Case* 3.—A man, aged 21, whose little finger had been amputated seven months ago on account of necrosis of the metacarpal bone, came under Mr. Hilton's care in Guy's Hospital, for like disease in the same bone of the index finger. Some portions of dead bone have been extracted, and a good result is promised. *Case* 4.—A man, aged 38, the subject of severe constitutional syphilis, admitted, under Mr. Hilton's care, into Guy's Hospital, on account of necrosis of a large portion of the frontal bone. A very large plate of bone, including in parts both tables, was removed by forceps. The parts are healing fast. *Case* 5.—A man, aged 44, under the care of Mr. Cock, in Guy's Hospital, for necrosis of the lower part of the left femur, of twenty-four years' duration. Sixteen years ago Mr. Cock had removed some dead bone from the same part, but a large fragment yet remained. The parts were much thickened, the knee-joint was half flexed, and the sinuses led directly into the popliteal space. The latter circumstance rendered much care necessary in making the incisions. Mr. Cock succeeded in extracting a long sequestrum from a great depth. The man afterwards suffered much pain, and the discharge has been very fetid. More lately, the pain has ceased, but it is believed that a small fragment yet remains to be removed. *Case* 6.—A girl, aged 13, under the care of Mr. Lloyd, in St. Bartholomew's Hospital, on account of necrosis of the lower part of the right fibula. A portion of dead bone was removed. Doing well.

REMOVAL OF EXOSTOSES.

Case 1.—An Irishwoman, in good health, aged 44, was admitted, under Mr. Child's care, into the Metropolitan Free Hospital, on account of a very large exostosis from the interior of the right orbit. It projected as a prominent mass, fully the size of a fist, and the collapsed remains of the ejected eyeball hung from its lower surface. The skin of the distended upper eyelid was beginning to ulcerate in one spot. The operation consisted in carrying incisions down from the forehead to each canthus, and then dissecting off the upper lid. By means of the saw and of

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large bone forceps, the mass was then detached in large fragments, until it was got to a level with the orbital ridge of the frontal bone. The orbit itself was quite filled with the growth, but it was not deemed warrantable to attempt its removal. The mass, which was of nine years' growth, was extremely hard, and in parts almost of ivory-like density. It was covered exteriorly by a very thin layer of cartilage. The patient has done very well since the operation, and is relieved of a great deformity.

REMOVAL OF MALIGNANT TUMOURS.

The two cases under treatment by last month's Report, have recovered.

Number of cases, 4; recovered, 2; under treatment, 1; died, 1.

Case 1.—A woman, aged 49, was admitted into the London Hospital, under the care of Mr. Curling, with an ulcerated cancerous growth (epithelial) close to the left verge of the anus. It appeared, that for six years she had suffered from some growth at that spot, respecting which, from the history given, it was doubtful whether it should be considered a pile or a condyloma. This having increased lately, had been removed by a surgeon six months before her admission, and the present sore had formed in the resulting cicatrix. The ulcer was deep, and involved part of the sphincter. Mr. Curling excised the whole. There was rather sharp bleeding, and several vessels required ligature, the wound afterwards being plugged with sponge. The sore has since assumed a healthy condition, excepting one spot, which appearing suspicious has been treated by the potassa fusa. Cicatrisation is now fast progressing, and it is hoped there will be no material contraction of the bowel. *Case* 2.—A woman, aged 48, under the care of Mr. Solly, in St. Thomas's Hospital, on account of a tumour in the breast of eleven weeks' growth, and the size of an orange. The whole breast was removed. The disease proved to be encephaloid. Recovered. *Case* 3.—A man, aged 60, under the care of Mr. Solly, in St. Thomas's Hospital, on account of cancer of the lip. The diseased part was excised. Recovered. *Case* 4.—A man, aged 27, under the care of Mr. Lloyd, in St. Bartholomew's Hospital, on account of a large tumour growing from the left side of the forehead. The tumour had itself the bulk of a fœtal head. It proved to be encephaloid, and had in parts destroyed both tables of the skull. The man died about a fortnight after the operation, suffering from erysipelas, and having also had some doubtful symptoms of tetanus. The case was one of great interest, and we shall, at some future time, report it in detail.

REMOVAL OF NON-MALIGNANT TUMOURS.

Case 1.—A woman, aged 46, was admitted into the Marylebone Infirmary, under the care of Mr. Henry Thompson, on account of a very large hypertrophy of the labium and clitoris. The tumour was of nine years' growth, and so large, that when standing it reached to within two inches of the knees. Mr. Thompson ligatured the base of the mass with seven strong whipcord ligatures before cutting it through. The expedient answered well, and but little bleeding occurred. The woman recovered without a bad symptom. The mass weighed, after being drained of fluid, nearly four pounds. *Case* 2.—A boy, aged 8, under the care of Mr. Moore, in the Middlesex Hospital, on account of a cartilaginous tumour, the size of a hazel-nut, growing from the radial side of the first phalanx of the index finger. The tumour and the side of the bone from which it grew, were removed. Recovered. *Case* 3.—A woman, aged 23, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a rather large tumour in the buttock. It had been noticed for three months. On being opened, clear fluid and hydatid cysts escaped. Recovered. *Case* 4.—A woman, aged 36, under the care of Mr. Hilton, in Guy's Hospital, on account of disease of the left femur at the junction of its upper and middle thirds. There was no history of the occurrence of fracture, but the bone was broken at that spot, and had remained ununited for many months. The disease had been attended by great pain, and there was enlargement of the ends of the bones. Mr. Hilton cut down upon the part and removed with forceps a portion of bone from the upper fragment; some large cysts were also opened, and afterwards removed. One cyst was the size of an orange, and contained fibrin and clear fluid. The patient has suffered much constitutional disturbance since the operation. *Case* 5.—A woman, of middle age, under the care of Mr. Simon, in St. Thomas's Hospital, on account of a pedunculated fatty tumour in the upper part of the thigh. Recovered. *Case* 6.—A girl, aged 20, under the care of Mr. Cock, in Guy's Hospital, for a fatty tumour beneath the right clavicular region. Recovered. *Case* 7.—A man, aged 30, under the care of Mr. Cock, in Guy's Hospital, on account of an encysted tumour beneath the scalp, the size of an orange. Recovered. *Case* 8.—An infant, aged nine months, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of an encysted tumour beneath the scalp. The tumour was believed not to have been congenital.

EXCISION OF THE TESTIS.

A case was mentioned in our Report for August, page 319, in which Mr. Paget had performed the plastic operation recommended by Mr. Syme for the cure of fungous testis. The patient, a man aged 31, remained well for about two months, and was engaged in a very laborious occupation. Ultimately, however, the cicatrix again ulcerated, and during last month he applied for re-admission, under Mr. Stanley. It was now decided to remove what remained of the diseased gland. This was done, the patient has since done well, and the wound is now nearly healed. The gland was found, on examination, to be so much disorganised, that there could have been no object in attempting to preserve it.

TRACHEOTOMY.

In the case of a child, aged 2½, under the care of Dr. West, in the Hospital for Sick Children, tracheotomy was required for the relief of very urgent symptoms occurring in the course of croup. It was performed by Mr. Athol Johnson, and gave much temporary relief, but the child sank thirty hours afterwards.

OPERATIONS FOR URETHRAL STRICTURE.

Several cases of this class remain under care.

PUNCTURE OF THE BLADDER.

Case 1.—An unhealthy-looking man, aged 28, was admitted under the care of Mr. Callaway, into Guy's Hospital, on account of retention of urine. He had suffered from symptoms of stricture for ten years. The retention had, on the present occasion, existed for five days, but had not been complete. All attempts at catheterism having failed, the bladder was punctured by the rectum. On the next day, Mr. Cock succeeded in introducing a small silver catheter by the urethra, and, as there had been some oozing of blood from the rectum, it was judged best to remove the canula. The man progressed well, and, at the end of a fortnight, a large-sized elastic catheter could be passed. *Case* 2.—A man, aged 44, was admitted, under Mr. Stanley's care, into St. Bartholomew's Hospital, suffering from two days' retention of urine, and in a very exhausted condition. All attempts to pass a catheter failing, Mr. Stanley at once punctured the rectum, and drew off about three pints of fetid urine. Great relief was afforded by the operation, and for three days the man continued to progress most satisfactorily. In the night of the third day, however, during sleep, the canula slipped out of the bladder. Again it was found impossible to introduce a catheter; the warm bath was also tried, but with no benefit. In the absence of Mr. Stanley, Mr. Paget now saw the man, and performed a second puncture of the bladder. For a few days the man again improved, but ultimately sickness and typhoid symptoms came on, and death took place on the eleventh day subsequent to his admission. At the *post-mortem*, a firm cartilaginous stricture, an inch in length, was found about five inches from the meatus. The bladder was hypertrophied and contracted; there was diffuse suppuration between the bladder and rectum. Only the pelvic viscera were allowed to be examined.

OPERATIONS FOR URETHRAL FISTULA.

In two cases of fistula anterior to the scrotum, communicating with the urethra, operations have been performed. The cases are respectively under the treatment of Mr. Erichsen, in University College Hospital, and Mr. Henry Thompson, in the Marylebone Infirmary. Both remain under care. We shall give their particulars at a future time.

RADICAL TREATMENT OF HERNIA.

In the case of a man, aged 66, subject to a large scrotal hernia from childhood, Mr. Brooke, in the Westminster Hospital, performed the operation of invagination for its radical cure. The invaginated portion of integument did not, however, prove large enough to occlude the opening, and during a fit of coughing the bowel was again forced down.

OPERATIONS FOR THE CURE OF NÆVUS.

A man, aged 30, was admitted, under Mr. Birkett's care, into Guy's Hospital, on account of a venous nævus the size of a penny-piece, on the right side of the forehead. An attempt had been made about ten years since to cure it by needles and liga-

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ture, but had partially failed. Mr. Birkett excised the whole. No material bleeding occurred, and the wound afterwards healed quickly.

PLASTIC OPERATIONS.

For Protrusion of the Testis.—A man, aged 24, was admitted into the Middlesex Hospital, under the care of Mr. Shaw, on account of a large fungous protrusion from the left testicle. The condition had resulted from an attack of scrofulous orchitis, eighteen months before. Mr. Shaw pared off the granulations freely, and then dissected up the skin from each side of the gland, and united the edges by harelip pins and sutures. The wound healed remarkably well, and the testis is quite covered.

For Contraction of the Lower Eyelid.—A man, whose lower eyelid had been partially destroyed by ulceration, was operated on by transplantation of skin, by Mr. Wordsworth, in the London Hospital, with great benefit.

PUNCTURE OF AN ABDOMINAL TUMOUR.

A woman, under the care of Dr. Thompson, in the Middlesex Hospital, suffered from intestinal obstruction, which was believed to result from the pressure of a tumour on the rectum. The tumour was thought to be ovarian, and it was accordingly determined to puncture it. The operation was performed by Mr. Moore, when a large quantity of semi-purulent fluid escaped. The urgent symptoms have since disappeared, and the patient has passed copious evacuations. (We hope shortly to be able to give the details of this interesting and remarkable case.)

Medical Times & Gazette.

SATURDAY, FEBRUARY 24.

THE CIVIL HOSPITAL AT SMYRNA.

It is the duty of the Government to make every possible effort to afford to our gallant army in the East that Medical aid and comfort which hitherto, it is vain to deny, they have wanted. That the Medical Chief of the Army has done his duty in a most exemplary manner, we are satisfied; that his really gigantic exertions have been seconded to the utmost of his power by every Medical Officer in the service, we are also equally satisfied; but that, in spite of all the praiseworthy efforts of the Medical Officers of the Army, the hospitals in the East have been overcrowded, under doctored, and imperfectly supplied with those medicaments which are essential for the well-being of the sick, is indisputable. If a sufficient number of men are engaged on any given work, if they are well qualified for their duties, constantly occupied to the best of their abilities in performing them, and yet the work does not progress satisfactorily, what is the conclusion that every reasonable man would draw from a knowledge of the fact? It could only be, that these men were working without system, or on a very bad system; that their labour was thrown away because that due co-ordination of all their separate efforts to the object to be attained was wanting.

Now, it seems to us that the same conclusion must be drawn from a knowledge of the facts relating to the Medical Department of the Army. Everybody is able and willing to do his duty; the Director-General works without ceasing; the Inspector-General has experience and ability; the Inspectors and Deputy-Inspectors, the first-class Staff Surgeons, and the second-class Staff Surgeons, the Surgeons and the Assistant-Surgeons, show an amount of devotion to the public service,—a zeal and energy altogether beyond praise; they labour—literally labour morning, noon, and night; but, notwithstanding all this, the Hospitals in the East are not, according to the most trustworthy accounts, well directed; their inspection is barren in results, and the devotion, zeal, and energy of the general staff have not, as their consequence, that the sick are well tended. The conclusion here, too, it would seem at first sight in the mind of every reasonable man, must be that the system is at fault; that the regulations of the Army Medical Department, those venerable traditions written on vellum that cannot be torn, and bound up by red tape that cannot be untied, are to blame. But strange as it may appear to those who forget that the substitution of the Minié rifle for Brown Bess, and the relieving men from the terrible crossbelts, were by some regarded as innovations most detrimental to the welfare of the Army,—strange, we say, as it may appear,—there are men, men, too, occupying high stations, who defend the code, and whose watchword is, Red Tape and Regulations!

The establishment of a Civil Hospital appears to be the most effectual, because the most practical, method of answering those who thus defend the present system. We, then, are among those who rejoice that at Smyrna there is to be opened, for the reception of the sick, an establishment unrestrained by the rules of the Service. This is the great point gained. It is not that the Medical men who are to be placed in charge of that Hospital are superior to those who are in charge of Hospitals at Scutari and Balaklava; it is not a question of excellence of Surgeons, or superiority of direction; it is not whether an Assistant-Surgeon to a London Hospital is a better Surgeon than hundreds who might be picked from the Army List; it is a question of *advantage of system*. The question is to be fairly tried; and if, on trial, it is found that the Civil Hospitals work better than the Military Hospitals, *i. e.*, than Hospitals the Surgeons to which are trammelled by the traditions of the Service, and fettered by codes of Army Regulations, then without doubt a thorough reform of the present system will be allowed to be made. Let Dr. Myer, Messrs. Wells, Coote, etc., be placed in the Hospital at Smyrna, bound by military regulations, and we believe that Hospital would be as far from perfect as those at Scutari and Balaklava. Let the Surgeons at Scutari and Balaklava be placed at Smyrna, freed from the paralysing regulations, and a Hospital would be formed as complete in all points as any Dr. Myer and his Staff can make.

We regret that attempts should have been made to prejudice Military Surgeons against the Civil Hospital. It has been said that its establishment is an insult to the Army Medical Department. We believe the reasons we have used in its favour fully answer this *personal* argument. Again, it has been said, See how well these civil servants are to be paid; the Director is to have 2000*l.* a-year, and the Surgeons and Physicians 1000*l.* Really it does appear marvellous that a Medical Journal can maintain that any Medical servants of the Government are too well paid. For our part, we think the sums in question are much too small. The promoters of the establishment of a Civil Hospital had to obtain the services of Surgeons certainly not inferior in Professional merit and experience to first-class Military Surgeons. The engagements are for a year only; there are to be no retiring pensions. The men among whom the choice necessarily lay were already established in London or the provinces, and the majority of them married men. Considering these things, surely the sum to be paid to them for a year's service abroad cannot be considered too large. At least, of this we are certain, when they have paid the cost of outfit, the losses consequent on suddenly giving up their home establishment, and deducted from the surplus the amount that the least employed might have reasonably expected to receive in England from the practice of his Profession, the balance in his favour must be very small; while some of them, unless animated by a motive higher than a pecuniary one, would have remained at home. As to Sir John Forbes, we regret deeply that a man so energetic, clear-headed, and able,—of such sound judgment, and with such conciliatory manners,—a man both morally and mentally so fitted for the

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post, should have been unable, from failure of physical powers, to undertake the office of Director.

Dr. Myer, the newly-appointed Director, is in the prime of life; has had experience in ordering and controlling a Medical Institution calculated to try his administrative powers to the utmost, and succeeded. Those who know him best, men of the highest judgment, affirm that he is admirably calculated for his post. He will have a difficult task to perform. We trust no petty jealousy will interfere with the success of the scheme.

If, as a contemporary avers, the establishment of a Civil Hospital for the reception of sick soldiers had been due to the advice of that excellent Physician who holds the most distinguished Medical appointment in the kingdom, we can only say, that he would have added another to the many debts of gratitude the public and the Profession are already indebted to him. We believe, however, that the Physician in question had no more to do with the establishment of the Civil Hospital at Smyrna, than the least influential of our readers.

LORD PANMURE'S CIRCULAR.

In the *Times* of Tuesday is a Circular from Lord Panmure to the Governors of the principal Hospitals and Dispensaries of the Metropolis. In that Circular, Lord Panmure states, that "the present necessities of the Army call for Medical assistance of an order which can only be insured by selection from individuals who have already given proof of their possession of the requisite skill, and whose antecedents guarantee their experience."

Lord Panmure's object by this appeal evidently is, to obtain the services of the *élite* of the juniors of the staff of the several London Hospitals. He consequently endeavours first to obtain the consent of the Governors of these charities for some of their Officers to quit their posts for a time, with a promise that they shall not be declared vacant during their absence; and, secondly, to persuade the gentlemen in question to volunteer for civil service in the East.

To the Governors he points out the great good to be effected, and the little evil that can accrue to the charities over which they preside, by conforming to his wishes; while he appeals to the members of the Profession whose services he requires, as "ever forward in a cause of humanity, no less than of patriotism," and adds, that the pay will be 2*l.* 2s. a-day for the seniors, and 1*l.* 5s. a-day for the juniors. Now, we doubt whether this appeal ought to be responded to by the class of men to whom it is addressed, and for this reason—the pecuniary reward is not large enough. The Government ought not to call on any members of the Profession to make large pecuniary sacrifices for the public service.

The Nation can pay, and is willing to pay; and why, then, should men who have earned for themselves, by years of unremunerative labour, experience and a position, be called on not only to leave their homes and endure the discomforts of a foreign hospital life, but to do so with the prospect of a large pecuniary loss? Do we find appeals made to the patriotism and humanity of the Bar or the Clergy when men of mark are required to fill important public posts in the Church or Law? No; a liberal pecuniary reward attracts numberless candidates, and men beg for the posts, instead of Ministers having to cry aloud for some one to take pity on their necessities.

We will put clearly before the Secretary-at-War the facts of the case, and in illustration will refer to the position of the assistant officers of one of the London Hospitals. There are three Assistant Officers; all are established, so far as concerns the possession of a house, and all are married. These gentlemen severally hold the lease of a house, for which they pay a yearly rental of from 200*l.* to 250*l.*; while their private practices vary from 300*l.* to 600*l.* a-year, according to their standing and reputation; while two of them at least have literary and other sources of more or less permanent income, which would be sacrificed by leaving London.

Now, say, is it reasonable for the Secretary for War to ask these men to break up their establishments, continue, as they must, to pay between 200*l.* and 300*l.* per annum for rent, and give up the foundation for a large practice laid with much care and intense application, for the sake of two guineas a-day for a year or two, and a year's salary on their return? If Government require the services of these men,—and we think some three or four of them should be had,—they ought and must pay liberally.

Our attention has been called to the fact, that strenuous efforts are being made to induce Government to appoint some Homœopaths for service in the East; Lord Panmure may be assured, that, should he yield to the wishes of Lord Wilton and others in this matter, the resignation of the whole Civil Staff would certainly follow.

THE MEDICAL BENEVOLENT COLLEGE.

In June next, it is proposed to open that most noble charity, the Medical Benevolent College. Whether or not the proposal will be carried into effect, must, however, depend on the state of the funds of the College. At the present moment, the calls on the charitable for our soldiers in the East are numerous, and the claims these men have on their country so great, that almost every charity unconnected with the "sick and wounded" has experienced a diminution of income. We earnestly hope that this will not be the case with regard to the Medical Benevolent College; but, in order to keep up the funds of the Institution, the Profession must make the greatest exertions. If there are still Medical men who have not themselves contributed to it, we trust they will not allow the College to open without having performed what is really a duty.

SANITARY BILLS OF SIR B. HALL.

The following are abstracts of the measures laid before Parliament this Session by the New Board of Health:—

I.

NUISANCES REMOVAL AND DISEASES PREVENTION ACTS CONSOLIDATION AND AMENDMENT BILL.

The Preamble refers to 11 and 12 Vict. c. cxxiii. and 12 and 13 Vict. c. cxi., Nuisances Removal and Diseases Prevention Acts; and Section I. repeals those Acts, saving proceedings in progress, orders issued, appointments of officers, and contracts or works undertaken.

Sec. II. Interpretation of words. Among others:—"Owner" shall mean any person receiving the rents of the property; "premises" shall include any road, street, court, passage, whether a thoroughfare or not, and any open or enclosed areas or spaces, whether waste or otherwise.

Sec. III. appoints the bodies to execute the Act. Town-council, where any; the Local Board of Health, where any; where no Town-council or Local Board of Health, Trustees, or Commissioners, or like authority having powers of street cleansing; where no Town-council, etc., the Board for the Repair of the Highways; where no such Town-council, Local Board of Health, Trustees, Commissioners, or like authority, nor Highway Board, any Committee elected for carrying this Act into execution, by the name of "The Nuisances Removal Committee," the Surveyor or Surveyors of Highways to be *ex officio* member or members; and Committee to consist of such number of members as the vestry shall determine, not being more than twelve, exclusive of the surveyor or surveyors. In any parish or part of any parish in which there is no such Town-council, Local Board of Health, body of Trustees, or Commissioners having such powers of street cleansing, Highway Board, nor Committee appointed as aforesaid, the Board of Guardians of the Poor of the union in which such parish is comprised, or, if the same be not comprised in a union, the Guardians of the Poor of such parish.

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Secs. IV. to IX. inclusive relate to the election of Nuisances Removal Committee, which is founded on election provisions of General Watching and Lighting Act.

Sec. X. In extra-parochial places the local authority adjacent shall put the Act in execution.

Sec. XI. The word "nuisances" to include any filthy, unwholesome, or dilapidated house, building, or premises; any foul or offensive pool, ditch, gutter, watercourse, privy, urinal, cesspool, drain, or ashpit; any animal so kept as to be injurious to health; any decaying or offensive accumulation or deposit.

Sec. XII. Local authority to appoint sanitary inspector.

Sec. XIII. The local authority to have power of entry for the following purposes of this Act, and under the following conditions:—When they or their officers have reason to believe that a nuisance exists on any private premises at any hour between nine a.m. and six p.m.; if admission be refused, any Justice in the place having jurisdiction may require to admit. When notice or certificate has been given of the existence of a nuisance, and an order of abatement or prohibition has been made, the local authority may enter between the same hours, giving to the person in charge of the premises (except in cases of emergency) twenty-four hours' notice, signed by the officer of the local authority, to make complaints or take proceedings. The local authority or their officer may from time to time enter at all reasonable hours without notice, to execute the regulations and directions of the General Board of Health issued under authority of an Order in Council. For this purpose the local authority may at reasonable times in the daytime enter and inspect any premises where any person has recently died of any epidemic, endemic, or contagious disease, or when necessity may otherwise exist for executing any of the directions of the General Board of Health.

Sec. XIV. With regard to the removal of nuisances, notice of nuisance may be given to the local authority by any person aggrieved thereby, or by two or more inhabitant householders; the relieving officer or inspector of the poor of the union or parish; any constable or officer of the constabulary or police force of the district or place; and, in case the premises be a common lodging-house, any person appointed for the inspection of common lodging-houses; and the local authority may take cognizance of any such nuisance, on the information of their inspector of nuisances, after entry made as hereinbefore provided, or without entry or examination, upon a certificate thereof in writing signed by the Medical Officer of the Union or parish, by any officer of health appointed under the provisions of the Public Health Act or any local Act, or by two legally qualified Medical Practitioners.

Sec. XV. recounts the proceedings by local authority before Justices in the case of nuisances recurrent or otherwise.

Sec. XVI. Justices may require sufficient privy accommodation, means of drainage, or ventilation, or to make safe and habitable, or to pave, cleanse, whitewash, disinfect, or purify a dwelling-house, building, or premises, or to drain, empty, cleanse, fill up, or amend the pool, ditch, gutter, watercourse, privy, cesspool, drain, or ashpit, or to remove the animal, or to carry away the accumulation of offensive matter (according to the nature of the case), or to do such other works or acts as are necessary to abate the nuisance complained of; and the Justices may further prohibit the recurrence of it, and direct the works necessary to prevent such recurrence; and if the nuisance be such as to render a house or building unfit for human habitation, they may prohibit the using of it until it is rendered fit for that purpose.

Sec. XVII. Penalty for contravention of order of abatement, not more than 10s. per day; and for infringed prohibition, not more than 20s. per day. Local authority may enter and remove or abate nuisance.

Sec. XVIII. provides for appeal against order of prohibition.

Sec. XIX. When the cost of works ordered will exceed the sum of fifteen pounds, the local authority must notify the same in the order; and no liability to penalty shall arise, nor shall any work be done nor proceedings taken under such order, if within seven days the person concerned shall have given notice of his intention to appeal against such order, and appeal accordingly.

Sec. XX. If person causing nuisance cannot be found, local authority to execute order at once.

Sec. XXI. Manure, etc., to be sold, and proceeds applied in payment of all expenses incurred in reference to the nuisance. Surplus to be paid to the owner.

Sec. XXII. The costs and expenses of works to be paid by person on whom order is made, or owner or occupier.

Secs. XXIII. and XXIV. refer to the proceedings before justices to recover expenses.

Sec. XXV. The above provisions to extend to Ireland, with the following modifications:—The local authority in municipal cities and boroughs to be the town councils; and in towns, townlands, and places in which there is no town council, the guardians of the poor of the unions in townlands or places; notice of nuisance may be given by the officer of health of any parish as well as by householders or others aforesaid; costs may be recovered from owners or occupiers or persons liable in the civil bill courts or before justices; costs not so recovered shall be chargeable to the proper electoral division; and wherever the Poor-law Board is referred to, the Commissioners for administering the laws for the relief of the poor in Ireland shall be also understood; wherever the word "parish" is used, it shall be understood to mean an electoral division; wherever the words "Medical officer of a union or parish" are used, they shall be understood to mean and apply to a Medical officer of a dispensary district as well as to any Medical officer acting under the direction of the Board of Guardians; and the said Reports under this Act of proceedings by Town Councils shall be made to the Chief Secretary to the Lord Lieutenant, and of proceedings by guardians of the poor to the Poor-law Commissioners.

Sec. XXVI. Surveyor of highways to cleanse ditches, etc.

Sec. XXVII. Open ditches, etc. to be covered or improved.

Sec. XXVIII. Local authority, etc., to make return as to drainage works.

Sec. XXIX. Whenever it is intended to build or open any hospital for the reception of patients afflicted with contagious or infectious diseases or disorders, the Trustees or other persons by whose authority such hospital is intended so to be built or opened shall give notice to the General Board of Health, or (in Ireland) to the Commissioners of Health; and no such hospital shall be built or opened as aforesaid until the said General Board of Health or Commissioners of Health have signified approval; but this not to apply to the building or opening of any addition to a building which shall have been used as a hospital previously to such addition.

Sec. XXX. Penalty for sale of unwholesome meat, etc., not exceeding ten pounds for every animal or carcase, fish, or piece of meat, flesh, or fish, or any poultry or game so found.

Sec. XXXI. Justices may order nuisances from offensive trades or processes, certified to the local authority by any officer of health or Medical officer, or any two legally qualified Medical Practitioners, to be a nuisance, and injurious to the health of the inhabitants, to be abated.

Sec. XXXII. Penalty not exceeding 5*l.* for every day.

Sec. XXXIII. Costs of prosecutions to be paid out of the rates.

With respect to the prevention and mitigation of diseases, it is enacted thus:—

Sec. XXXIV. Privy Council empowered to issue orders for diseases prevention provisions to be put in force, to be published in the *London Gazette*.

Sec. XXXV. After the issuing of such order the General Board of Health may issue directions and regulations for the speedy interment of the dead; for house-to-house visitation; for the dispensing of Medicines, guarding against the spread of disease, and affording to persons afflicted by or threatened such Medical aid and accommodation as required.

Sec. XXXVI. Every such direction and regulation to be published in the *London Gazette*, such publication to be evidence of the direction or regulation so published.

Sec. XXXVII. The local authority to superintend and see to the execution of the regulations and directions.

Sec. XXXVIII. Local authority may direct prosecutions for violating regulations.

Sec. XXXIX. Application to Ireland in the same terms as Section xxv.

Sec. XL. Orders of Council, directions and regulations of Board of Health, to be laid before Parliament.

Sec. XLI. When Order in Council in force, over-crowded houses to come under Common Lodging Houses Act.

Sec. XLII. Any Order in Council to extend to parts and arms of the sea lying within the jurisdiction of the Admiralty; and the Board of Health for England, and the Commissioners of Health for Ireland, may issue under this Act directions and regulations for cleansing, purifying, ventilating, and disinfecting, and providing Medical aid and accommodation, in ships and vessels, as well as upon arms and parts of the sea.

Sec. XLIII. Whenever, in compliance with any regulation of the General Board of Health, or Commissioners of Health, any Medical officer appointed shall perform any Medical service on board of any vessel, such Medical officer shall be entitled to charge extra at the general rate of his allowance for his services for the Union or place for which he is appointed, and such charges shall be payable by the captain of the vessel, together with any reasonable expenses for the treatment of the sick; and if such services shall be rendered by any Medical Practitioner who is not a Union or parish officer, he shall be entitled to charges for any service rendered on board, with extra remuneration on account of distance, at the same rate as those which he is in the habit of receiving from private patients of the class of those attended and treated on shipboard; and in case of dispute, such dispute, where the charges do not exceed twenty pounds, to be determined summarily, at the place where the dispute arises, and any Justice before whom complaint is made shall determine summarily as to the amount which is reasonable.

Sec. XLIV. The directions and regulations of the General Board of Health to be under the seal of the said Board, and the hand of the President or two or more members thereof; and any copy of such regulations shall be evidence in all proceedings.

Sec. XLV. Penalties on local authority for neglect of duty under this Act.

Sec. XLVI. Return of proceedings.

Sec. XLVII. Service of notices, summonses, and orders.

Sec. XLVIII. Proof of resolutions of local authority.

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Sec. XLIX. One or more joint owners or occupiers may be proceeded against alone.

Sec. L. Unnecessary to describe owners or occupiers by name in certain cases.

Sec. LI. Penalty for obstructing execution of Acts not to exceed five pounds.

Sec. LII. Penalty on occupier obstructing owner not exceeding five pounds for every day.

Sec. LIII. Recovery of penalties and expenses.

Sec. LIV. Expense of execution of Act, how to be defrayed.

Sec. LV. Justices being members of local authority may act.

Sec. LVI. Proceedings not quashed for want of form.

Sec. LVII. Appeal to Quarter Sessions.

Sec. LVIII. relates to forms to be used as per Schedule, or any to the like effect.

Sec. LIX. Protection of local authority and officers in cases of action, &c., against them.

Sec. LX. Police constables to aid in executing Act.

Sec. LXI. Act not to impair common law remedies for nuisances.

The Schedule contains various forms under the following headings :—

Form (A). "Order of Justices for Admission of Officer by Local Authority to inspect Private Premises."

Form (B).—"Notice of Nuisance."

Form (C).—Certificate of Nuisance."

Form (D).—"Notice to Owner or Occupier of Entry for Examination."

Form (E).—"Summons."

Form (F).—"Order of Justices for Removal of Nuisances by Owner, &c."

Form (G).—"Order of Justices for Removal of Nuisance by Local Authority."

Form (H).—"Notice to Owner or Occupier previous to Removal of Nuisance by the Local Authority."

Form (I).—"Order to permit Execution of Works by Owners."

Form (J).—"Return to be annually made by the Highway Surveyors, or other Authority having the Duty of Repairing, Cleansing, or Paving the Highways in any Parish."

Form (K).—"Return of Proceedings under Nuisances Removal and Diseases Prevention Act, 1855, by the [name the Local Authority at length].

[We shall give an abstract of the Public Health Act in our next.]

REVIEWS.

On the Etiology, Pathology, and Treatment of Fibro-Bronchitis and Rheumatic Pneumonia. By THOMAS H. BUCKLER, M.D., formerly Physician to the Baltimore Almshouse Infirmary. 8vo. Pp. 156. Philadelphia. 1853.

DR. BUCKLER'S leading object, he tells us, is to point out as clearly as possible the distinctive characters of fibrous or rheumatic inflammation of the bronchial tubes, and, at the same time, to show the differential diagnosis between it and ordinary catarrh. His next object, he adds, is to show that there exists a form of pneumonia which is never idiopathic, but occurs as a secondary lesion, and is always symptomatic of, and directly dependent on, pre-existing fibrous bronchitis.

The Essay consists of four sections :—

1. Fibrous or Rheumatic Bronchitis and Rheumatic Pneumonia. The seat of the disease is the fibrous tissue of the bronchial tubes. The difference between this and inflammation of the mucous membrane of the bronchial tubes, Dr. Buckler maintains, is as great as between conjunctivitis and sclerotitis. In the course of fibrous bronchitis, the parenchyma of the lung often becomes involved; mucous bronchitis does not run into pneumonia.

2. On the Vascular Mechanism of the Pulmonary Circulation. In this chapter an attempt is made to prove, by *à priori* reasoning, that blood-letting is of the highest importance in the treatment of pneumonia.

3. Rheumatism and the Rheumatic Element. With reference to the rheumatic element, our author affirms that it is chiefly uric acid and urate of soda; these substances are "arrested," he says, "in the terminal blood-vessels supplying the white tissues, act as irritants, and thus become the primary link in the chain of morbid phenomena."—P. 46.

The occurrence of a deposit of uric acid in the urine is considered by Dr. Buckler proof that uric acid or some of its compounds exists in the blood of the patient.

We need scarcely remind our readers that Dr. Garrod has proved that there is no uric acid in the blood of rheumatic patients. Dr. Buckler confounds the occurrence of a deposit of uric acid in the urine with an excess of uric acid in that fluid.

Appended to this section are eleven illustrative cases.

In the summary of these cases is the following :—

"The symptoms most strikingly characteristic of the acute variety of rheumatic bronchitis are profuse, irregular sweats; inordinate sensibility to cold; transient flushings of the face, and either a constant or a paroxysmal and unproductive cough."

The last section is on the treatment of Fibro-bronchitis and Rheumatic Pneumonia. It contains nothing new.

In a note we learn that the Committee of the American Medical Association on Voluntary Contributions for 1853, rejected this dissertation; and, from the absence of sound reasoning or carefully-recorded experience in its pages, and the presence of a great deal of very unusual pathology, we think the Committee exercised sound discretion in so doing. It is a work altogether unworthy the American Medical Press.

The Brain in Relation to the Mind. By JOSEPH SWAN. 8vo. Pp. 113. London: Longman, Brown, Green, and Longmans. 1854.

IN his Preface, Mr. Swan informs his readers that "it has been his endeavour to find out why there is so small a portion of the brain set apart for the uses of the organs of the several senses, and a still smaller portion for the involuntary functions; and why by far the largest amount—probably nine-tenths of the whole—has been connected with the voluntary tract, which gives origin to the voluntary nerves." The conclusion on this point at which Mr. Swan has arrived is, that "the greater portion must exist for the determination and uses of some of the involuntary powers, in connexion with the organs which formed the medium of communication between the intellect and the external world, and were necessary for the acquisition and communication of knowledge."

The Mind itself, according to Mr. Swan, while it differs from every kind of matter, "agrees most nearly with that constituting the brain and nervous system, but requires for its connexion with this to be animated by the nervous element or essence, which must be sustained by blood or other fluid containing oxygen."

With reference to the connexion of the mind and brain Mr. Swan observes :—

"The mind and brain have their respective peculiarities when separately considered, and they have agreements for conjoined functions. There is a perception of the brain received through sentient organs, and responded to by reflex muscular action, and there is a perception of the same in connexion with the mind; there are also perceptions of the mind itself independently of the sentient organs. There is a reception and fixing of symbols, letters, words, and figures, by the brain in connexion with the mind, and there is a reception of their meaning by the mind itself. The brain receives impulses from the excited organs of the body, and then influences the mind. The mind receives exciting impulses from other minds, and from excited changes or passions of its own, and then in its turn influences the brain."

Those interested in psychological studies will find materials for thought in Mr. Swan's work.

A New Plan of Treating Ununited Fracture. By HENRY H. SMITH, M.D., Philadelphia.

THE "new method" consists in the application of splints to the affected limb, so as to allow of the patient using it. It differs in effect from the starched bandage only in that it permits of motion in the normal joints while keeping the false one fixed, and so far, but no further, is it any advance upon methods in ordinary use in this country. Dr. Smith appears to be well read on his subject. He quotes the opinions of many authors, and also details some instructive cases treated on his own plan. His strictures on the various operative procedures which have been proposed are, however, not sustained, inasmuch as he fails to prove that they can be done without. The comparison made between his own cases and those on record treated by operations will not hold. Before we compare, we must ascertain that our materials are really comparable, and, in the present instance, they are certainly not so. A most important difference exists between a case of delayed union and one of false joint. Every one is aware that bones may delay to unite for three, four, five, or more months, and yet eventually do so without any very special treatment. In this class of cases, also, treatment, by allowing the patient to exercise the limb, has long been had in

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high repute, and has achieved great success. Now, the cases brought forward by Dr. Smith are of this kind. They are six in number, and the average period which had elapsed between the accident and the adoption of the treatment was only five months and a-half. These six cases present us with four cured, and two much relieved. It is idle to infer, from success in such cases, that operations for the cure of false joints are needless. In all probability, no false joint had been formed in any one of the series. To perform an operation in any case under a year would be a piece of gross surgical impertinence, and more often a much longer delay, in resorting to severe measures, is warrantable. Dr. Smith's pamphlet is valuable as a contribution to the treatment of *delayed union of fractures;* but we cannot admit that it teaches us anything respecting *non-united fractures*, in the more strict sense of the term. If a false joint have formed, or if a well-organized ligamentous structure have connected the bones, we much doubt whether splints, starch bandage, or any other external apparatus, could even produce bony union.

Handbuch der Speciellen Pathologie und Therapie. Redigirt Von Rud. Virchow, Professor der Medicin in Würsburg. Erlangen. Ferdinand Enke. 1854-55.

This work is proceeding rapidly towards completion. It is to consist of six volumes; and among the contributors are some of the most distinguished Physicians in Germany, *e.g.*, the third volume, to be devoted to the Exanthemata and Diseases of the Skin, is to be by Hebra, of Vienna; Diseases of the Kidney, by Vogel; of the Blood and Lymphatics, by Lebert; of the Heart, by Traube; and of the Nervous System, by Hasse. The parts published are calculated to raise the already very high reputation of their authors.

SMYRNA.

Now that public and Professional attention has become so much directed towards Smyrna, it may prove of interest to revert to the observations made by M. Aubert during a two months' residence there, when his attention was especially directed towards its Medical topography, and its relations to the plague.

Located at the bottom of a deep gulf, and so built that half the town is placed upon the shore, while the remainder rises as an amphitheatre, Smyrna must be regarded, were it provided with proper drainage, as offering the conditions of a very healthy place. It consists of two large divisions, the high and the low town; the former comprising the Turkish quarter, while the Frank, Greek, Jewish, and Armenian quarters are situated in the lower town. As in all other Eastern towns, except now Alexandria, cemeteries are scattered throughout. It is supplied with water from the little river Mèlé, as this passes to the sea.

The Frank quarter, situated northwards, is said to contain 12,000 inhabitants, of whom 2000 are European. Several of the streets are of considerable width, well ventilated, having well-built houses, and a general appearance of cleanliness. There are numerous gardens interspersed among the houses, and the pavements are better kept than in other parts of the town. Exposed to the sea-breezes, this port would be healthy enough, were it not for the condition of the drains, which have their issue along the shore. Moreover, they run along the middle of many of the streets, and become the receptacles of all kinds of filth, while the quarter is intersected by various channels, sometimes subterraneous, but at others exposed, which were formerly employed for the conveyance of water, but now are only washed out after storms. These are in communication with the various privies, and after rain a most poisonous odour is exhaled. The bed of the Mèlé may be said, indeed, to form a vast sewer for the whole city. All the inhabitants of the quarter are buried in the churches, and that so superficially that a strong cadaveric smell is often perceived.

The Greek and Armenian quarters surround that of the Franks as by a semicircle. The streets are narrow and ill paved, and, destitute of drains, contain much stagnant water. Burial is still worse conducted than in the French quarter, and the part of the quarter termed St. Demetrius, which is near the Frank Hospitals, must be regarded as the worst of the entire town. Here the plague of 1837 broke out. There are said to be 43,000 Greek and Armenian inhabitants. The Jewish quarter, containing about 6000 persons, is, upon the whole, the most filthy and crowded. Still, on the occurrence of epidemics, a much less proportion of its inhabitants perish. They then usually temporarily resort to some hygienic precautions, such as personal cleanliness and exposure to the air, while they are quite devoid of fear on the subject. The Turkish quarter, as far as the care of the inhabitants goes, would be worse than the Jewish; but its situation on a steep acclivity secures it a free ventilation and flow of drainage.

The European Hospitals are surrounded by houses, and even the advantages of the large gardens attached to them are neutralised by their being employed as cemeteries. The French Hospital is, however, placed in a most excellent situation, and the Greek is upon a large scale. The quarantine establishments are also placed on a very unhealthy locality, by reason of its marshiness.

During the summer there are land and sea breezes alternating. The south and east winds are prejudicial to health. Fevers follow the prevalence of east winds. A westerly wind is rainy, and the northerly dry. Rain, and a long prevalence of a south wind, ordinarily are followed by plague.

At Smyrna, as elsewhere, the nourishment of persons in easy circumstances is good; that of the poor bad, consisting chiefly of salt meats, olives, and cheese. Still, as a rule, the people have a robust appearance. The children are liable to mesenteric disease, and hysteria is very prevalent among the women. The diarrhœas are, in general, very obstinate. Typhus is rather commonly met with during the hottest months. Gastro-enteritis and gastro-cephalitis appear from time to time; and the inflammatory stage of all diseases is followed by prostration. Catarrhs are frequent. Intermittent fevers appear about June, and the autumnal fevers are very rebellious. It is at this last period, too, that a peculiar species of typhus, accompanied by yellowness of surface, and described by Dr. Floquin as *typhus icterodes*, appears; and it is remarkable, that while this form is scarcely ever seen in the upper town, it attacks persons of all classes in the lower. All these various diseases cease when the plague prevails epidemically. When it does so, it is almost always after the prevalence of rain. Cases are met with now and then about October or November; and, if a severe epidemic is imminent, the attacks continue during winter. They increase until May, and then diminish, the 15th of August being the day appointed for the discontinuance of quarantine. It is remarked, that, the more numerous the cases are in November, the more severe the epidemic proves about March, April, and May. The Turkish population, in the epidemic of 1837, lost an immensely larger proportion than the populations of the other quarters, although the part of the town they inhabit is so much more healthy. This is to be attributed to their utter neglect of the cleanliness and exposure to the air which the other inhabitants then practised. Among the total population of Smyrna, 102,000, there was a mortality amounting to 8000 among the Turks, or 17 per cent.; while it was only 0·8 per cent. among the Franks, 6·3 per cent. among the Armenians, and 1·9 per cent. among the Greeks.

GENERAL CORRESPONDENCE.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

[To the Editor of the Medical Times and Gazette.]

Sir,—You will greatly oblige me by inserting in the next Number of your Journal the accompanying letter, addressed to the President and Council of the Royal Medical and Chirurgical Society, and the receipt of which has since been acknowledged.

I am, &c. Henry Mortimer Rowdon.

Nottingham Place, Feb. 19, 1855.

TO THE PRESIDENT AND COUNCIL OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Gentlemen,—The letter which by your direction the Secretaries addressed individually to the Fellows of the Society on the 15th of November last, contains many statements and conclusions which convey a marked censure on the course pursued by a large number of Fellows; and as that letter may fairly be called in question, both as to the impartial representation of facts, and the justness of the opinions expressed in it, and especially as these are brought to bear upon future as well as upon past proceedings, it appears to me to require some special notice.

I have vainly waited, in the expectation that some one more able than myself would have undertaken this task; even now, I should not venture upon it, but that I feel it my duty to lay

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before you some further facts which will materially influence my own conduct in regard to the main question at issue before the Society, and which depend wholly on my own testimony. Being one of the Fellows whose proceedings, especially in reference to the presentation of the Protest on the 28th of June last, have been unfavourably commented upon in the late letter of the Council, and as a printed copy of that letter was addressed to myself, I trust I may be excused for endeavouring to defend myself, among others, from the misconstruction which these proceedings have received. I beg leave, however, to observe, that no one is responsible for the statements and opinions herein contained but myself. I have neither discussed the question with any other Fellow, nor is any one of them acquainted with the contents of this letter.

The disapprobation of the Council, as expressed in the letter to which I have referred, relates partly to the amendment carried at the last Annual Meeting, and the proceedings to which it gave rise, and partly to the principle of introducing business of such a nature, however regular in point of form, at a general meeting of Fellows.

As these are very distinct points they require separate notice.

In regard to the amendment itself, the chief objection urged against it is, that though nominally an amendment, it ought more properly to be regarded as a substantive resolution, moved without previous notice, and therefore contrary to the established usage of the Society. But if the amendment, as it stood, was so entirely without precedent, and so obviously opposed to the bye-laws, I may perhaps be pardoned for asking why it was put from the Chair, or why the members of Council, many of whom were present, did not, as a point of order, object to its being made or discussed. As no such objection was then taken, and as the President and Council sanctioned both the discussion of the question and the division which followed, without offering a single remark as to the irregularity of the proceeding, the Fellows at large may surely be excused for regarding the result of that division as a regular and formal decision of the Society, and for complaining that it was afterwards treated by the Council merely as "the concurrent expression of opinion" on the part of those who formed the majority.

The right of the Council to determine as to "the recommendation," on their own responsibility, has not, to my knowledge, been called in question; but after the Council had admitted the expediency of ascertaining the real wishes of the Fellows at large, with the view of being guided by it in their final decision, it was reasonable to expect that the wishes of the majority, under such circumstances, would have prevailed.

It is well known, that at the Special Meeting of the Society, which was called by the Council on the 24th of March, "for the purpose of giving every Fellow an opportunity of recording his opinion upon the question," no attempt was made either to discuss its merits, or to obtain the votes of the Fellows upon it. The doubts entertained by the Council after the Annual Meeting, as to the real wishes of the Society, might reasonably have been removed by the result of the two requisitions. Both at the Annual Meeting, and on the presentation of the two requisitions, the majority in favour of the original Amendment was about two to one; for at the Annual Meeting the majority in its favour was 47 to 19, and that recorded by the signatures to the two requisitions 151 to 104.

It can hardly, then, excite surprise, after the avowed importance which the Council had attached to the voice of the Society, that a large number of Fellows should feel aggrieved that the opinions of so large a majority, on the only occasions on which it was obtained, should have been so signally disregarded.

I may here be allowed to remark, that the late letter of the Council, after professing to lay the whole of the "facts of the case before the Fellows for their better information and fairer judgment," omits all notice of the second requisition in the body of the letter. A short allusion, in a note of two lines, in small type, at the foot of the last page, seems to have been considered all the notice that it deserved. Even this short notice contains a parenthetical interpolation of opinion, not of fact, which is calculated to mislead the Fellows as to its real purport and value. I would venture humbly to submit, that, *in strict impartiality*, the same prominence, at least, should have been given to the requisition of the majority as to that of the minority.

It is, however, of far less consequence to justify or condemn the past than to establish a sure ground for future proceedings; and, as the Council have declared, in their late letter, "that specially to exclude from the reading-room, *on the grounds set forth in Mr. De Morgan's motion*, one or both of the Journals alluded to, would be inconsistent with their duty to the Society and to the Profession," I beg leave to lay before you the new and *further grounds* on which I shall feel it my duty, in common, I hope, with a large body of Fellows, again to urge the Council and the Society to carry out the recommendation of the last annual meeting.

It must be conceded on all hands, that, as a question of privilege, any Fellow of the Society had an undoubted right to express his opinion and to propose a motion regarding the continued purchase of any periodical for the library. At the last annual meeting, Mr. De Morgan, for the reasons which he then fully set forth, moved, that the meeting should recommend to the Council the withdrawal of the *Lancet* from the list of weekly periodicals.

The Editor of the *Lancet*, in an open spirit of retaliation, immediately commenced a series of calumnious attacks, which, though personally directed against Mr. De Morgan, involved in nearly equal degree the character of eight other Fellows of the Society, including myself.

And I may here remark, that the calumnies were not self-evident as such, but were ingeniously put together in an artfully drawn tissue of misrepresentation.

Although these attacks abounded in false statements, and are marked by the suppression of important facts, they were prominently marshalled before the Profession in the leading articles of five successive numbers of that Journal. * *

As I had been a colleague of Mr. De Morgan, and was quite as much concerned as himself in the charges that were made, I wrote a full refutation of them to the Editor of the *Lancet*, which was published in the *Medical Times and Gazette* of June 17th ult., p. 627. I concluded that letter by challenging the Editor of the *Lancet* to a full investigation of his charges and of my refutation of them, either before the Manchester Medico-Ethical Society, or any similar court of Medical men in London. I received no reply to that letter; and as no retractation of any of the charges had appeared in the *Lancet*, after waiting four months, I wrote another letter to the Editor, (a copy of which was published in the *Association Journal* for October 27th ult., p. 980,) representing my right to require him either to retract his statements or to submit them to proof; but to this day both letters have remained unnoticed.

In exposing the gross mis-statements of the *Lancet*, I had referred the Editor to the minute-book of the Middlesex Hospital, and to other public documents; so that, even if he objected to inquiry, he might readily have convinced himself of the truth; but he has never, by a single word, acknowledged his errors or expressed the slightest concern for the flagrant injustice which his desire for revenge on one, led him to extend to many.

I believe that such a heinous violation of justice, and of all recognised principles of right and wrong, aggravated by the unscrupulous use of anonymous letters of the lowest kind, stands unexampled in Medical Journalism. No one appears to have a more just conception of the enormity of such conduct than the Editor of the *Lancet* himself, for he has truly pronounced the condemnation which must ever cling to his own conduct in this matter, by his recent denunciation of others in the following forcible terms:—

"THE NOBLE IN MIND ONLY CAN AVOW A FAULT AND REPAIR AN INJURY; THE DEGRADATION OF A SLANDERER IS SOMETHING TOO VILE FOR REMORSE." (See *Lancet*, January 27, 1855; Leading Article, page 100.

As the Fellows of the Society may shortly be called upon again to declare whether "the tone and spirit of the *Lancet*" is "such as to entitle it to the confidence of the Society," etc., I have felt it my duty to make known to the Council and to the Profession this definite ground of complaint—so that the Editor of the *Lancet*, or any Fellow on his behalf, may have time to make what defence he can to this statement.

Before I conclude this letter, I am anxious to make a few observations on the opinions expressed by the Council, "that to exclude from the reading-room, on the grounds set forth, one or both Journals alluded to, would be inconsistent with their duty to the Society and to the Profession," and further, that "the prevention of such evils must depend, not upon the exclusion of this or that Journal, but on the cultivation of high self respect in the Profession." In making these remarks, however, on the deliberate opinions of the Council, I do so with the utmost deference and respect.

I believe it is very generally admitted that, on the principle of self-protection, it is a very prominent duty of all Societies to defend and protect the privileges of its members, and, at all events, to abstain from any direct acts which encourage those who unjustly assail the private character and professional

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reputation of any of its members, in retaliation for opinions expressed in the discharge of duty, and under privilege. In the case in question, Mr. De Morgan proposed a certain resolution in the discharge of his duty, and under the conviction that it was for the benefit of the Society and of the Profession. He was forthwith marked by the *Lancet* for the display of its utmost powers of misrepresentation and abuse.

A Journal which is capable of such conduct towards one Fellow, will not scruple to repeat the offence towards another, whenever it may suit its purpose to do so.

If such things are permitted to be, it remains no longer what it has been made to appear—a question for or against the *Lancet*, so much as for or against the very existence of the Society; for how is it to be expected that the Fellows of our Society can work harmoniously together to advance our science, to promote the character and dignity of our Profession, or to raise our social position among the public, if they do not stand by each other against their common enemy, public misrepresentation and especially if they allow themselves to be made the instruments of adding to the wrongs of others of their own order? With what success can the Council expect to inculcate the precept of cultivating high self-respect, if that which it should secure, viz., the respect of others, is greatly counteracted by the sanction and encouragement of publications tending to destroy both? If it is supposed that the promotion of science should constitute the exclusive object and duty of our Society, and that the honour and common welfare of the Profession may be left unregarded, we have only to look abroad and observe the questionable position accorded to our Profession by the Army and Navy, as well as by the Poor-law Boards, and then lament, as we justly may, the want of due influence and representation with the public, and the absence of the spirit of unity among ourselves. To what purpose, may I finally ask, do we establish conclusions of right and wrong, and support them by appeals to the highest principles and to the noblest feelings of our nature, if we coolly evade them on the moment of their application, and falter in the duty which reason and conscience enjoin?

I have the honour to be, Mr. President and Gentlemen,
With great respect, your obedient servant,
HENRY MORTIMER ROWDON.

Nottingham Place, February, 1855.

TREATMENT OF STRANGULATED HERNIA BY PURGATIVES.

[To the Editor of the Medical Times and Gazette.]

SIR,—The insertion of the following cases I shall esteem a favour, as they may perhaps be interesting to some of your readers:—

I was requested, during last month, to visit M. M., aged 70. On my arrival, I found that the presence of a tumour just above Poupart's ligament caused him much uneasiness. On examination, I found that it was a direct inguinal hernia, of the right side, about the size of a hen's egg, and so hard, that pressure exerted little or no influence upon it.

His bowels had not been opened for 36 hours. He had frequent vomiting, and there was much abdominal tenderness and pain. The face was anxious; pulse small and weak.

He states that he had noticed such a tumour two or three times previously, but had thought little of it, as it had caused him no pain, and was speedily removed on his bowels being opened. During such previous attacks he never had any vomiting.

I immediately tried to reduce the tumour by taxis, and, although aided by bladders of ice, entirely failed.

Taking the above circumstances into consideration, and also the case of my friend, Mr. Lowndes, of Liverpool, who, a few months previously, had had a similar case, in which the symptoms of strangulated hernia were so conclusive and unmistakeable that, on the taxis failing, he determined to operate;—and it was only on informing his patient of his opinion on the case, that the latter told him that he had often suffered from similar symptoms, and that the operation of any ordinary cathartic caused him immediate relief. Such was prescribed; it operated; the hernia reduced itself, and all pain and untoward symptoms disappeared;—from this case I resolved to try a similar mode of treatment, and accordingly ordered hyd. chlor. gr. v., pulv. scammon. gr. i., st. sd.; and to be repeated at the end of two hours. By this means the vomiting was entirely allayed, and I now prescribed ol. ricini ʒi., to be taken in mint water. In about four or five hours this operated, the hernia returned, and the patient became rapidly convalescent.

If in such cases an operation can be avoided, and a cure effected,—and I am inclined to think such may be effected in more cases than one may at first imagine,—it is certainly much gained towards the patient's recovery.

The questions which naturally arise are, in what cases an operation may safely be deferred, and also in what cases can we expect the above-mentioned treatment to be successful.

In answer to the first question, the length of time which has elapsed since the eruption took place, and also the severity of the symptoms, must be taken into consideration. The answer to the second must be inferred from the previous history of the patient; and if his bowels have been opened previously, when a tumour in the same place, and of the same size was present, it must at least render such treatment justifiable, and will afford every chance of success. I am, Sir, &c.

Upton, Birkenhead. W. HEWITT.

THE ARMY MEDICAL SERVICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am directed by the Committee of the Manchester Medico-Ethical Association to send you the enclosed copy of a Petition which has just been sent to Mr. Milner Gibson, M.P., for presentation, and to request you will be so good as to give it insertion in an early Number of the *Medical Times and Gazette*. I am, &c.

GEORGE BELLASIS MARFEN.

Manchester, Feb. 20, 1855.

[COPY.]

To the Honourable the Commons of Great Britain and Ireland in Parliament Assembled,

The humble Petition of the Manchester Medico-Ethical Association

Humbly showeth,—That the Army and Navy Medical Services have proved defective in organisation, and numerically inadequate to the exigencies of War.

That the system of routine and general management in the Army Medical Department has led to most disastrous consequences, and that a thorough re-organisation of the entire system is imperatively required.

And that the Naval Assistant-Surgeons who have received a liberal education as their passport to an enlightened and honourable Profession, have not obtained the respectful consideration to which such gentlemen are entitled; hence an imperfect supply of competent men when their services are so urgently needed.

Your Petitioners, therefore, earnestly entreat that an inquiry be instituted into the causes which have led to these fearful results, and that the attention of the Legislature be directed to their speedy removal.

And your Petitioners will ever pray, &c.

(Signed) JAMES L. BARDSLEY, Knt. M.D. President.
JOHN AIKENHEAD, M.D. } Hon. Secs.
GEO. BELLASIS MASFEN, }

ADULTERATION OF MILK.

[To the Editor of the Medical Times and Gazette.]

SIR,—Can you or any of your readers inform me as to a practicable method of discovering the fraudulent dilution of milk?

The following admission was made the other day by a bankrupt milkman in a Court of Law, and is worthy being kept in mind by all of us who are concerned in prescribing the invaluable article of diet referred to. Mr. Commissioner Phillips asked of a Mr. John Davies respecting his trade practices, and the latter at once admitted that he had been in the habit of adding two quarts of water to every gallon of milk, together with a little salt and sugar to give taste. (See the *Times* for Thursday last.) Thus it would appear, that what we buy as milk is even by confession diluted one-third. Can no remedy be found for such dishonesty? I am, &c.

London, Feb. 17. L. A. C.

[The taste, the colour, and the specific gravity are the only means with which we are acquainted of discovering the aqueous dilution of milk, and all of them are very fallacious. The addition of sugar and salt would make the first and the last quite useless. The detection of the presence of cane-sugar would reveal adulteration with that ingredient.—ED.]

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REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, FEB. 17.

E. HEADLAND, Esq., President, in the chair.

MR. E. Canton laid before the members a specimen of

AN ENORMOUSLY ENLARGED SCROFULOUS KIDNEY,

which had been removed from a man, aged 50 years, who had enjoyed uninterrupted good health from childhood, and whose occupation had been for many years that of a postboy. About three weeks from his death, he complained, for the first time, of pain in his back, and frequency of micturition; and, after having ridden 24 miles, felt great inconvenience in the pubic region, and was unable to void his urine; but some blood, of a bright florid colour, was passed per urethram. The next morning, the urine flowed, but was much tinged with blood. He now became drowsy, and the secretion of the kidneys was for five days suppressed; but then returned, and in the usual quantity. The only pain complained of was over the region of the bladder. The urine, which during his illness was albuminous, became by degress less and less coloured with blood, and was now rather copious. The day before his death, his nose bled so violently, that the hæmorrhage could not be suppressed, and he gradually expired. The *post-mortem* showed an extensively diseased and greatly enlarged left kidney, which was somewhat uneven upon its surface, and from which the capsule could readily be pealed off. Upon section, it was seen to be encumbered with large deposits of tuberculous matter, which had left but a small portion of the organ in a sound state towards its upper part; the renal vein, to the extent of an inch, was plugged up with a firm fibrinous coagulum; the artery and ureter were healthy; an enormous mass of large lumbar glands involved the aorta and vena cava, which ran, as it were, in canals through them, and were widely separated from one another. The disease of these glands was of the same nature as that of the kidney. The bladder and prostate were healthy. The right kidney was atrophied from the pressure to which it had been subjected by the glands.

It was arranged that Mr. Henry Thompson should examine the specimen and report upon it.

Mr. Hogg gave the following account of his

EXAMINATION OF THE MORBID SPECIMENS

exhibited last week by Mr. Harrison. Upon submitting a portion of the nodulated mass taken from a mesenteric gland to the action of dilute hydrochloric acid, one to five, it gradually dissolved with effervescence, leaving only a very few pieces of fibrous tissue. Under the microscope, crystalline masses, especially of cholesterine, with a few fat-globules, covered the field, but not a particle resembling the canaliculi or laminæ of bone. Another portion, acted upon by acetic acid, gave a similar result, with a residuum of fine needle crystals, and cholesterine. Upon removing portions of the hardened masses, firmly adherent to the inner coat of the aorta and arteries, and submitting them in like manner to the action of acids, they were entirely dissolved, and, when placed under the microscope, gave a similar result to the former examination. Fragments placed under the blow-pipe quickly disappeared, leaving but a very small white bead, which rapidly dissolved with effervescence when thrown into a drop of acid. This shows, in the first place, the non-bony character of the matter—that it was not ossific; for if it had been, it would not have been completely dissolved by the dilute acid, but would have left a perfect cast of the animal matter, with laminæ, etc., as perfect as ever. 2nd. It shows lime salt was principally the carbonate. 3rd. The presence of cholesterine makes it more than probable that it is merely the cretaceous residuum of atheromatous or strumous degeneration. The crystallization of the cholesterine having once commenced, exerts an influence on a still further deposition, and so leads to the large formation of atheromatous masses seen in these specimens.

Dr. Winn mentioned a case of hydatids occurring in a woman a short time before her death, complicated with hæmorrhage and ulcer in the mucous membrane of the uterus.

Dr. Rowth mentioned, as the opinion of Mr. North, that a case of hydatids was indicated by the alternation of aqueous and sanguineous discharges.

Mr. Dendy dissented from Mr. North's opinion.

The President stated, that, in the few cases of hydatids which he had seen, occasional hæmorrhage preceded expulsion for some considerable time.

Dr. Winn said, that corresponded with his own experience.

Mr. Dendy mentioned the case of a little boy, 4 years of age, who was apparently in perfect health, but who had the greatest difficulty in passing his evacuations. He would sit for three or four hours, occasionally screaming, and nothing would induce him to rise till the motion was passed, when he was apparently perfectly relieved and free from pain. The evacuations did not present any unusual appearance. He (Mr. Dendy) had not been able to treat the case successfully, and he should be glad to hear the opinion of any member of the Society upon it. He had passed the bougie to the second portion of the rectum, and had used suppositories of soap and opium, under the conviction that he must do good, mechanically or otherwise. The tongue had sometimes a peculiar appearance. For two or three days it would be perfectly healthy, and on the fourth or fifth day there was an appearance of abrasion, there being a complete chink or chasm in several portions of the tongue, as if the papillæ were removed. He (Mr. Dendy) had considered the possibility of an incipient condition of calculus in the bladder, causing pressure upon the neck of the bladder, and leading the child to think that it wanted to evacuate; but he could discover nothing of the kind. The child was not subject to worms, and was not relieved by aperient medicine.

Mr. Ross mentioned the case of a child somewhat similarly affected, often screaming with pain, owing to a spasmodic state of the urethra, there being no disease of the bowels whatever. When the urine passed, the child was perfectly at ease. Its tongue assumed the appearance described by Mr. Dendy.

The President said, if Mr. Dendy's patient were his, he should prescribe small doses of alum.

Dr. O'Connor sugested that the patient suffered from an affection of the colon.

Dr. Garrod, in continuing his paper,

ILLUSTRATIONS OF CERTAIN POINTS IN THE HISTORY OF GOUT,

proceeded to consider the chronic states of the articular and non-articular forms of gout. He said, that difficult as it was to separate some forms of acute gout from acute rheumatism, yet this was more difficult still in their chronic state. As to the symptoms which might be brought to bear upon this diagnosis, he believed it would be allowed by all that the chalk-like deposits, or chalk-stones, are never found except in the subjects of true gout. In composition these deposits consist essentially of urate of soda, the difference met with in the analyses being dependent on the tissues in which they occur; they are alkaline in reaction, and, at first, fluid, going through different degrees of consistence till they become solid. The situations in which they are found, vary exceedingly. They are found within and around the joints, around the ligaments and sheaths of tendons, on the surface of the cartilage of the joints, and under the cuticle, etc. When occurring within the joints, they produce a weightiness on the cartilage, and greatly impede motion. They may remain in the body during the lifetime of the patient, which, probably, is generally the case; or they may be discharged by a kind of desquamation, when more deeply seated, by causing inflammation or ulceration. When these deposits occur where they may be readily seen,—as, for instance, around the joints, the diagnosis of the case is easily made; but they are not unfrequently confined to a single part of the body, and then are likely to be overlooked by the Practitioner. The ear, and sometimes the integuments of the face, are the parts most commonly selected externally, where they may exist singly, or in numbers. They exist more frequently in the ears than has been generally supposed; and it was ascertained, from a collection of cases made, that deposits were present in 45·9 per cent. of gouty cases, in seven-tenths of which the ear alone was affected. He related two cases to show how greatly the diagnosis may be assisted by the discovery of these minute concretions. Though they are indications of gouty affections, their absence is no proof of its not being gout; they are frequently absent, and patients may suffer gout for many years without their being found. On the other hand, some of the worst cases of deposits have occurred within three or four years from the first attack in the great toe. Another valuable diagnostic symptom is the special great toe affection; and Dr. Garrod showed that, out of a number of cases noticed by him, in eighty-two per cent. this was present. This symptom is the more valuable, that it seldom, if ever, occurs in rheumatism.

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The sex, too, is not to be disregarded, as gout is much more common in males than females. Out of a table of cases, only five per cent. were females, which would hardly be the case if the pathology of the two diseases were alike. Œdema and subsequent desquamation of the cuticle is almost invariably present in gout, the desquamation showing itself when the inflammation is subsiding. These signs occur very seldom in genuine rheumatism. He also mentioned, among other symptoms, some minor points, which, in conjunction with others, might be of some use in diagnosis—viz., the presence of heart affection in rheumatism from prior attacks of acute disease, the dyspeptic accompaniments of gout, the influence of cold and moisture in inducing rheumatism, and of high living, especially of wine and malt liquors, in bringing on gout, and, lastly, the condition of the blood and blister fluid. In all cases of pure gout, the blood contains an abnormal quantity of uric acid. which is not the case in rheumatism; and in cases where the other symptoms are not characteristically developed, the presence or absence of uric acid in the blood may afford evidence as to the nature of the affection. In the place of abstracting blood, of which only a small quantity is requisite, (an ounce or so,) the examination of the serum produced by a small blister, has the same result.

Mr. Rogers Harrison said he had seen the white specks alluded to by the author, and known by the French as *granulations perlées*, in patients who were never under his care for either gout or rheumatism. He had often seen them in ladies, and had easily removed them with the lancet.

Mr. Dendy, while entertaining a high opinion of Dr. Garrod's paper, thought that the value of the distinction laid down in it between gout and rheumatism was much diminished by the circumstance, that it could not be shown that what would cure the one disease was of no use in the other, colchicum being, in truth, equally efficacious for both.

Dr. Fuller concurred in the remark of Mr. Dendy. He believed in the existence of a third form of disease ignored by Dr. Garrod, differing from both gout and rheumatism, but having some of the characteristics of both.

Mr. Canton referred to the tophaceous deposits in the ear as a useful means of diagnosis in ophthalmic affections. He did not think they were of the same character as those mentioned by Mr. Rogers Harrison.

Dr. Theophilus Thompson believed that there were no diseases in which the benefit of colchicum was so marked as those of gouty nature; the distinction, therefore, laid down by the author was practically as well as physiologically important.

The author then replied, and the Society adjourned.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, FEB. 5.

E. G. BABINGTON, Esq., M.D., President, in the Chair.

DR. GREENHOW read a paper on cholera in Tynemouth and North Shields in 1831-2, 1848-9, and 1853. Having described the local peculiarities of the parish,—its narrow streets, intersected by ill-ventilated and crowded lanes and alleys running in one direction to the margin of the river, and in another to the foot of a steep bank; its deficient sanitary arrangements, the habits of the population, and the like, the author detailed the circumstances attending the various attacks of cholera in the united townships, from whence he inferred, that neither in 1831 nor 1849 was the disease imported by direct intercourse from patient to patient; that if cholera were communicable in that way, such a mode of propagation was of insignificant importance; that the propagation of cholera by means of water was nearly impossible, the water supply being unpolluted by sewage, etc.; that the disease spread the most in dirty and ill-drained localities where the atmosphere was infected; that poverty alone had but little influence in predisposing persons to attack, many of the victims having been in comfortable circumstances; that elevation of itself had no influence on the progress of the disease; and that, when cholera is impending, it may either be averted or mitigated by active measures of a precautionary character.

Dr. Milroy, after thanking Dr. Greenhow for his paper, referred to the exemption of the troops in the barracks near Newcastle from cholera in 1853, as confirmatory of the author's statement respecting the soldiers in Tynemouth. One of the most striking facts connected with cholera, as illustrated by the case of Tynemouth, was, that a continual influx of persons from an infected to a healthy locality did not appear to bring the disease with it.

Dr. Snow referred to the state of the water supply of North Shields, as confirmatory of his views on the influence of water on the spread of cholera. The water, it appeared, was uncontaminated, and, accordingly, the epidemic was unlike that in which the disease was propagated by a general water supply, sent round by the pipes of a Company. In that case cholera extended throughout the district of the supply, and affected all classes of the community. In Newcastle and Gateshead, in 1853, the cholera extended through the two towns at once as far as the water supply, and in one or two cases a little beyond it. He thought Dr. Greenhow did not attach sufficient importance to the communication of the disease from person to person, though his paper had given instances of the possibility of such communication. The first case that occurred in Tynemouth was that of a man whose wife died in Durham; and though the parties might not have seen each other, there might have been packages (such as parcels of clothing) passing between them, by which the communication might have been effected. Several persons were said to have died in one house, no doubt within a few days, the deaths not extending over the whole period of the epidemic, as might be the case in the absence of personal contagion. It was remarkable, that the Newcastle barracks had a supply of water of its own; while the workhouse, at no great distance, in which ten deaths occurred, received its supply of water from the town. It had been stated, that Jews were frequently exempt from cholera. He believed they generally suffered from the disease either more or less than others,—a circumstance which might partially be explained by the fact of their keeping themselves distinct, in the matter of diet, etc. In the late London epidemic, six Jews died in one house in Wardour-street, the result, he believed, of a contaminated pump in the neighbourhood. In Volhynia, in Poland, the Jews suffered from cholera, in 1831, much more than Christians,—a circumstance generally attributed to their want of cleanliness.

Mr. G. R. Burnell referred to the supposed influence of elevation on cholera, and mentioned that M. de Beaumont had related the occurrence of cholera in the Alps and the Tyrol, at a very considerable elevation above the level of the water courses in the valleys. He referred also to two communications published in the Transactions of the *Académie des Sciences*, showing the connexion of cholera and typhoid fever, and the relation of the geological condition of the soil to the existence and propagation of the disease. There was, he thought, too great a disposition to generalise from local observations, without taking the habits of the people and other circumstances into consideration. It appeared that in London most of the cases fell on Mondays and Tuesdays, and the least occurred on Thursdays and Fridays. This was partly explained by the habits of the people, many of whom indulged in excesses on Saturday and Sunday, which resulted in a reaction on the Monday and Tuesday, rendering them more liable to attack. Mr. Burnell then mentioned that a gentleman in France had lately left 100,000 francs as a prize for the person who should find a method of curing Asiatic cholera, and discover the causes of the disease.

Dr. Frazer said, that in the Golden-square district the most cases occurred on Thursday, Friday, and Saturday; the disease being stationary on the Sunday, and considerably declining on the Tuesday.

Mr. Tucker ascribed the frequent exemption of the Jews from cholera to their use of large quantities of vinegar and lemon-juice in their food.

Dr. Greenhow replied, and the Society adjourned.

NORTH LONDON MEDICAL SOCIETY.

INTENSE PAIN IN THE FOOT, LASTING SEVERAL YEARS, CURED BY REMOVAL OF AN OSSEOUS GROWTH FROM THE INTERIOR OF THE POPLITEAL NERVE.

By Mr. QUAIN.

E. M., aged 32, admitted into University Hospital Sept. 9, 1845; is married; has had two children, the second in July of the present year. She is fair of complexion, and nervous temperament. A little time ago she was received as an out-patient on account of intense pain in the sole of her foot at its fore part beneath and behind the toes. The first feeling of pain occurred about six years ago, when a little twitching was felt at the inner side of the foot. At that time the pain lasted a few minutes only at

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each seizure, but it soon used to last for an hour and upwards, and the duration has gradually increased, till it came lately to be constant, not ceasing night or day. At first the patient could, by an effort of the will, divert her attention from the pain, and, when occupied, she used for a while to forget it; but, during the last four months, she has been wholly unable to do so; indeed, she states, that during those months she has not slept. She has not suckled either of her children, there never having been, according to her own statement, "an appearance of milk." A variety of treatment was resorted to before the patient applied to this Hospital. She had taken many medicines during several years at home and from different Hospitals, but of all of them, she says, that only one seemed to have any influence over the pain,—that was arsenic. When that medicine was used for a time, the pain ceased during two or three weeks; then, however, it returned again as bad as ever, and the arsenic failed to have any beneficial effect. Having observed, said Mr. Quain, at the time, that the woman was to all appearance healthy; that likewise she was an active-minded, energetic person, most anxious to get relief, and to do all that might be thought necessary to effect it, I thought it likely that there should be a local cause, that is to say, an appreciable local cause for the great suffering the woman had so long experienced, and I determined to examine the limb from the spine to the toes. In the appearance of the limb there was nothing noteworthy; and during the manipulation of the foot and the leg nothing unwonted was discovered; but while pressure was made upon the back part of the thigh in the course of the large nerves, a tumour not discernible upon the surface was discovered. It was situated at two inches distance above the level of the upper end of the patella, and being covered by one of the two hamstrings; muscle was but indistinctly felt. Still, when the muscles were relaxed, the outline of a small lump was pretty well made out, but its consistence could not be determined, on account of the thick covering of muscle. Pressure over the tumour gave rise to the usual pain in the sole of the foot. Here, then, obviously was the real disease. It may be worth mentioning, that there was no more than a soreness in the seat of the tumour, and that only when it was pressed on. The patient now, and for the first time, and upon being questioned, mentioned that she felt a soreness when this part was accidentally struck, even before the pain arose in the foot, and she added, that about three years before her coming to the Hospital pressing against the part she felt a small lump. At that time, too, the pressure was, she recollected, accompanied with pain in the foot. Mr. Quain decided on laying bare the tumour, and, if possible, separating it from the nerve. It was with a view to the operation that the patient was admitted into the Hospital. *Operation.*—When one of the hamstring muscles had been turned aside the tumour came into view. It seemed an enlargement of the nerve,—the internal popliteal (posterior tibial) immediately after its separation from the great sciatic. The enlargement did not affect the nerve equally all around; it projected almost altogether on the deeper side, upon the surface; the nerve fibres were seen to pass uninterruptedly on. The tumour was therefore within. To reach it the strands or funiculi were separated by division longitudinally of the connecting cellular structure, and when they had been turned aside freely the subjacent mass was pushed out without any difficulty. None of the nerve fibres were injured. The tumour, which seemed a mass of bone, was grooved partially upon the surface from the fibres of the nerve; it was the size and shape of a good-sized wallnut, weighed 228 grs., and, when analysed, was found by Mr. Campbell to consist of phosphate and carbonate of lime, with a trace of sulphate of lime. It was not examined microscopically. On the day after the operation, there was some local inflammation, accompanied with fever, but in a couple of days this subsided, and the patient left the Hospital in a short time entirely relieved. There remained only a little numbness in the cicatrix when it was pressed on. Five years afterwards, the summer of 1850, E. M. came to the Hospital to ask advice on account of a child borne since the operation. She had gained flesh considerably; had in the interval suffered no inconvenience whatever from the limb; she had suckled her last child.

EXCISION OF THE SHAFT OF THE FIBULA.

By Mr. QUAIN.

The subject of the operation, who was submitted to the examination of the members of the Society, was a little boy, of healthy appearance, somewhat florid complexion, with large, dark eyes. He walked without the slightest lameness. In fact, there was no evidence whatever of any want of the natural power of the limb, or of the extent or facility of its movements. One operation was performed about eight months ago. The following is an outline of the case:—W. N., aged 7, had a slight accidental knock, while playing with another child, upon the outer side of the leg, at the beginning of last year. There was no mark on the surface, and for some days he was quite free from pain, in fact, quite well. But, at the expiration of about a week, an aching pain arose, followed quickly by inflammation, which extended over the whole leg, and was attended by severe symptomatic fever. He came under the care of Mr. Wildbore, who, on account of the persistence and extension of the local mischief, sent him to the Hospital. The leg was swollen from the knee to the ankle, especially at the outer side, where, towards the lower part, a sinus led to the bone. Pus was abundantly discharged from that opening, and likewise from another at the inner side of the leg, high up in the calf. The shaft of the fibula at its lower end was thickened for about an inch, the necrosed part being there covered with a new osseous case. On account of the extent of the local mischief, and the rapidly advancing failure of the general health, an operation was obviously necessary. An incision being made over the necrosed part of the fibula, where it was encased by new deposited osseous matter, it was found that the whole shaft of the bone was perfectly bare of its periosteum. With another short incision below it, the upper end or head of the shaft was easily separated; and it came away entire, being drawn down through the lower opening. Thus one small part of the dead bone was covered in the ordinary way with new deposit, while much the larger part was without such covering. The boy rapidly got well. At first, after the healing process was complete, there was some stiffness of the ankle-joint; but, in a couple of months, the free movement of the joint was restored. Mr. Quain directed attention to the fact of the parts of the bone, the presence of which is of most importance to the functions of the limb, having been involved in the disease, namely, the lower end, the support of the ankle-joint on its outer side, and the upper end, with which the large double-headed hamstring muscle, one of the principal flexors of the knee-joint, is connected. The removal of the upper end would have endangered the knee-joint, as the synovial membrane between it and the tibia is often a continuation of the large synovial membrane of the knee-joint.

An interesting discussion arose, in which Dr. Miller and Mr. Hainworth took part.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—Friday, Feb. 17.

Lord Palmerston, in the course of Ministerial explanations, said, great alarm and well-founded complaints had prevailed as to the condition of the sick and wounded in the hospitals, and the Government were going to send out a commission of civilians accustomed to deal with sanitary questions, with ample power to examine into the sanitary state of hospitals, camp, and ships. Lord Raglan had also been authorised to send to Constantinople for a corps of labourers, whose duty it would be to cleanse the camp. Many complaints had been made, not, he believed, without foundation, of the want of system in the Commissariat Department, as regarded the supply and issue of necessaries for the army, and a commission was going to be sent out, at the head of which was Sir John McNeil, to examine all the defects of the commissariat arrangements, with full power to set them right. There had been also a complaint, which he believed just, that in the Medical Department of the Army there was not a sufficient supply of Medical Officers for the hospitals abroad; and, besides the establishment of a hospital at Smyrna, to be entirely under civilians, the Secretary for War was going to remodel entirely the Medical Department at home.

On the vote of 62,100*l.* for medicine and Medical stores,

Mr. Stafford said that, having visited the Naval Hospital at Therapia, he had the greatest pleasure in bearing his testimony to the efficient state of the Hospital and the excellence of the arrangements, which certainly reflected credit on all concerned. He also referred to the difficulties attending the debarkation of the sick troops on their arrival in this country, which, he understood, had not been met in all instances as they ought to have been.

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Sir J. Graham expressed his satisfaction at the testimony borne to the efficient condition of the Hospital at Therapia. The credit due must be attributed in a great measure to the excellent arrangements of Sir W. Burnett, who had charge of this department. With regard to the debarkation of the sick troops, arrangements had been made for keeping open one ward at Haslar Hospital for their reception.

Mr. G. Dundas thought great credit was due to Dr. Rees, of the Britannia, who had organised the Hospital at Therapia.

Sir J. Graham said, that the Admiralty had no power of taking any steps with regard to invalids on their arrival in port, except on communication from the Medical authorities. The noble Lord at the head of the Government had intimated that the subject of the Medical authorities and their connexion with the Secretary of War was under consideration.

Mr. Layard had seen it stated, that a Hospital was to be established at Smyrna. Now, he wished to remind the Government that Smyrna was not a healthy place. The European inhabitants—the Franks—left Smyrna during the summer, and went to villages in the neighbourhood to seek a better climate. He would suggest that Rhodes might be a more suitable situation for a Hospital.

Sir J. Graham said, the subject had been most carefully considered by the Government. During the cold months Smyrna was healthy; but about the month of April, he believed, it was frequently visited by dangerous fevers. It would not, therefore, be prudent to erect a permanent establishment there, by which considerable expense would be incurred, and the Government had every reason to believe that Mytilene or Rhodes might, perhaps, be preferable situations for a Hospital.

Mr. Stafford was understood to say, that the barracks at Smyrna were in good condition, and, as they were situated close to the seashore, if they were applied to the purposes of a Hospital, the difficulty of disembarking the sick and wounded, and conveying them to the Hospital—a difficulty which was experienced at Scutari and Constantinople in consequence of the distance of the Hospitals from the shore—would be avoided.

Mr. Layard hoped, that, for the satisfaction of the country, the Government would state that some measures had been taken with respect to the improvement of the Hospital at Balaklava.

Lord Palmerston observed, that the Commission which he had mentioned at an early period of the evening, whose duty it would be to investigate and improve the sanitary arrangements of all the Hospitals, would proceed to Balaklava as well as to Scutari.

Mr. Kinnaird inquired whether Sir John Forbes had been appointed the head Medical officer of the Hospital at Balaklava.

Sir J. Graham: No.

Mr. Layard had seen it stated that Dr. Lawson had been appointed to one of the Hospitals,—he believed to the Hospital at Rhodes. He wished to know whether it was true, after what had passed in the Crimea, that Dr. Lawson was still placed in a highly responsible position. [No answer was given to the question.]

MONDAY, February 19.

INVALID TRANSPORT SERVICE.

In reply to a question put by Mr. Watson, Lord Palmerston said that the Commission appointed by the Secretary of State for the War Department were to report on the condition of the Hospitals, and recommend measures not merely to Government, but to Lord Raglan, who was to act upon such recommendation. Arrangements for a particular service between the Crimea and Constantinople on the one hand, and England on the other, had been made, for the purpose of bringing home such invalids as could be transported by sea to this country, and for their reception in a proper and suitable manner on their arrival.

In Committee of Supply on the Army Estimates, Mr. Boldero referred to the fact, that in respect to the wounded in the Army, (which was not the case as to the navy,) there was not any receptacle for them when brought home; a remark which elicited from Lord Palmerston a promise that the point should be attended to. Mr. Boldero also said, a statement made the other night by the hon. Member for Aylesbury struck harshly upon his ear. The hon. Member said, that the Medical men before Sebastopol had signed a "round robin," offering their resignation to Lord Raglan. Good God! was it possible that such a state of things could occur; that Medical men, in the presence of the enemy, and who, being 3,000 miles from the shores of England, could not be at once replaced by other Surgeons, should so far commit themselves, when night after night sallies were being made by the Russians, when casualties were continually occurring, and when sickness and death extended from one end of the camp to the other! (Hear, hear.) Was it possible that gentlemen highly educated, scientific men, could have committed such an act! He did not doubt the assertion of the hon. Member; but he had a right to ask whether the Government had received from Lord Raglan any intimation of such conduct on the part of the Medical Department? If it did occur, it was mutiny to the utmost extent, and why was it not punished; if it were not that the noble Lord in command of the army thought the Medical men in question were so overworked, that he could not come down upon them, and punish them for their mutinous act? He made these remarks in a pure spirit, for he wished to improve the condition of the officers in the Medical Department, who had generally performed their duty nobly in the Crimea; and, if they had taken the step imputed to them, there must be something rotten in the system, and the sooner the House set to work to amend it the better.

This statement was not referred to by the Prime Minister, in his explanations at the conclusion of the debate.

WEDNESDAY, Feb. 21.

Sir B. Hall moved the second reading of the Nuisances Removal and Prevention of Diseases Acts Amendment Bill, stating that its operation is to be restricted to England and Wales; and that special Bills are to be prepared for Scotland and Ireland.

After a short discussion, the Bill was read a second time, and referred to a Select Committee.

The Public Health Bill was also read a second time, and referred, in like manner, to a Select Committee.

LAW INTELLIGENCE.

Bone-setters and their Evidence against Qualified Practitioners.—In the Court of Passage, Liverpool, on Friday week, before Mr. James, Q.C., as Assessor, the following case was tried:—Paterson *v.* Bridson.—In this action, the plaintiff, Mr. Paterson, a Surgeon, sought to recover from the defendant, Mr. Bridson, the sum of 18*l.* 7s. for Medical attendance on his child, who had met with a serious accident by falling from an attic window. Mr. Brett appeared for the plaintiff, and Mr. Aspinall for the defendant. The former gentleman, in opening the case, expressed his regret that the defendant had allowed the case to come into the Court, for he did not know what defence he had to make to it, as he had paid 10*l.* into Court, therefore the only point in dispute would be 8*l.* 7s. He then called Mr. D. Paterson, a Surgeon, who had been in practice for the last fifteen years in the town of Liverpool, and was sent for on the 9th of June by the defendant, who is an ironmonger, living in Berry-street, to attend a child about fifteen months old. The child was suffering from a fractured thigh and an internal rupture. He attended the child up to the 15th of July twice a-day, and charged two guineas for setting the fracture, etc., and 5s. for each visit, which amounted to 18*l.* 7s., which was the usual charge to persons moving in the sphere of the defendant. Cross-examined: He had called in Mr. Hakes, who, no doubt, would have a bill against the defendant. He was quite sure that he had reduced the fracture, and that the child had not suffered more than any other child would have done under similar circumstances. He had been told that the child had been sent to Evan Thomas. The defendant had told him that one of the child's legs was longer than the other, but he never said that it would grow, because it was contrary to the fact. The child was in court, and did not appear to have one leg longer than the other by the manner he walked. Mr. James Hakes, a surgeon, assisted the plaintiff in reducing the fracture, which he believed was properly reduced, and that he treated the child with great skill and with great attention. He believed the charges to be proper and moderate charges under the circumstances, and had charged the same. He had told the defendant, who had applied to him, that the leg was properly set, and that the bones did not overlap each other. He was quite confident that the child's legs were both the same length, although he would not say positively that he had measured it with a tape. Another medical gentleman was called and spoke to the charges being strictly moderate. Mr. Aspinall addressed the jury for the defendant, contending that the bone was not properly set, that the defendant had to engage the services of Evan Thomas, and also that the charge of 5s. a visit was an excessive charge. The defendant was called and spoke positively as to the fracture not

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being properly set, so much so, that he had to call in Mr. Evan Thomas, who examined the child and re-set the bones. Mr. Evan Thomas was next called. He said he was a "bone-setter," and had a "considerable practice." The child was taken to his house, when he found the bone was not set; *he had to break the bone again* and re-set it. The bones, when the child was brought to him, overlapped each other. The child was brought to his house several times after that, and he did what was necessary. Mr. Brett replied to the evidence given for the defence, in the course of which he expressed a hope that the jury would by their verdict upset the fallacy that Evan Thomas had set up—*that all cases brought to him after being attended by the most eminent Medical men were improperly done, and that he had to do all the work over again by breaking the bones and re-setting them*, as in the present case. The learned Assessor summed up, after which the jury returned a verdict for the plaintiff for the full amount claimed.

COMPULSORY VACCINATION.

THE Council of the Epidemiological Society have sent us for publication an address to the President of the Board of Health, having the following title:—

ON A PROPER STATE PROVISION FOR THE PREVENTION OF SMALL-POX AND THE EXTENSION OF VACCINATION.

PRESENTED TO THE PRESIDENT OF THE BOARD OF HEALTH BY THE PRESIDENT AND COUNCIL OF THE EPIDEMIOLOGICAL SOCIETY.

The following extracts include the parts which will be of interest to our readers. The Address is of great value, and reflects much credit on the Society from which it emanates. After some introductory paragraphs, including statements as to the yet widely-extended prevalence of small-pox, and enunciating in the strongest manner the opinion of the Society as to the need of Legislative interference in the matter, the Address proceeds to consider the workings of the recent Act:—

8. The results (of the Act) notwithstanding, have been of the most encouraging kind, and such as to demonstrate in a striking manner the extreme necessity for, and value of, the Compulsory Act. By a Return, for which the Council of this Society are indebted to the courtesy of the Poor-law Board, it appears, that in the first year of its operation, the number of public vaccinations of children under one year of age has been more than doubled, having increased from 201,271 in 1853 to 408,824 in 1854. As compared with the births registered in each of these two years, the increase has been from 33 to 65 per cent.

Summary of Vaccination Returns furnished by the Poor-law Board.

Year.	No. of Unions.	Vaccinated under 1 year.	Vaccinated above 1 year.	Births Registered.
1853	638	201,271	174,947	601,223
1854	649	408,824	290,111	623,699

It would require a return of the numbers vaccinated under three months of age to test thoroughly the efficiency of the system in force; but such returns are not to be had. The returns "under one year" give the nearest approximation. All "above one year" are only so many evidences of previous neglect.

But, while such improvement cannot be mentioned without feelings of the most lively satisfaction, it is much more important to fix attention on the better results which might be attained, under a more perfect system of administration, from a measure intended to apply, not to 65 per cent. of the births only, but to every child born. A certain deduction, indeed, must always be made for the numbers vaccinated by private Practitioners and by public institutions unconnected with the public parochial system. There are no data for exactly estimating the proportion of these; and it probably varies considerably in different parts of the Kingdom. But, taking the country throughout, there is reason to believe that not more than from 10 to 15 per cent. of the children born are so vaccinated; for it is found, that, in Unions in which particular care is bestowed upon the public vaccinations, the number of these is from 85 to 90 per cent. of the births. If we estimate 80 per cent. only, as the number requiring to be provided for by the public vaccinators, the results of last year fall short of those which should be obtained by nearly 100,000.

9. The still existing deficiencies will be made most obvious by taking a few examples of particular Unions. Thus, in the Liverpool Union, the births registered were 9150, but the vaccinations under one year of age only 5268; in the Newport Union, Monmouthshire, for 1585 births, there were only 634 vaccinations; in the Greenwich Union, 3599 births, 1922 vaccinations; in the Lambeth Union, 5221 births, 2194 vaccinations; in the Hastings Union, 673 births, 298 vaccinations; in the Richmond Union, in the North Riding of Yorkshire, 406 births, 210 vaccinations, etc., etc. The District Registrars, also, in various parts of the kingdom, have reported to the Registrar-General the prevalence of small-pox in their respective districts from neglect of vaccination; (a) and, in the Metropolis, (in which, as may be seen by the examples of the Greenwich and Lambeth Unions, given above, the Act has been comparatively inoperative,) the mortality from small-pox, in 1854, amounted to nearly 700,—a number much higher than was observed in 1849 or 1850.

The eighteenth paragraph, after further expressing the opinion of the Society as to the importance of Governmental interference, proceeds to consider—

I. Deficiencies in the compulsory Act.

A. The compulsory Act applies only to children born in England and Wales after a certain date; it does not extend to the whole existing population of England and Wales, nor to those who, whether adults or children, may at any time immigrate into this portion of the kingdom. This is a grave defect. It is well known that small-pox is largely imported into this country, and kept up by immigrants from Ireland; and this to such an extent, that it has been made a matter of complaint from towns in the north of England to the Poor-law Board. These Irish immigrants not only form a nidus for the disease in towns in which they collect in large numbers, as London, Liverpool, Glasgow, Bristol, etc., etc.; but they disseminate it throughout the country, as at harvest-time, and in the season of hopping.

B. The Act professes to punish disobedience by fine or imprisonment; yet there is no one specially charged with its execution; no public officer of any kind, whose duty it is to proceed against offenders,—a defect repeatedly alluded to by the District Registrars throughout the country.(b)

C. The Act does not provide an efficient and workable system of registration, without which it is impossible to know how far it is carried out or not, and consequently to take the steps which might be required to secure its more effectual working in any particular place. It is enacted, indeed, that every Medical Practitioner, who has successfully vaccinated a child, shall transmit to the Registrar a duplicate certificate of the fact; but the returns of the Registrars from various parts of the country shows that this portion of the Act is inoperative.(c) When the circumstances are inquired into, it generally turns out that the vaccination has been performed, and that a certificate to that effect has been given to the parents; but that the public certificate is withheld. And this result can hardly be considered surprising, when we reflect on the injustice, as well as impolicy, of arbitrarily requiring professional services from Medical men without corresponding acknowledgment; an injustice the more conspicuous in the present instance, as provision is expressly made in the Act for the remuneration of the Registrars for the extra services required of them under its provisions.

II. Defects in the system of administration.

The administration of public vaccination in England and Wales is carried out, under the direction of the Poor-law Board, by Medical men, who hold their office as public vaccinators by contracts with the Boards of Guardians of their respective unions. The vaccinators keep two registers—one in which the names of all children vaccinated are entered at the time the operation is performed; the other, in which the same names are re-entered at the end of a week, with a column showing the results of the vaccination. These registers are laid before the Boards of Guardians at their ordinary meetings, and the numbers "vaccinated" and "successfully vaccinated" extracted by the clerk. A return of these numbers is annually made to the Poor-law Board from each Union. It is the province of one of the clerks in the office to receive and arrange these returns, which form the foundation of the measures which the Poor-law Board may take to remedy any neglect which may be brought to light in particular Unions. In commenting on this system, the working of which has been most fully analysed in the Report of the Epidemiological Society herewith forwarded (pp.

(a) Vide Register-General's Quarterly Returns for 1854, *passim*.
(b) Ibid.
(c) Ibid. Especially Return for Quarter ending Sept. 29, 1854.

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19—29), and the results of which are seen in the continued high mortality from small-pox in various parts of the country, it must be distinctly understood that no blame whatever is imputed to the Poor-law Board, and their immediate officials; on the contrary, they have laboured with earnest and conscientious zeal in the discharge of the duties imposed upon them, and the errors to be pointed out reside entirely in the system itself.

A. It is manifest, in the first place, that the vaccination of the people, which is a measure undertaken by the State for the security of the public has nothing in it of the character of alms, and does not fall properly under a department of Government, whose sole function is the distribution of alms; while it is equally obvious that it does fall naturally under a department charged with the maintenance of the public health. Had there been such a department in existence when vaccination was first made a matter of public concern, there can be no doubt that the duty would have been placed in their hands, and it is not only proper, but highly politic, that it should not be transferred to them. Vaccination, like many other great and beneficial discoveries, has had, and still has, prejudices to encounter; and it is of the last importance that it should be presented for public acceptance in a manner most calculated to soften and subdue these prejudices. But to stamp it with pauperism, or to give it even the semblance of an act of Poor-law relief, is not to soften and subdue, but to aggravate and add to prejudice; and this has, unquestionably, been the result (as has been repeatedly noticed, indeed, by the Poor-law Board), and it has operated to retard the cause of vaccination.

B. The connexion of vaccination with the Poor-law has had another most injurious effect in deterring many Medical men from becoming public vaccinators. Their fear has been, that in accepting a contract with the Board of Guardians, they might render themselves liable to be looked upon in the light of parochial officers rather than in that of merely public vaccinators. And this has been no hypothetical fear, as was proved on a recent flagrant occasion, when the public vaccinators of St. Pancras were instructed by the Vestry, as of right, to assist the parochial Medical Officers in the treatment of cases of cholera; and when one of them, who was unable or unwilling to comply with this arbitrary command, was held up to public obloquy and threatened with dismissal from his office. In other instances, an evil of the reverse kind has obtained, and, where men of character and standing would have been willing to contract, Boards of Guardians have thought proper to limit the contracts to the Union Medical Officers. The result of the whole has been to render these officers, almost exclusively, the public vaccinators of the kingdom. In dealing with this important but difficult topic, the Council of the Epidemiological Society are particularly desirous not to be misunderstood. The character and capability of the present Public Vaccinators are beyond all dispute; and they would not think for a moment of recommending interference with any existing contract. But it is obviously not desirable that the public arrangements should put any obstacle in the way of the employment of any competent Medical Practitioner willing to undertake this great public duty. On the contrary, there is no way by which the people will be more surely attracted to vaccination than by their being able to select the Practitioner by whom they would desire it to be performed.

C. The present system has been faulty, also, in this respect, that the provisions for the remuneration of the public vaccinators have not been such as to secure their hearty and zealous co-operation. The most injurious consequences have undoubtedly resulted from this, both in limiting the numbers vaccinated, and in discouraging the vaccinators from giving that pains and attention to watch the progress of the vaccine disease which are imperatively necessary,—a point to which further allusion will be made hereafter.

D. But no compulsory enactment, however comprehensive and stringent—no alteration in the mode of appointing public vaccinators, however desirable—no additional remuneration and encouragement to them, however necessary, will be sufficient to secure the grand object to be had in view,—the universal diffusion of vaccination and the extinction of small-pox,—unless there be some competent and energetic Medical Officer to harmonise the whole system and keep it in constant activity—to examine continually its working, that what is defective may be immediately supplied, and, in cases in which it is required, to enforce the laws, whether against those who refuse to submit to vaccination, or against those who, by travelling about and improperly exposing themselves, notwithstanding the stringent penal enactments which exist to the contrary, diffuse small-pox throughout the kingdom. The necessity for the appointment of such an officer, as the keystone to any effective system, will be best demonstrated by a brief consideration of some of the more important duties which would devolve upon him.

a It is presumed that he would be appointed by the Minister of Health, that his duties would be the superintendence of vaccination and the repression of small-pox, and that he would be a Medical man, thoroughly conversant with the subject, and of high standing, that he might command the respect of the Profession.

b It is presumed also, that the contracts at present subsisting between the public vaccinators and their respective Boards of Guardians, will have been transferred to the Minister of Health; that is to say, that the vaccinators will continue to discharge their functions, as heretofore, subject, however, to the Board of Health, and no longer, in this respect, to the Guardians or to the Poor-law Board.

c It is presumed further, that the Minister of Health will have been empowered to enter into contract with, or to appoint any other qualified Medical men desiring to hold the office of public vaccinators.

d The first duty, then, of the Superintendent should be to see that in each Union of the kingdom there are provided proper facilities for vaccination, whether as regards—

The number of public vaccinators.
The number and position of the vaccination stations.
The arrangements of days and hours for vaccinations.
The arrangements for the inspection of the vaccinated.
The supply of good and efficient lymph.

And to take care that the public vaccinators are adequately remunerated.

e He would next devise a form of register to be kept by each public vaccinator, simpler and less troublesome than the present form, inasmuch as it would require only one entry to be made of each case, but which would show more definitely than at present the results of each operation. The names might be extracted from this register at stated times, and forwarded to the respective district registrars, and thus the cumbrous plan of a full duplicate certificate transmitted to the Registrar in each separate case dispensed with.

f He would organise a more just and efficient system for the registration of vaccinations which may have been performed by private Practitioners.

g He would, at short intervals (as every month or two months) (a), receive the returns of the numbers vaccinated in each vaccination district, and would compare them with the register of births. He would thus have his attention immediately called to those places in the kingdom in which vaccination does not proceed *pari passu* with the increase of population. The possibility of keeping small-pox altogether out of a district by thorough vaccination, has been demonstrated in the report of the Epidemiological Society(b); and it is only by such a step as that now suggested that it will ever be possible to prevent epidemics of small-pox.

h It would also be his special duty, in like manner, to see that proper provision was made for the vaccination of all unvaccinated immigrants; and he would endeavour eventually to secure such an extension of a good plan of vaccination to Scotland and Ireland as would abolish much of the risk now run by the inhabitants of this portion of the kingdom from persons immigrating thence.

i His duties would not merely extend to the providing for the performance of the operation of vaccination, but to the seeing that it was carefully and efficiently done. The necessity of extreme care in the performance of vaccination, and of watching it through its various stages, to render it an efficient safeguard against small-pox,—an original doctrine of Jenner,—has been dwelt on by a large number of Medical men throughout the Kingdom, with whom the Epidemiological Society had been in correspondence on the subject, and fears expressed by them that, in many instances, the necessary precautions have been unheeded. These views are corroborated by the researches of Mr. Marson, at the Small-pox Hospital, who has shown(c) not only that there is a great difference in the amount of protection afforded by vaccination, according to the care with which the operation has been performed, but that the vaccinations in England, while equal, or even superior, to those of France, have been far less efficaciously performed, on the whole, than those of Italy and Spain; still less than those of Germany, Sweden,

(a) *Vide* Report, p. 27-8, where the paramount importance of returns to a central Superintendent, at very short intervals, is shown, and illustrations are given of the results arising from neglect of this.
(b) Ibid, p. 12 and p. 88.
(c) Vide Medico-Chirurgical Transactions, 1854.

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Denmark, or Norway. The subject is one of extreme difficulty and importance, and quite impossible to be fully considered in a memorandum of the kind; but it forms manifestly one of the strongest arguments which can possibly be adduced for placing the superintendence of Vaccination in the hands of persons fully competent to deal with such questions in all their bearings.

k He should receive from the public vaccinators, and should solicit from the Medical Profession generally, a communication of all important facts observed with regard to the vaccine disease and its protective power; and he should thus, from year to year, accumulate knowledge of an authentic kind, which would probably solve many still disputed questions, *e.g.*, as to the necessity of the renewal of the vaccine protection after a certain period of life; as to the continued activity of the original stock of lymph, and the like.

l In concert with the National Vaccine Establishment, he would see that the vaccinators were duly supplied with good and effective lymph.

m In the repression of small-pox, his duty should be to communicate with, or, if necessary, to visit, any locality in which this disease might make its appearance in the epidemic form, to inquire immediately into the whole circumstances of the case, and to put in force all measures which might be required to arrest the pestilence. The possibility of arresting epidemics, after they have set in, by prompt and vigorous measures, has been abundantly shown, and a marked defect of the present system has been, that it has not been such as to insure either the promptness or the vigour necessary for the purpose. An efficient discharge of this duty, and of that imposed in paragraph *g*, would go far towards the annihilation of small-pox in this Kingdom.

n It would be his duty to put the law in force against persons improperly exposing themselves or their offspring before a sufficient time had elapsed after an attack of small-pox.

o The results of each year should be embodied in a Report, which should exhibit the state of small-pox and vaccination throughout the Kingdom.

The two concluding paragraphs forcibly urge attention to the above suggestions on the Legislature.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and receive certificates to practise, on Thursday, Feb. 15, 1855:—

BIGGS, ROBERT, Bath.

DONAHOO, THOMAS M., 3, Hatfield-place, Westminster-road.

HOAR, WILLIAM, Portsmouth.

APPOINTMENTS.

G. SELWYN MORRIS, Esq., of Guisbro', Yorkshire, has been appointed by Joseph Pease, Esq., Surgeon to his iron mines.

SHEFFIELD PUBLIC DISPENSARY.—Mr. S. Lawton, L.M. and M.R.C.S.E., has been appointed one of the Surgeon-Accoucheurs to this institution.

BEQUEST.

NEWCASTLE INFIRMARY.—Miss Thompson, of Newcastle, has bequeathed 50*l.* to this Institution, free of legacy duty; and 50*l.* has been received from Wm. Mather, Esq.

DEATHS.

ANDERSON.—Feb. 15, at Lyplatt Terrace, Cheltenham, in his 67th year, John Anderson, Esq., M.D., Deputy Inspector of Hospitals and Fleets.

CANE.—Feb. 14, at Uxbridge, William H. Cane, Esq., M.D., aged 40. M.R.C.S.E. 1842; L.S.A. 1843; M.D. Heidelberg 1853; Assistant-Surgeon 3rd Regiment Middlesex Militia; Medical Officer to Uxbridge and Eton Unions; formerly Apothecary to the Lock Hospital; Contributor to Medical Journals "On the Operation of Transfusion;" "On Foreign Bodies Lodged in Bronchial Tubes;" "Tracheotomy applied to Epilepsy."

CULLEN.—Feb. 7, at Upper Dolquhurn Cottage, Renton, Dumbartonshire, John Cullen, Esq., Surgeon, aged 64; Lic. Fac. of Phys. and Surgeons Glasgow, 1848.

GALLIMORE.—Feb. 12, at Chesterfield, William Gallimore, Esq., Surgeon, aged 50.

HODSON.—Jan. 15, at the Bloom, Canaan, Edinburgh, Dr. John Hodson.

HUME.—February 20, at his seat, Burnley Hall, Norfolk, Joseph Hume, Esq., M.P., in his 78th year. Although Mr. Hume was better known in political circles, as the consistent advocate of the particular views which he adopted on public questions, he yet, in his younger years, had earned for himself a reputation as a talented member of our Profession. Mr. Hume was born in Montrose, which he latterly represented in Parliament. Left fatherless at an early age, he was placed in one of the local schools, and, at 13, was 'apprenticed to a Surgeon at Montrose. He entered the University of Edinburgh in 1793; was admitted member of the College of Surgeons in 1796; and passed his examination at the College of Surgeons in London, for the India service, in 1797. In three years, we find him on the Medical establishment of the Bengal Presidency, and in this position he mastered the most important of the native dialects. During the Mahratta War he united the office of Interpreter to that of Surgeon. His great energy and perseverance enabled him to discharge with efficacy the threefold duty of Paymaster, Postmaster, and Commissary-General to an Army of 12,000 men; and at one time he had the Medical charge of six regiments. It is not surprising that such an one should be successful in life, and accordingly we understand that he gained a high reputation and honourably earned large emoluments, which enabled him, in 1808, to return to England, at 30 years of age, with a fortune of between thirty and forty thousand pounds.

JENINGS.—Jan. 29, at West Drayton, Middlesex, Hamilton Jenings, Esq., aged 46. L.S.A. 1837.

NEWTON.—Jan. 26, at Scutari Hospital, Second Class Surgeon Newton, of fever.

ROBINSON.—Feb. 17, at Stoke Newington, William Bernard Robinson, Esq., Surgeon, in his 65th year. M.R.C.S.E. 1813.

ROBLYN.—Feb. 10, at his residence, Cairo Lodge, Weston-super-Mare, Somersetshire, aged 75, Thomas Roblyn, M.D. He was Surgeon to the Bulldog sloop-of-war when on the coast of Egypt, and at the blockade and surrender of Malta in 1799. He was taken prisoner at Ancona, and on his release returned to Egypt, and was afterwards appointed Surgeon to the brigade of sailors co-operating with the Army on shore when Grand Cairo fell, for which service he received the Turkish Golden Medal, the Silver Sphynx, and, in 1850, the Queen's Medal. Dr. Roblyn returned to England as Surgeon of the Ulysses, paid off in 1802. He had served under Lords St. Vincent, Keith, Nelson, Sir Sydney Smith, and other Admirals. He finally practised as Surgeon and Physician for many years at Clifton, near Bristol, where he was highly and deservedly respected.

TYLER.—Feb. 12, at Stephen's Green, Dublin, Alexander Tyler, M.D., aged 36. M.D. Edin. 1840; Licentiate College of Physicians and Surgeons, Ireland, 1842; late Lecturer on Midwifery Original School of Medicine, Dublin; Member of Surgical and Obstetrical Societies, etc. Contributed paper on "Placenta Prævia," *Dublin Journal*; "Remarks on the Use of the Forceps, and Cases;" also, "Lectures on Midwifery," commenced in the *British Record of Obstetric Medicine*, together with "Reports of Cases," *Medical Times*.

YEOMAN.—Feb. 12, at Loftus, Cleveland, John Yeoman, Esq., Surgeon, very suddenly. M.R.C.S.E. 1819; L.S.A. 1818; Union Medical Officer and Public Vaccinator.

SIR JOHN FORBES has resigned the office of Medical Superintendent of the new Civil Hospital at Smyrna. We believe that Sir John's resignation took place on the 15th inst., at which time almost all the Medical arrangements were complete.

MEDICO-CHIRURGICAL SOCIETY.—We understand that notice has been given to the Council of the Royal Medical and Chirurgical Society of the following proposition to be brought before the General Meeting on the 1st of March next:—"That this meeting regrets the course taken by the Council in reference to the Amendment adopted at the last Annual Meeting; and that, inasmuch as great dissatisfaction prevails in the Society in consequence of the manner in which the question involved in that Amendment was settled by the Council, this meeting is of opinion, that an opportunity should be given to the Fellows at large of determining by ballot whether the recommendation contained in that Amendment should or should not be carried out." The following have also been proposed as new bye-laws:—"1. That no Resolution carried by way of original motion, or as an amendment, at the Annual General Meeting

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(except Resolutions with respect to the election of the Council, and other prescribed matters, and usual business of such meeting), or any other General Meeting, of which notice shall not have been given in the Circular summoning such meeting, shall be binding on the Society or Council, until such Resolution shall be confirmed by a Special General Meeting, to be convened within fifteen days of the meeting at which such Resolution shall have been carried, by notice from the Council, stating the object of such meeting, and the Resolution or Resolutions to be proposed for confirmation; and such notice shall be sent to all the Fellows at least five days previous to such meeting; and no question shall be discussed at such meeting, of which notice shall not have been given in the summons. 2. Upon the requisition of twenty or more Fellows, such requisition to be signed by the Fellows making the same, and to contain the motion or motions intended to be proposed at such meeting as next hereinafter mentioned, the Council shall within twenty days after the delivery of such requisition convene a Special General Meeting of the Society, for the purpose of considering and adopting or rejecting such motion or motions, by notice to be sent to all the Fellows seven days at the least before such meeting, stating the object of such meeting, and the motion or motions intended to be proposed; and no other question shall be discussed at such meeting, or at any adjournment of such meeting, which shall not have been distinctly stated in the requisition for the General Meeting; and any motion which shall have been adopted or carried at such General Meeting shall be binding on the Society without any further confirmation."

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—In consequence of the approaching opening of the new wing of this Hospital, the Medical staff has been augmented by the election of Dr. Cotton and Dr. Quain, the Assistant-Physicians, to the offices of Physician. Two appointments have thus become vacant. This Hospital will shortly accommodate 220 in-patients.

LYING-IN HOSPITAL, MANCHESTER.—Great efforts are making to raise a fund for the erection of a suitable building for this Institution; and we are happy to hear that a few days ago Dr. Radford and Alderman Agnew received from Miss Atherton, of Kersall, a cheque for 500*l.* as her subscription.

THE KENT BENEVOLENT MEDICAL SOCIETY.—The members of our Profession in Kent still liberally maintain their excellent Society for the Relief of Widows and Orphans of Medical Men. Their Sixty-seventh Annual Report, now before us, shows an encouraging state. It appears that there are at present six widows and one orphan in receipt of allowances, among whom no less a sum than 255*l.* is annually divided.

ROYAL MEDICAL SOCIETY OF EDINBURGH.—The annual dinner of this Society, now in the hundred and eighteenth year of its existence, was held on February 15; Mr. J. Jardine Murray, Senior President, occupied the chair, and Mr. Henry Marshall, Annual President, officiated as croupier. There were present several of the Professors of the University, and many distinguished members of the Medical Profession in Edinburgh. The Chairman, in proposing the toast of the evening, said: Regarding the present condition of the Society, it is unnecessary to say much. The aspect of its affairs is in all respects most cheering. Since November, a greater number of new members has been added to its ranks than during any previous session for many years. The number of my fellow-members whom I now address affords convincing evidence of its prosperity, and the high positions which not a few of them occupy gives satisfactory proof of its usefulness. (Cheers.) But it is only by the energy of attending members that the dignity and reputation of the Royal Medical Society can be upheld. The other toasts were, "The University of Edinburgh," and "Professor Christison," to which Professor Christison responded; "The President of the Royal Medical Society," "The Royal College of Physicians," and "The Health of Dr. Begbie, President," "The Royal College of Surgeons," and others.

HEALTH OF GLASGOW.—From an interesting statistical Report, by Dr. Strang, the City Chamberlain, the following facts may be deduced:—Assuming the population to be 396,000, last year the mortality was excessive, amounting to no less than 1 in 24·2. This, however, was owing to cholera and diarrhœa, which carried off 4612 victims. During the last seven years, taking the Census year as the mean of population of the whole period, the average of deaths was 1 in 29. This included two visitations of cholera. In the Census year itself, which may be considered a fair average twelvemonth, the deaths were only as 1 to 33·5. Last year, when the mortality was 1 in 24·2, was, it seems, "the most fatal to life in this city since the year 1847, when the Irish famine-fever raged among us." As usual, the sufferers were chiefly under five years of age, the infantile mortality having amounted to 40·83 per cent., of the whole deaths during the year. Cholera extended over the whole year, having reached its height in August, in which month the deaths were 1023, and disappeared in Dec. Of children's diseases, the most fatal was hooping-cough, the next scarlatina, then measles, then croup. The Tables show 467 deaths from small-pox, which Dr. Strang attributes to the neglect of vaccination among the labouring Highlanders and Irish. Regularly, every year, consumption claims 2133 victims, (taking the average of seven years,) being "more than one-half of the number which the cholera has carried off at each of its three visits to this city." This disease has much increased in this locality since the close of the last century; for while, on examining the Bill of Mortality for 1775, Dr. Strang found that out of a population of 43,000, there had only 161 died of phthisis, or 1 in 267, there died last year 2350, out of an assumed population of 396,000, or 1 in 168.

DUBLIN HOSPITAL GRANTS.—The estimate for the Medical Educational Institutions of Dublin is to be framed this year without the 10 per cent. abatement which was threatened.

THE ARMY ESTIMATES.—The Medical item for the land forces in the estimates for the financial year ending 31st March, 1856, is 164,015*l.* for hospital expenses at home and abroad, including medicines and allowances to private Practitioners, out of a gross sum of 7,858,804*l.* For Militia Hospital expenses the vote is 5000*l.*

POOR-LAW MEDICAL EXPENSES IN IRELAND.—In the year ending September, 1853, there was expended for drugs, surgical apparatus, vaccination, Medical Officers' salaries, and dispensary charges, 135,272*l.*, out of a total expenditure of 819,621*l.* The weekly cost of Officers' salaries and rations (*except Medical Officers*) was 2343*l.*

THE DIETARY WANTS OF OUR SOLDIERS IN THE CRIMEA.—A letter from Mr. W. Hanbury, the Surgeon in charge of the General Hospital at Balaklava, gives the following enumeration of articles most required:—"I believe I may say, in a word, that what we most require is food of a proper description to preserve the soldier in a state of health; of biscuit and salt meat there have always been more than enough, and each good in its way, but they have proved inadequate to maintain the Army in a healthy condition; fresh meat and vegetables, preserved meats and soups, preserved potatoes, spinach, and other vegetables; lime-juice and lemon-juice, port-wine and brandy, may therefore be enumerated as necessary, and some of them, at least, must be embraced in the daily diet of the soldier before any salutary change in the health of the troops can be reasonably hoped for. There are, I am informed, large quantities of linen and lint in the stores here [another testimony to our repeated asseveration], and of these articles, I believe, there is ample abundance to meet the very largest demands."

THE INVALIDED FROM THE EAST.—We are informed, that, among those sent home from the Hospitals in the East, there have not as yet been many cases which would be of any clinical interest if admitted into our London Institutions. The majority are reported to be all but well, and a few requiring removal of necrosed bone would perhaps be all that could be made "illustrative of Military Surgery." In Hospitals which have Schools attached, the interests of the public require that the interests of the students shall always be considered paramount; we therefore hope that the Institutions which have offered to set apart wards for the reception of the class of cases alluded to will be careful that they do not do it to the exclusion of more important ones.

WEST INDIES.—4500 cases of cholera have taken place at St. Kitt's since November last. Jamaica, by the last accounts, was healthy.

TEACHING OF PHYSIOLOGY.—At a meeting of the Governors of George Heriot's Hospital on Thursday week, the Rev. Dr. R. Lee moved, in accordance with an intimation given at a previous meeting—"That a Committee be appointed to consider the propriety and practicability of instructing the boys in the Hospital and the scholars in the Foundation Schools in physiology and the laws of health, and other matters connected with the physical well-being of the community." In testimony to the value of such a course, he read a document signed by all the most eminent Professors and Medical men in London, including Sir James Clark, Sir Henry Holland, Sir John Forbes, Dr. Paris, Professor Owen, Dr. Southwood Smith, Dr. B. Todd, and a whole list of great names. "Our

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opinion having been requested as to the advantage of making the elements of human physiology, or a general knowledge of the laws of health, a part of the education of youth, we, the undersigned, have no hesitation in giving it strongly in the affirmative. We are satisfied that much of the sickness from which the working-classes at present suffer might be avoided; and we know that the best-directed efforts to benefit them by Medical treatment are often greatly impeded, and sometimes entirely frustrated, by their ignorance and their neglect of the conditions upon which health necessarily depends. We are therefore of opinion that it would greatly tend to prevent sickness and to promote soundness of body and mind, were the elements of physiology in its application to the preservation of health, made a part of general education; and we are convinced that such instruction may be rendered most interesting to the young, and may be communicated to them with the utmost facility and propriety in the ordinary schools by properly instructed schoolmasters." Dr. Lee's Resolution was unanimously adopted, and a Committee appointed to see that it was carried out.

INCREASE OF LUNACY.—In the City of London, without any increase of population, the number of lunatic poor is said to have doubled within the memory of some of the guardians. A newspaper paragraph says—"Some are inclined to attribute this to excess of eagerness and strife in commercial pursuits or in mental exertions; others to diet; and some partially to the effects of railway travelling."

POISONING BY AN OVERDOSE OF MORPHINE.—Mr. Tristram Whitter, described as a Medical gentleman of Bath, has died through the mistake of a chemist's junior assistant, who made up a draught containing six grains of the acetate of morphine, instead of six drops, as per prescription. He has been committed on a charge of manslaughter.

SUDDEN DEATHS.—At a recent inquest before Mr. Brent, Deputy Coroner for Middlesex, it was stated that on Monday week the Coroners for Middlesex had a list of twenty-seven inquests to be held, the majority of them on people who had died suddenly.

MORTALITY NOTABILIA.—In the week that ended on Saturday the deaths of 1475 persons, namely, 741 males and 734 females, were registered in London. The mortality has in the last two weeks exhibited a decrease, but is still much above the ordinary amount. In the ten corresponding weeks of 1845-54, the average number of deaths was 1086, which, raised for increase of population, becomes 1195; excess last week, 280. The average temperature of the ten corresponding weeks was 36·5°; the temperature of last week is no less than 11·1° below that value, and it is also below the temperature of any week in the series, in which the coldest weeks were those of 1845 and 1847, when the mean temperatures were 29° and 26°. While upwards of 100 persons died in the first, third, and fourth vicenniads of life from diseases of the respiratory organs, only 33 deaths occurred among young men and women between 20 and 40 years of age. Bronchitis was fatal in 218 cases, pneumonia in 114, asthma in 42, phthisis in 159, hooping-cough in 77, and influenza in 10 cases. Small-pox carried off 29 children and 4 adults. This disease prevails much in Plumstead.

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	1	0	7	20	6	10
North	490,396	7	5	11	19	4	8
Central ..	393,256	7	4	4	13	2	8
East.....	485,522	10	3	13	16	0	8
South	616,685	8	8	14	9	8	12
Total..	2,362,286	33	20	49	77	20	46

BIRTHS.—The births of 903 boys and 912 girls, 1815 children, were registered; average, 1461.

METEOROLOGY AT GREENWICH.—Mean height of barometer 29·518 in. The reading increased to 29·85 by 9 h. a.m. on Friday; and, after decreasing, rose to nearly the same value by the end of the week. Mean temperature 25·4°—13·3° below the average of 38 years. Mean daily temperature 12·7° below te average on Sunday, and on following days the depression; was 9·4° on Monday; 13·2° on Tuesday; 14·2° on Wednesday; 12·3° on Thursday; 14·4° on Friday; and 17·2° on Saturday. Highest temperature in week on Sunday, 36·5°; lowest on Wednesday, 13·8°. Early on the morning of Sunday, the 11th, the temperature was so low as 7° in Greenwich. Mean dew-point temperature, 21·8°; difference between this and mean air temperature, 3·6°. Mean temperature of the Thames, 34° for the first five days; afterwards, the instruments could not be raised, on account of thick ice. Wind north, except on Friday. Horizontal movement of air, 405 miles. Electricity positive, and tension strong.

METEOROLOGICAL REPORT FROM BALAKLAVA. — The following particulars are furnished by Mr. Pearce, Assistant-Surgeon of H.M.S. Diamond:—

Date.	Temperature of the Open Air in the Shade.			Barom. Medium.	General Direction and Force of Wind.	
	8 a.m.	3 p.m.	8 p.m.		A.M.	P.M.
Jan.	°	°	°	°	1	1
26	28	46	33	29·94	N.N.E. 1 to 3	S.S.W. 2
27	41	48	40	29·57	N. 1 to 3	S.S.W. 1
28	41	41	35	29·51	S.S.W. 2	N.N.E. 2
29	30	38	38	29·52	Northerly. 3	N.N.E. 4
30	32	35	35	29·50	N.N.E. 2	N.N.E. 2
31	34	36	36	29·56	N.N.E. 1	N.N.E. 2
Feb. 1	35	45	41	29·60	N.N.E.	S.S.W.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending Feb. 17:—

	Males.	Females.	Total.
Workhouses...	86	94	180
Prisons	...	...	...
Military and Naval Asylums ...	4	...	4
General Hospitals	32	28	60
Hospitals for Special Diseases ...	4	2	6
Lying-in Hospitals	...	5	5
Military and Naval Hospitals ...	11	...	11
Hospitals for Foreigners, etc. ...	...	...	...
Lunatic Asylums	5	2	7

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, February* 17, 1855.

CAUSES OF DEATH.	In the week ending Saturday, Feb. 10, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp ° 25·4						° 36·5
ALL CAUSES	1475	658	198	255	302	62	1086·2
SPECIFIED CAUSES	1470	654	198	254	302	62	1079·3
DISEASES:—							
1. Zymotic Class	289	234	20	15	17	3	214·8
2. Dropsy, Cancer, and others of uncertain seat	46	4	9	16	16	1	47·1
3. Tubercular Class	216	88	82	42	9	..	180·9
4 Of Brain, Nerves, etc. ..	188	64	13	23	36	2	128·0
5. Of Heart, etc.	62	6	9	25	19	3	43·4
6. Of Respiratory Organs ..	395	132	33	101	112	17	225·6
7. Of Digestive Organs ..	67	27	8	10	21	1	62·0
8. Of Kidneys, etc.	16	..	4	9	3	..	12·0
9. Of Uterus; viz. — Puerperal Disease, etc. ..	10	..	8	1	1	..	10·3
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	9	4	2	2	1	..	8·6
11. Of Skin, etc.	4	1	..	..	3	..	1·4
12. Malformations	4	4	..	..	..	..	3·2
13. Debility from Premature Birth, etc.	45	45	..	..	..	..	27·4
14. Atrophy	41	28	..	2	11	..	21·5
15. Age	83	..	..	..	48	35	52·2
16. Sudden	15	3	4	2	1	..	10·8
17. Violence, Privation, etc...	20	14	6	6	4	..	29·2

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BOOKS RECEIVED.

The Progressive System of Medical Education. Philadelphia.

A Letter on Metropolitan Sepulture. By Sir Richard Brown, Bart.

Annual Report of Kent Benevolent Medical Society.

Annual Report of the Manchester Royal Lunatic Hospital.

A New Plan of Treating Ununited Fracture. By Henry H. Smith, M.D., Philadelphia. With eight woodcuts. Extracted from the American Journal of the Medical Sciences for January, 1855.

Positive Medical Agents. Being a Treatise on the new Alkaloid, Resmoid, and Concentrated Preparations of Indigenous and Foreign Medical Plants. By Authority of the American Chemical Institute, New York.

TO CORRESPONDENTS.

Dr. McN., Cork.—Your note needed no apology. It is always a pleasure to us to receive questions from our Correspondents, and to afford them, in return, the best information we possess. You are right in believing that chloroform is not extensively used in the midwifery practice of this Metropolis. The bulk of English Practitioners, indeed, look with great suspicion on its employment. It is quite otherwise in Edinburgh and in many parts of Scotland, where, perhaps, its omission is almost exceptional. Much of the chloroform used in London is made in Edinburgh, which arises probably from the privilege the Scotch possess in manufacturing spirits without duty.

An Apprentice.—Although strongly disapproving of the apprenticeship system as a whole, we can by no means go the full length of your complaints. Make a good use of your time, and you may pick up much that will be of future advantage. The cases you are obliged to attend may be made to afford you much instruction, even although you have not as yet heard lectures on Medicine. Have good text books, and con them well. Remember, "the man makes the occasion;" "the mind is its own place."

A Hater of Humbug, etc., will observe that we exercised a wise discretion in not publishing their letters. The "Illustrated News" of Saturday last states that Mr. T. Wakley did not address the letter to the Editor of that paper, but that it was extracted from the "Lancet," and the heading altered without Mr. Wakley's knowledge.

A. O. C., etc., etc.—The praise bestowed by the general Press on the movement alluded to is to be regarded as resulting naturally from the contemplation of a novel and generous deed, and not from any wish "to underrate the Medical Profession."

A First-Class Staff Surgeon, (card enclosed,) sends us the names of three gentlemen who, if constituted a Committee for the purpose, "could remodel the Army Medical Department in a month." His selection is good, but we are not yet installed at the War Office. We most fully agree with him as to the need for a subordinate Medical Department—dressers, clerks, dispensers, etc. The paucity of the authentic Medical news which has yet reached England from the East must have been noticed by all; yet it cannot be wondered at, when it is remembered what the Surgeons there on duty have had to do.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you oblige me by correcting an inaccuracy of some importance, which appears in your report in to-day's Journal, of what I stated at the Medical Society of London, Feb. 10, respecting the operations of Mr. Syme and Mr. Reybard, for stricture of the urethra.

I am reported as saying, that "I had *seen* Syme's operation performed with success, but thought it should only be resorted to in very exceptional cases."

Instead of this, I stated, that, "having had considerable opportunities of treating stricture, I had felt myself warranted in performing Mr. Syme's operation on two occasions, and in both instances with complete success," adding, that "I believed it a valuable means of cure for some of the most obstinate forms of the complaint." I am, etc.

16, Wimpole Street, Cavendish Square, Feb. 17, 1855. HENRY THOMPSON.

Mr. Bonstead.—1. L'Union Medicale. 2. Baillière, Regent-street.

Mr. Day.—Your communication shall be inserted at the earliest opportunity.

Mr. Lacy's interesting cases have been received, and shall be inserted.

A Young Surgeon.—See Mr. Churchill.

Mr. Amyot's letter shall appear next week, if possible.

Mr. Wiffen.—Your extract is excluded this week from want of space.

The Students of the Middlesex Hospital have held a meeting respecting the grievances of the Naval Assistant-Surgeons, and adopted some judicious Resolutions. We are unable to publish them this week, but, in the meantime, highly approve the movement.

A Subscriber, Tiverton.—1. Yes. 2. £450 a-year. 3. No uniform is required. 4. We believe there are yet vacancies.

The following Communications, among others, stand over:—A Clinical Lecture, by Professor PARTRIDGE; A Paper, by Dr. RIGBY; one by Dr. SIEVEKING; a Lecture by Mr. TOYNBEE; etc. etc.

COMMUNICATIONS have been received from—

Mr. EDMUND CARVER; Mr. MAURICE; Dr. McN.; Mr. FERNE; Dr. COTTON; Mr. SIBLEY; AN APPRENTICE; A HATER OF HUMBUG; L. A. C.; Mr. WILSON; A. O. C.; A SUBSCRIBER, Tiverton; Mr. STRETTON, St. Bartholomew's Hospital; Mr. LACY, Poole; Mr. COULCHER, West Norfolk and Lynn Hospital; Mr. FOX; Mr. CHATTO, the College of Surgeons; Mr. HOLMES, St. George's Hospital; Mr. AMYOT, Diss, Norfolk; Mr. WIFFEN, near Woburn; A COUNTRY SUBSCRIBER; THE HON. SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; Mr. GABB, Bewdley; Mr. HENRY THOMPSON; Mr. J. M. HUNTER; Mr. HILLIER, University College Hospital; A FIRST-CLASS STAFF-SURGEON; Mr. BONSTEAD, Edinburgh; A YOUNG SURGEON; Mr. DE MORGAN; Mr. CURLING; Mr. DAY, Stafford (with enclosure); Mr. WILKINSON; etc.

APPOINTMENTS FOR THE WEEK.

FEB.—MARCH.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
24. SATURDAY....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	*Medical Society of London*, 8 p.m. *Royal Institution*, 3 p.m.: Dr. J. H. Gladstone, "On the Principles of Chemistry." *Pathological Society of Dublin*, 4 p.m. *Royal Botanic Society*, 8¾ p.m.
26. MONDAY		
27. TUESDAY	Operations at Guy's, 1 p.m.	*Royal Medical and Chirurgical Society*, 8½ p.m. *Royal Institution*, 3 p.m.: Professor Tyndall, "On Electricity." *Zoological Society*, 9 p.m.
28. WEDNESDAY ..	Lumleian Lectures at the Royal College of Physicians, 4 p.m.: Dr. Copland, "Of the Metamorphosis and Waste of Blood-globules, and of the Depuration of the Blood in Disease." 3rd Anniversary Festival of the Medical Benevolent College, London Tavern. Earl of Carlisle. Operations at University College Hospital, 2 p.m. (Mr. Quain on his visiting days); St. Mary's, 1 p.m.	*Microscopical Society*, 7 p.m. Anniversary. *Royal Society of Literature*, 4½ p.m. *Hunterian Society*, Blomfield Street, 8 p.m.: Mr. Callaway, "On a Case of Popliteal Aneurism, Complicated with a Wound."
Thurs., MARCH 1.	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	*Royal Society*, 8½ p.m. *Royal Institution*, 3 p.m.: Mr. W. B. Donne, "On English Literature." *Royal Medical and Chirurgical Society*, 4 p.m. Anniversary. *Zoological Society*, 3 p.m. *Photographic Society*, 8 p.m. *North London Medical Society*, 7½ p.m.: Mr. Norman, "On a Recent Case of Gunshot Wound."
2. FRIDAY	Lumleian Lectures at the Royal College of Physicians, 4 p.m.: Dr. Copland, "Of the Metamorphosis and Waste of Blood-globules, and of the Depuration of the Blood in Disease." Operations at the London, 1½; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	*Medical Society of London*, 8 p.m. Meeting of Council. *Western Medical and Surgical Society of London*, 8 p.m. *Royal Institution*, 8½ p.m.: Dr. J. Stenhouse, "On the Economical Application of Charcoal to Sanitary Purposes." *Botanical Society*, 8 p.m.

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JOHN PROPERT, ESQ., 6, NEW CAVENDISH STREET.

The Council of the MEDICAL BENEVOLENT COLLEGE beg to remind their Professional Brethren, that the THIRD ANNIVERSARY FESTIVAL will take place on WEDNESDAY NEXT, the 28th inst., at the LONDON TAVERN, under the Presidency of the

THE RIGHT HONOURABLE THE EARL OF CARLISLE, K.G., F.R.S.

It is hoped that those Members of the Profession who have not yet contributed towards the Funds of the College will avail themselves of the opportunity afforded by the Festival to assist the Council in their exertions to open this much-needed Institution in June next.

Those Gentlemen who purpose attending the Festival are earnestly requested to forward their names to the Treasurer or Secretary as early as possible, in order that seats may be reserved.

TICKETS, ONE GUINEA Each, may be had on application at the Office of the College, and at the London Tavern, Bishopsgate-street.

By order of the Council,

EDWARD HENRY SIEVEKING, M.D., Honorary Secretary.
HERBERT WILLIAMS, Assistant Secretary.

Office, 37, Soho-square, February 21, 1855.

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GEORGE BEAMAN, Esq., M.D., F.R.C.S., Deputy-Chairman.

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N.B.—Active and influential AGENTS WANTED.

Dr. Stenhouse's Charcoal Orinasal

RESPIRATOR.—The terms in which the form of this instrument was described in that Gentleman's letter in the "Times" of the 23rd November, being closely applicable to the original instrument of Mr. Jeffreys, the latter was misled into supposing it, and referring to it in a note in a recent circular, as being, in form, not only a general but an exact counterpart of his instrument, from which its name is taken. He now finds, that while both instruments sit below, and do not cover the nostrils, the charcoal one is connected to them by a different attachment. Mr. Jeffreys has preferred a nose-cap resting on the nasal bones, and not pressing against the soft alæ, nor thus exciting or receiving upon it any nasal discharges. Whichever form may be considered preferable, Mr. Jeffreys is desirous of correcting a remark made under a misapprehension.

Kingston-hill, February 20, 1855.

Caution.—Charcoal Respirators.—

Owing to an Unprincipled Person advertising himself Manufacturer of Charcoal Respirators, W. B. ROOFF, 8, WILLOW-WALK, KENTISH TOWN, begs leave to state, that he is the only authorised Manufacturer of that invaluable Invention of Dr. Stenhouse, of St. Bartholomew's Hospital, for Asthma, Delicate or Diseased Lungs, Fetid Breath. Also as a Preventive against Fevers, Cholera, etc. None are genuine unless stamped with his name. There are three kinds—one Oral, for general use, and two Orinasal, for infected atmospheres and chemical establishments. Prices, 6s., 8s., and 10s.; post 6d. extra. Respirators from 2s. 6d. each. To be had as above; also of Mr. Maw, 11, Aldersgate-street; and Messrs. Butler and Harding, 4, Cheapside.

Bland and Long, Philosophical and

CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d., 8s. 6d., 15s., and 30s. each.

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T. H. TANNER, M.D., L.R.C.P.,

Physician to the Hospital for Women, Author of "Memoranda on Poisons," "A Manual of the Practice of Medicine," etc., etc., etc.

Dr. Tanner presents his compliments to Messrs. Ansar, Harford, and Co., and begs to thank them for the copy of Dr. de Jongh's Treatise which they have kindly sent him.

Dr. Tanner has employed Dr. de Jongh's Oil extensively, both in private and Hospital practice for some months past, **having found that its medicinal powers are apparently greater than the ordinary Cod-Liver Oil, that it creates less nausea, and that it is by no means unpalatable.**

10, Charlotte Street, Bedford Square, Jan. 25, 1855.

CHARLES COWAN, M.D., L.R.C.S.,

Senior Physician to the Royal Berkshire Hospital, Consulting Physician to the Reading Dispensary, Translator of "Louis on Phthisis," etc., etc., etc.,

Dr. Cowan is much obliged to Dr. de Jongh for a copy of his valuable work on Cod-Liver Oil, forwarded to him by Messrs. Ansar, Harford, and Co., and is glad to find that the Profession has some reasonable guarantee for a genuine article.

The material now sold varies in almost every establishment where it is purchased, and a tendency to prefer a colourless and tasteless Oil, if not counteracted, will ultimately jeopardise the reputation of an unquestionably valuable addition to the Materia Medica. Dr. Cowan wishes Dr. de Jongh every success in his meritorious undertaking.

Reading, Berks, Jan. 26, 1855.

Extract from an Article "On the Origin and Treatment of Chronic Diseases of the Skin," in the

"ASSOCIATION MEDICAL JOURNAL," Jan. 5, 1855,

BY

THOMAS HUNT, ESQ., F.R.C.S.,

Surgeon to the Western Dispensary for Diseases of the Skin, etc., etc., etc.

"In emaciated or strumous subjects, Dr. de Jongh's Light-Brown Cod-Liver Oil is highly useful. This Oil, though somewhat more expensive, goes three times as far as any other I have tried.

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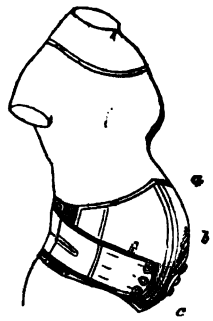

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will be found, from its mechanical arrangement, acting diagonally, and producing the required support for the lower part of the Abdomen, to be the most complete and comfortable arrangement ever invented. It is extremely light, weighing only 4 oz. Price 18s.

Measures required. — Circumference at A, B, and C; depth from A to C.

A discount of 20 per cent. to the Profession.

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Fig 1.

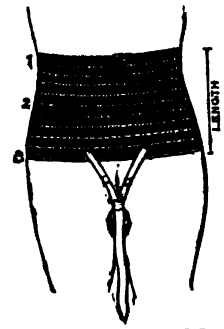

Fig. 2.

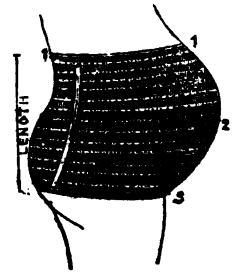

Fig. 1. BELT and AIR-PAD for PROLAPSUS UTERI or ANI.—Mr Bourjeaurd begs to state, that the apparatus here figured has been found extremely useful in cases of prolapsus uteri or ani, and with patients, especially females, who require support for the perinæum. The compressing agent is a caoutchouc bag, filled with air; it is in the diagram hanging loose in front of the patient, and is fixed in its place by the strips of elastic tissue, the free extremity of which is seen. The latter is fixed to the lower and posterior margin of the belt, and by the elasticity of the bag and straps, sufficient compression is made, and not the slightest uneasiness is experienced. This is a most valuable adjunct to surgical and obstetrical practice, and is highly appreciated by the most eminent members of the Profession.

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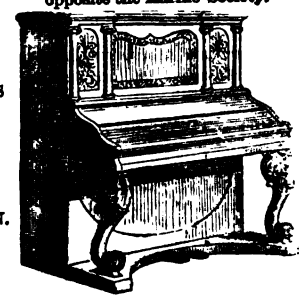

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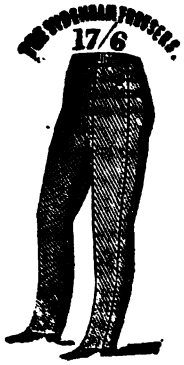

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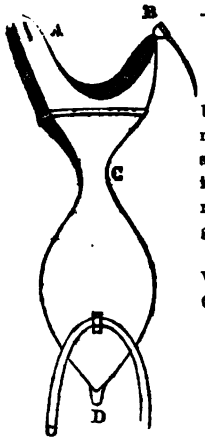

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Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

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"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"Honorary Surgeon to the Royal Free Hospital, etc., etc.

To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

"ANDREW SMITH, M.D.,

"Deputy Inspector-General of Hospitals.

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Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s., 5s., and 10s. each.

Newfoundland Cod-Liver Oil is

made from the Livers of the true Cod, "Morrhua Vulgaris," and not from the "Dorse Gadus Callarius," the variable Cod of Northern Europe.

For many years the undersigned have devoted their personal attention solely to the manufacture of this valuable Medicine. By extreme care in the selection of fresh and healthy livers, and the employment of appropriate and extensive machinery, they are enabled to supply the trade with PALE OIL, as it exists naturally in the membranous cells of the liver of the cod. They have thus succeeded in preventing the Oil assuming a brown colour, which is invariably the result either of excessive heat or putrescence.

The undersigned recommend as tests for Cod-liver Oil the following:—1st. By mixing together on an earthenware slab 25 drops of the oil with 2 drops of sulphuric acid, a deep purple (not red or brown) colour should be produced. 2nd. Take clean slips or spills of writing paper, dip them into the samples under examination, hold them for a second or two in a bright fire, taking care not to char or smoke them. The sense of smell will then at once reveal the relative quality of the samples, and a practised nose will detect an inferior or an admixture of other oils.

Observe, the following characteristics of our Oil are still maintained, namely, paleness of colour, without any bleaching process, absence of unpleasant smell, and agreeable sweetness of taste, which occasions no nausea or heat in the throat.

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Institution for the Insane, Coton- HILL, STAFFORD.—President—The Earl of HARROWBY.—This Institution, established for the Insane of the Higher and Middle Classes, under the supervision of a Committee of Magistrates and Subscribers, is now ready for the reception of Patients.—For Forms of Admission, and other particulars, apply to the Superintendent, Dr. Hewson, Coton-hill, Stafford.

Hampshire County Hospital, Win- CHESTER.—Wanted, a Resident APOTHECARY and SECRETARY, who must be M.R.C.S.E., and L.A.C., and unmarried. Diplomas and Testimonials must be sent to the Chairman of the Committee on or before Wednesday, April 11.

Winchester, Feb. 14, 1855.

House-Surgeon Wanted for the Northern Infirmary, Inverness. Salary, £30 per annum, with Rooms in the Institution, and Board and Washing. Applications and Certificates must be lodged with Alex. Mactavish, Town-Clerk, Inverness, on or before the 28th February current.

JAMES SUTHERLAND, Chairman.

Inverness, 1st February, 1855.

Physicians' Assistant and Apothe- CARY.—The Committee of Management of the SEAMEN'S HOSPITAL SOCIETY Give Notice, that they will be ready, until the 1st day of March next, to receive Testimonials from such Licentiates of the Apothecaries' Company, or Doctors or Bachelors of Medicine of some British University, not less than 21 years of age, and unmarried, as may wish to become Candidates for the above appointment. Particulars of duty, &c., may be known on personal application only, at this Office.

S. KEMBALL COOK, Secretary.

Society's Offices, 74, King William-street, London,
Feb. 17, 1855.

Lincoln County Hospital.—Wanted, a HOUSE-SURGEON, who must be M.R.C.S. Eng., and L.A.C., under 40 years of age, unmarried, and a Member of the Church of England. Salary £100 per annum, with board and lodging. He will be required to hold the appointment for three years at the least. Testimonials as to qualification and character are to be sent to the Weekly Board before Monday, the 26th March next. Further information and particulars may be had on application to J. W. Danby, Secretary.

The Election will take place at the Hospital on Thursday, April 5, 1855, at Twelve o'Clock at noon.

Lincoln, 19th Feb., 1855.

Liverpool Southern and Toxteth HOSPITAL.

WANTED, a JUNIOR HOUSE-SURGEON. Salary, 50 Guineas per annum, with Board and Lodging in the Hospital. Candidates are required to have the Diploma of one of the Royal Colleges of Surgeons, and the Licence of the London Society of Apothecaries.—Applications, with Testimonials, to be addressed to James Houghton, Esq., Treasurer, at the Hospital, on or before SATURDAY, the 3rd MARCH.

N.B. The Candidates whose testimonials are satisfactory will have notice to appear before the Medical Board on or before the Day of Election.

Medical Union Officer Wanted.— CHEPSTOW UNION, MONMOUTHSHIRE.—The Guardians of the above Union will, at their Meeting, to be held at the Board-room, Chepstow, on Saturday, the 10th day of March next, at Eleven o'Clock in the Forenoon, proceed to the Election of a MEDICAL OFFICER for the Caldicot and Shirenewton district, vacant by the decease of the late Wm. Bradford, Esq. The salary is £85 per annum, with the extra Medical, Vaccination, and Midwifery Fees. Applications, with testimonials, addressed to the Guardians, to be forwarded to the Clerk, Union-office, Chepstow, on or before the 10th March next, of whom any further particulars may be obtained.

By order of the Board,

WM. COOPER, Clerk.

Union-office, Chepstow, Feb. 19, 1855.

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By order of the Weekly Board,

BENJAMIN SMITH, Secretary.

Wolverhampton, January 30, 1855.

London: Printed by WILLIAM TYLER, of 5, 6, and 7, Bolt-court, Fleet-street, in the City of London; and published by JOHN CHURCHILL, at the Publishing Office, No. 11, New Burlington-street, in the Parish of St. James's, in the City of Westminster.—February 24, 1855.

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The Medical Times and Medical Gazette incorporated.

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All natural-born subjects of Her Majesty between 22 and 28 years of age, and of sound bodily health, may be candidates for admission into the service of the East India Company as Assistant-Surgeons.

They must subscribe and send in to Dr. Scott, the Physician to the Honourable East India Company, ten days before the period fixed for each examination, a declaration to the following effect:—

"I (Christian and surname at full length), a candidate for employment as an Assistant-Surgeon in the service of the East India Company, do hereby declare that I was years of age on the day of last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a Medical officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment."

This declaration must be accompanied by the following documents:—

1. Proof of age, either by extract from the register of the parish in which the candidate was born, or by his own declaration, pursuant to the Act 5 and 6 William IV., cap. 62.

2. A certificate of moral character from a magistrate, or a minister of the religious denomination to which the candidate belongs, who has personally known him for at least two preceding years.

3. A diploma in surgery; or a degree in medicine, provided an examination in Surgery be required for such degree; from some body competent by law to grant or confer such diploma or degree.

4. A Certificate of having attended Two Courses of Lectures, of Six Months each, on the Practice of Physic, and of having attended, for Six Months, the Practice and Clinical Instruction of the Physicians at some Hospital containing at least, on an average, one hundred in-patients; or of having attended One Course of Lectures, of Six Months, on the Practice of Physic, and Clinical Instruction for Twelve Months.

5. A Certificate of having attended, for Three Months, the Practical Instruction given at one of the Public Asylums for the Treatment of the Insane.

6. A Certificate of having attended, for Three Months, one of the Institutions, or Wards of an Hospital, especially devoted to the Treatment of Ophthalmic Disease.

Candidates who may not have been able to attend the practice of an asylum for the insane, or of an ophthalmic hospital, for three months previous to their offering themselves for examination, will not be excluded from examination, but will, if successful in obtaining recommendation for appointments, be required to produce certificates of having attended such practice during the interval between the examination and the time of proceeding to India.

7. A certificate of having attended a course of lectures on midwifery, and of having conducted at least six labours.

8. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any courses of lectures, in addition to the above. Attendance on a course of military surgery, and the practical study of surgical operations on the dead body, are recommended.

The Examination will include the following subjects:—

1. Surgery in all its departments.
2. Medicine, including the diseases of women and children, Therapeutics, Pharmacy, and Hygiene.
3. Anatomy and Physiology, including Comparative Anatomy.
4. Natural History, including Botany and Zoology.

The following are the books recommended in

Zoology and Comparative Anatomy—

Outlines of the structures of the Animal Kingdom, by Rymer Jones.

Cours Elementaire d'Histoire Naturelle, par Milne Edwards.

Botany—

Lindley's School Botany.

Lindley's Elements of Botany.

The examidation will be conducted—

1. By means of written questions and answers.
2. By object examinations and experiments, when the subject admits of such tests.
3. By practical examination of patients, and by operations on the dead body.
4. By *viva voce* examination.

The persons who shall be pronounced by the Examiners to be the best qualified in all respects will be appointed to fill the requisite number of appointments as Assistant-Surgeons in the East India Company's service, and, so far as the requirements of the service will permit, they will have the choice of the Presidency in India to which they shall be appointed, according to the order of merit in which they stand on the list resulting from such examination.

All Assistant-Surgeons are required to subscribe to the military or medical, and medical retiring funds, at the Presidencies to which they may be respectively appointed, and to the Military Orphan Society, also, if appointed to Bengal.

All Assistant-Surgeons who shall neglect or refuse to proceed to India, under the orders of the Court of Directors, within three months from the date of their appointment, will be considered as having forfeited it, unless special circumstances shall justify a departure from this regulation.

A copy of these regulations, and any further information, may be obtained on application to the Secretary of the Military Department, East India House.

The Examinations will take place in the months of January and July in each year, and due notice will be given, by public advertisement, of the days appointed, and of the probable number of Candidates to be selected.

It is now announced that the NEXT EXAMINATION will be held at this House in the Month of JULY NEXT, and that the probable number of vacancies in the Medical Establishment of the East India Company to be then filled up will be fifty.

JAMES C. MELVILL, Sec.

Bank of London. Capital, £600,000,

(with power of extension to £2,000,000,) in 6,000 Shares of £100. £50 payable per Share, viz., £10 upon Allotment, and the remainder before or upon Incorporation; in pursuance of the Provisions of the Statute for regulating Joint Stock Banks.

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SIR JOHN VILLIERS SHELLEY, Bart., M.P., 25, Park-lane, and Maresfield-park, Sussex.

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With power to add to their number, until the First General Meeting.

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[The Bank Manager will not be appointed until the Directors shall have had the amplest opportunity of selecting for that important position a gentleman of first-class qualifications.]

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To be selected by and from the body of Proprietors.

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41, MOORGATE-STREET, CITY,

Where Prospectuses, with full particulars, may be obtained.

The Bank of London has been projected for the purpose of affording increased facilities for Banking in the Metropolis and the Provinces, upon the Joint-Stock principle.

Applications for Shares, addressed to the Secretary, at the Office of the Company, or to the Brokers, will be received up to and including the 5th of March, 1855.

As it will be to the interest of the Bank to have a numerous Proprietary, applications for small Allottments will receive the favourable consideration of the Directors.

41, Moorgate-street, City, February 13, 1855.

FORM OF APPLICATION FOR SHARES.

TO THE DIRECTORS OF THE BANK OF LONDON.

Gentlemen,—I request you will allot me Shares of £100 each in the Bank of London. And I hereby undertake to accept the same, or any smaller number which you may allot to me, and to pay the Deposit of £10 per share thereon, and execute the Deed of Settlement of the Company in respect thereof, at such times and in such manner as you may appoint.

I am, Gentlemen,
Your obedient servant,

Name.....
Address.....
Profession or Business.....
Date.....

N.B.—Every application for Shares must (in the case of persons not known to the Directors or Officers of the Bank) be accompanied by a good Banking, Commercial, or Professional reference.

BANK OF LONDON.

Temporary Offices, 41, Moorgate-street, City,
March 1, 1855.

The Public are requested to take

Notice, that Applications for SHARES in this undertaking must be made on or before MONDAY NEXT, the 5th instant.

By order,

BENJAMIN SCOTT, Secretary and Provisional Manager.

To Medical Men and Others. —

PROVISION AGAINST PERMANENT DISABILITY by SICKNESS or ACCIDENT.

EXAMPLE:—A person aged 30 may, by the annual payment of £2 7s. 7d., secure £100 PER ANNUM for Life during the continuance of such disability.—Particulars sent free, on application to the Law Property and Life Assurance Society, 30, Essex-street, Strand.

EDWARD S. BARNES, Secretary.

NEW MEDICAL GLASS BOTTLES.

At Messrs. E. and H. Harris, 2,

UPPER COPENHAGEN STREET, BARNSBURY ROAD, ISLINGTON, LONDON.

6 oz., any shape, plain or graduated .. .. 10s. per gross.
1½ oz., Moulded Phials .. .. 7s. per gross.

Country orders attended to on remittance. Full list of prices sent on application. No charge for packages, if returned. Goods delivered free within seven miles.

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University and King's College,

ABERDEEN.—The EXAMINATION of Candidates for the DEGREE of M.D., will be commenced on TUESDAY, 15th MAY, and continued daily until finished, immediately after which the Graduation will take place.

Those intending to become Candidates are requested to forward their diplomas, &c., on or before Thursday, the 3rd May, to the Professor of Medicine.

REGULATIONS.

I. Those who possess a Diploma from a Royal College, or from the Apothecaries' Company, and who have also been engaged in the practice of Medicine for five years, will be admitted to Examination on producing their Diploma, along with satisfactory evidence of moral character, and of having attended to the Classics at a University, or Academy of acknowledged reputation.

II. Those who commenced their studies before 1840, and who have not been in practice for five years, will be admitted to Examination on producing, along with their Diploma, evidence of attendance at the Classics, and of having been engaged in the study of Medicine for four years, during which they must have attended in a recognised School of Medicine the following Courses of Lectures:—

Six Months' Courses.	
Anatomy	Two Courses.
Chemistry	One Course.
Materia Medica	One Course.
Surgery	One Course.
Institution of Medicine and Physiology	One Course.
Practice of Medicine	One Course.
Midwifery	One Course.
Three Months' Courses.	
Dissections	Two Courses.
Practical Chemistry	One Course.
Medical Jurisprudence	One Course.
Clinical Surgery	One Course.
Botany	One Course.
Clinical Medicine	Two Courses.

In addition to the above, Candidates must have attended, for two years, the Wards of an Hospital containing 100 beds; and, during three months, a Shop or Dispensary for the compounding of Medicine.

ANDREW FYFE, M.D., Professor of Medicine.

Aberdeen, February, 1855.

N.B. Degrees are not conferred by this University unless the Candidates submit to Examination before the Board of Examiners at Aberdeen.

Norfolk and Norwich Hospital.—

HOUSE-SURGEON Wanted.—The Board of Management, in compliance with the 23rd Rule, give notice, that in consequence of the Resignation of Mr. G. R. Cubitt, the office of HOUSE-SURGEON and APOTHECARY is now VACANT, and that the Election for a Successor will take place at the Anniversary Board to be held at the Hospital on Saturday, the 7th day of April Next, at Twelve o'Clock at Noon.

The Salary will be £80 per Annum, with Board and Lodging, and the privilege of taking One In-door and Two Out-door Pupils.

By Rule 24. Persons who intend offering themselves as Candidates for the vacant office, must deliver in their names in writing to the Board at least one week preceding the day of election, and must be nominated by a Governor, when the General Board is about to proceed to the election.

By Rule 25. All Governors shall be allowed to vote by proxy, by signing a paper accordiug to the form No. 1 in the Appendix, such paper to be given in to the Election Committee during the hours of the ballot by a Governor, who shall be held responsible for the genuineness of the signature.

The name of the Candidate and the signature must be in the handwriting of the Governor recording his vote.

By Rule 47, The House-Surgeon and Apothecary must always be a Single Man, and, when elected, not less than 25, nor more than 45 years of age, and that every candidate for the office produces evidence of his being a member of one of the Colleges of Surgeons of the United Kingdom, and a Licentiate of the Apothecaries' Company.

By Rule 26, No Governor can vote while his subscription is unpaid, nor until six months after his name has been entered on the Subscription-book of the Hospital.

Any further information may be obtained by application to the Secretary at the Hospital.

ROBERT E. HOUGHTON, Secretary.

Norfolk and Norwich Hospital, February 27, 1855.

E. I. Board Medical Examination.—

Mr. POWER and Dr. POWER propose in a few days to form a SPECIAL CLASS for Gentlemen who intend to compete for the INDIAN MEDICAL APPOINTMENTS — embracing the subjects of Zoology, Natural History, Botany, etc. The General Lectures and Examinations for the College of Surgeons, the Apothecaries' Hall, and the Army and Navy Boards, are continued Daily, from Nine to Five.

Mr. POWER prepares Practitioners privately for the College of Physicians, and the Scotch Universities, at his own residence. He also prepares, by weekly correspondence, those Practitioners who are unable to absent themselves from home for any lengthened period.

Dr. POWER receives TWO HOUSE-PUPILS.

Lecture-room, Exeter Hall, Strand, Feb. 28, 1855.

Lincoln County Hospital.—Wanted,

a HOUSE-SURGEON, who must be M.R.C.S. Eng., and L.A.C., under 40 years of age, unmarried, and a Member of the Church of England. Salary £100 per annum, with board and lodging. He will be required to hold the appointment for three years at the least. Testimonials as to qualification and character are to be sent to the Weekly Board before Monday, the 26th March next. Further information and particulars may be had on application to J. W. Danby, Secretary.

The Election will take place at the Hospital on Thursday, April 5, 1855, at Twelve o'Clock at noon.

Lincoln, 19th Feb., 1855.

Medical Benevolent College.—The

VOTES and INTEREST of the Governors are respectfully and earnestly requested on behalf of MARY ANN BULL, a Widow, who applies to be admitted into the College, and GEORGE BULL, who applies to be admitted as a Foundation Scholar to the School.

Mary Ann Bull is the widow, and George Bull is a younger son, of the late Daniel Bull, a duly qualified Medical man, (Member of the Royal College of Surgeons, and Licentiate of the Apothecaries' Company), who died in November, 1852, having been disabled by paralysis during the last eight years of his life.

The father, mother, and eight children were in the greatest distress, when, in 1851, an appeal was made to the Profession on their behalf, which was generously responded to by subscriptions to the amount of between three and four hundred pounds. A weekly sum of money was given to the family up to the period of the father's death, when the sum of £300 was invested in the names of three gentlemen residing in Bedford, as trustees. The interest from this sum, and a small amount from life assurance, is now the sole income of the widow and family.

The appeal on behalf of this "distressing case" particularly aroused the sympathy of one gentleman, who lost no time in devising some means of relieving similar cases, and who has now the distinguished honour of having founded the "Medical Benevolent College."

The case is most earnestly recommended by many members of the Clerical and Medical Professions.

Proxies will be thankfully received by Mrs. Bull, Princes-street, Bedford; or, by Dr. Herbert Barker, of Bedford.

Medical Union Officer Wanted.—

CHEPSTOW UNION, MONMOUTHSHIRE.—The Guardians of the above Union will, at their Meeting, to be held at the Board-room, Chepstow, on Saturday, the 10th day of March next, at Eleven o'Clock in the Forenoon, proceed to the Election of a MEDICAL OFFICER for the Caldicot and Shirenceston district, vacant by the decease of the late Wm. Bradford, Esq. The salary is £85 per annum, with the extra Medical, Vaccination, and Midwifery Fees. Applications, with testimonials, addressed to the Guardians, to be forwarded to the Clerk, Union-office, Chepstow, on or before the 10th March next, of whom any further particulars may be obtained.

By order of the Board,

WM. COOPER, Clerk.

Union-office, Chepstow, Feb. 9, 1855.

Bucks General Infirmary.—House-

SURGEON.—A VACANCY having occurred by death in the office of HOUSE-SURGEON, Gentlemen intending to become Candidates for the appointment are requested to forward to me their testimonials of character and qualification, on or before Thursday, the 15th day of March Next. Salary, with board and residence, £55 per Annum, with an annual increase of £5, to £70 per Annum. It is required that Candidates be Members of the Royal College of Surgeons of London, Dublin, or Edinburgh, and Licentiates of the Apothecaries' Company, London. A Gentleman who has been a Dressing-pupil will be preferred. The Election will take place on the 21st of March.

Aylesbury, Feb. 26, 1855. HY. HEYWARD, Secretary.

Medical Officers.—Ledbury Poor-

LAW UNION.—The Offices of MEDICAL OFFICERS of this UNION will be VACANT on the 26th day of March next.

The Board of Guardians invite the application of Candidates who possess one of the four qualifications stipulated in the Poor-law Commissioners' Consolidated Order of July 24, 1847.

The Medical Officers will be required to reside in the town of Ledbury, and conform in every respect to the Regulations of the Poor-law Board. The first District comprises the Parish of Ledbury and the Workhouse: Area, 8057 acres; Population, 4577; Salary, £50 per Annum. The second District comprises eight Parishes: Area, 18,645 acres; Population, 4027; Salary, £70 per Annum. The third District comprises thirteen Parishes: Area, 20,925 acres; Population, 4537; Salary, £90 per Annum. The said salaries to be inclusive of, and in compensation for all extra fees payable under the General Consolidated Order of the Poor-law Commissioners. The Guardians will provide Medicines and Appliances, also a competent Person to Dispense the same.

The Elections will take place at the Board-room, Ledbury, on Tuesday, the 20th day of March Next, and the persons appointed will hold their offices until they shall die, resign, or become legally disqualified to hold such offices, or be removed by the Poor-law Board. Testimonials to be transmitted to me on or before the 19th day of March next. Candidates to be in attendance at the Board-room, Ledbury, on the day of the Elections.

By order of the Board of Guardians,

Ledbury, Feb. 22, 1855. J. HUGHES, Clerk.

Dr. Scott Alison's Impermeable

LAMB-SKIN, Patented in France and England, for the application of Water, Liquid Medicines, such as Morphia Aconitina Solutions, etc., and for Defensive Plasters. Transparent Skins for Bed-guards, etc.

R. Hamilton, 27, North Audley-street, Grosvenor-square.

Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.—"Mr. Dinneford's solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

This excellent remedy, in addition to its extensive sale among the public, is also very largely used in dispensing, for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the Manufacturers.

DINNEFORD and Co., Chemists, 172, Bond-street; and all respectable Wholesale Druggists and Patent Medicine Houses.

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ORIGINAL LECTURES.

A COURSE OF LECTURES ON ORGANIC CHEMISTRY.

DELIVERED IN THE

Laboratory of the Royal Institution of Great Britain.

By Dr. A. W. HOFMANN, F.R.S.
Professor at the Royal College of Chemistry.

Lecture XX.

CONTINUATION OF THE HISTORY OF ALCOHOLS. — WAX-ALCOHOLS. — CAPRYL-ALCOHOL. — SERIES OF FATTY ACIDS. — BUTYL-ALCOHOL. — PROPYL. ALCOHOL.—CAPROYL-ALCOHOL.—HOMOLOGUES.

The researches of M. Cahours on amyl-alcohol, to which I alluded in my last lecture, were made in 1839; nearly ten years elapsed before another member was added to the group of alcohols. In 1849, Mr. Brodie published the result of a series of experiments he had made with the view of obtaining an insight into the chemical nature of bees' wax. These experiments, remarkable for the skill and perseverence with which they were carried out, not only elicited the true nature of bees' wax (which, although repeatedly examined by various inquirers, had remained obscure and enigmatical up to that time), but furnished, at the same time, several new members to the list of alchohols.

Mr. Brodie has proved that common bees'-wax is a mechanical mixture of several chemical compounds. An approximative separation may be effected by treatment with boiling alchohol. An insoluble substance remains, which is commonly called *myricin*, while part dissolves, which is called *cerin*.

Brodie has characterised cerin as cerotic acid, which contains $C_4\ H_4\ O_4$. Myricin is a substance very similar in its general character to spermaceti, which, as I mentioned to you in the last lecture, contains the cetyl-alcohol in combination with palmitic and several other fatty acids. Now, myricin is essentially a compound of palmitic acid with a new alcohol,—melissylic alcohol, $C_{60}\ H_{62}\ O_2$. Its separation from palmitic acid is effected by treatment with an alkali, exactly as in the case of the spermaceti-alcohol. Melissylic alcohol is a solid substance, fusing at 85° C. (189° F.) When submitted to processes of oxidation (such as treating with soda-lime), melissylic alcohol exhibits the deportment to which I have so frequently alluded. It is converted into an acid, which is called melissic acid.

$$\underbrace{C_{60}\ H_{62}\ O_2}_{\text{Melissylic Alcohol.}} + 4\,O = \underbrace{C_{60}\ H_{60}\ O_4}_{\text{Melissic Acid.}} + 2\,HO$$

A variety of substances exist resembling common bees'-wax. Few of these have as yet been examined; but, from the experiment made with Chinese wax, it would appear that they are of a similar constitution, Chinese wax is a combination of a new alcohol, *cerotyl-alcohol*, with *cerotic acid*, the same acid which I just mentioned is the constituent of bees'-wax, formerly termed *cerin*. For the purpose of separation, the Chinese wax is fused with potassa, and the liberated alcohol taken up with ether. It is a solid, crystalline body, which fuses at 79° (174·2° F.) The similarity of the constitution of Chinese wax to that of spermaceti, in respect to its principal constituents, is even more striking than that of ordinary bees' wax. I have pointed out to you that in spermaceti cetyl-alcohol occurs united with the same acid (palmitic) which is produced in its oxidation. Now, the same relation is observed in the case of Chinese wax, cerotyl-alcohol $C_{54}\ H_{56}\ O_2$, yielding, with oxidising agents, cerotic acid, $C_{54}\ H_{54}\ O_4$, the very acid in combination with which it is found in the Chinese wax.

Constituents of { Spermaceti..... $C_{32}\ H_{34}\ O_2$ $C_{32}\ H_{32}\ O_4$
Chinese Wax... $C_{54}\ H_{56}\ O_2$ $C_{54}\ H_{54}\ O_4$

The alcohols of spermaceti and the various waxes differ very essentially as to physical properties from the type of alcohols, (*i. e.*, from ethyl-alcohol), inasmuch as they are solid at the common temperature. An alcohol somewhat more closely allied with common alcohol, in respect to its physical characters, was observed, soon after Brodie's researches, by Mr. Bouis, when examining the deportment of castor-oil, under the influence of alkalies at high temperatures. The re-action which gives rise to the formation of the alcohol in question, to which the term capryl-alcohol has been assigned, is rather complicated.

During the distillation of the alcohol, hydrogen is liberated, and a peculiar acid, sebacic acid, remains in combination with the alkali.

Caprylic alcohol, when purified by distillation, is a colourless, oily, inflammable liquid of a peculiar aromatic odour, lighter than water, and boiling at 180° C. (356° C.) The composition of this substance is $C_{16}\ H_{18}\ O_2$, which differs from that of amyl-alcohol by $C_6\ H_6$, or $3\ C_2\ H_2$. As far as the deportment of this body has been examined, it exhibits, in every respect, the characters of a true alcohol. Treated with sulphuric acid, it furnishes an acid $C_{16}\ H_{17}\ SO_4,\ HSO_4$, corresponding to sulphovinic acid; under the influence of agents of dehydration it loses water, and is converted into a hydro-carbon $C_{16}\ H_{16}$, corresponding to olefiant gas; lastly, when submitted to oxidising agents, it is converted into an acid, caprylic acid, corresponding to acetic acid, which had been previously observed in various fatty bodies, especially in cows' butter.

$$\underbrace{C_{16}\ H_{18}\ O_2}_{\text{Caprylic alcohol.}} + 4\,O = \underbrace{C_{16}\ H_{16}\ O_4}_{\text{Caprylic acid.}} + 2\,HO$$

During the period which embraces the discoveries of the several alcohol-like substances, to which I have called your attention, the whole field of organic chemistry was actively cultivated by a vast and daily-increasing number of inquirers. Among the many new compounds which were brought to light by their labours, there was a remarkable number of acids produced under greatly differing circumstances, and procured from a great variety of sources, acids resembling, both in properties and composition, the acids produced by the oxidation of the alcohols. All these acids contain the same amount, namely, four equivalents, of oxygen; they differ from each other by a multiple of the elementary difference $C_2\ H_2$, which distinguishes the several ethyl- and methyl-compounds, and, consequently, acetic and formic acids from one another.

An acid of this description, to which I have not yet had an opportunity of calling your attention, is *propionic acid*, sometimes also called *metacetic acid* It contains $C_6\ H_6\ O_4$, and is formed by the slow oxidation of fatty and albuminous substances. The simplest mode, however, of obtaining it, consists in preparing cyanide of ethyl $ECy = C_4\ H_5\ C_2\ N = C_6\ H_5\ N$, by the distillation of sulphovinate of potassa and cyanide of potassium, and decomposing this substance by means of an alkali, when propionate of potassa is formed, ammonia being evolved.

$$\underbrace{C_6\ H_5\ N}_{\text{Cyanide of Ethyl.}} + 4HO = \underbrace{HO,\ C_6\ H_5\ O_3}_{\text{Propionate of Potassa.}} + NH_3$$

From this potassa-salt the acid is expelled without difficulty by means of dilute sulphuric acid. At the common temperature propionic acid is an oily liquid, which solidifies to a crystalline mass when exposed to cold. It boils at 138° C (280·4° F.) It is closely allied to acetic acid in its physical properties (hence the name, metacetic acid), and appears to have been frequently confounded with it. It differs, however, essentially from acetic acid, by the remarkable property of separating from its aqueous solution on the addition either of phosphoric acid, or of chloride of potassium, when it rises to the surface of the liquid as an oily layer.

An acid, which in properties and composition is intermediate between propionic and valeric acid, is butyric acid. I have already referred to this substance as occurring in cows' butter, and as being produced when sugar is fermented by means of casein. (Lecture XI.) The composition of butyric acid is $C_8\ H_8\ O_4$; that of valeric acid is, as you recollect from the last Lecture, $C_{10}\ H_{10}\ O_4$. Acids containing respectively $C_{12}\ H_{12}\ O_4$ and $C_{14}\ H_{14}\ O_4$ are likewise known. The former, caproic acid, is one of the constituents of cow's butter, and may be readily obtained from cyanide of amyl, in a similar manner to propionic acid from cyanide of ethyl. Œnanthylic acid, $C_{14}\ H_{14}\ O_4$, occurs as a chief constituent among the products of oxidation of castor oil. Caprylic acid, $C_{16}\ H_{16}\ O_4$, may be obtained by the oxidation of caprylic alcohol, but occurs also in cows' butter. An acid, $C_{18}\ H_{18}\ O_4$, has been found ready-formed in the flowers of *pelargonium roseum*, and is known by the term pelargonic acid. Lastly, an acid of the composition $C_{20}\ H_{20}\ O_4$ is *capric acid*, likewise a constituent of cows' butter, and readily obtained by treating oil of rue with oxidising agents.

Here, then, we have a series of ten organic acids, all containing four equivalents of oxygen, which may be regarded as originating from formic acid by the repeated addition of $C_2\ H_2$. Nor is capric acid the final term of this series; indeed, I have already had to notice several others—palmitic, cerotic, and melissic acids,—as being respectively produced from cetylic, cerotylic, and melissylic alcohols. In the following Table will be found the

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principal terms of this series of acids, which is generally called the series of fatty acids; and I have placed in juxta-position with them the alcohols whenever the acids are obtained by oxidation from the alcohols which we have studied.

Alcohols.		Acids.	
Methylic	$C_2 H_4 O_4$	Formic	$C_2 H_2 O_4$
Ethylic	$C_4 H_6 O_4$	Acetic	$C_4 H_4 O_4$
„	„	Propionic	$C_6 H_6 O_4$
„	„	Butyric	$C_8 H_8 O_4$
Amylic	$C_{10} H_{12} O_4$	Valeric	$C_{10} H_{10} O_4$
„	„	Caproic	$C_{12} H_{12} O_4$
„	„	Oenanthylic	$C_{14} H_{14} O_4$
Caprylic	$C_{16} H_{18} O_2$	Caprylic	$C_{16} H_{16} O_4$
„	„	Pelargonic	$C_{18} H_{18} O_4$
„	„	Capric	$C_{20} H_{20} O_4$
„	„	Margaritic	$C_{22} H_{22} O_4$
„	„	Laurostearic	$C_{24} H_{24} O_4$
„	„	Coccinic	$C_{26} H_{26} O_4$
„	„	Myristic	$C_{28} H_{28} O_4$
„	„	Benic	$C_{30} H_{30} O_4$
Cetylic	$C_{32} H_{34} O_2$	Palmitic	$C_{32} H_{32} O_4$
„	„	Margaric	$C_{34} H_{34} O_4$
„	„	Stearic	$C_{36} H_{36} O_4$
„	„	Balenic	$C_{38} H_{38} O_4$
„	„	„	„
„	„	Behenic	$C_{42} H_{42} O_4$
„	„	„	„
„	„	„	„
Cerotylic	$C_{54} H_{56} O_2$	Cerotic	$C_{54} H_{54} O_4$
„	„	„	„
„	„	„	„
Melissylic	$C_{60} H_{62} O_2$	Melissic	$C_{60} H_{60} O_4$

It is obvious that the series of fatty acids ascends by a constant law, from formic to balenic acid, each acid differing from the preceding one by $C_2 H_2$. The term $C_{40} H_{40} O_4$, between balenic and behenic acid, is at present wanting. Then follows another gap between balenic and cerotic acid, where not less than six members are deficient. Lastly, two acids are missing between cerotic and melissic acid, which is the highest term of the series. The list of alcohols is far less numerous than that of acids; for, while the series of acids includes not less than twenty-two well defined substances, we have not more than seven terms in the alcohol-series. But this series is rapidly being extended, indeed the table which I have given represents the alcohols known in 1853; since that time three new alcohols belonging to this series have been discovered. In the manufacture of brandy from grapes, a kind of fusel-oil is formed, which, according to the researches of Mr. Chancel, contains the alcohol $C_6 H_8 O_2$,—*propylic alcohol*, it may be termed,—which, by treatment with oxidizing agents, is converted into propionic acid, $C_6 H_6 O_4$. Mr. Wurtz has discovered that the fraction of ordinary potato fusel-oil, which boils at a higher temperature than ethyl-alcohol, and at a lower one than amyl-alcohol, is, in fact, the intermediate alcohol, viz., *butyl-alcohol*, $C_8 H_{10} O_2$. By oxidation, it is converted into butyric acid, $C_8 H_8 O_4$. Lastly, Mr. Faget, when examining the less volatile portions of the fusel-oil of spirit obtained from grapes, has discovered the caproyl-alcohol, $C_{12} H_{14} O_4$, which, by oxidation, is converted into caproic acid, $C_{12} H_{12} O_4$. The discovery of these three alcohols, made during the last two years, was by no means unexpected. The direction chemical inquiry had taken, the completion of the series of fatty acids, and the gradual accession of new terms to the alcohol series, had led chemists to anticipate the existence of alcohols corresponding to propionic and butyric acids with such confidence, that many experiments were made, with the express view of obtaining them; and nobody doubts, at present, that the progress of science will shortly fill up the gaps still existing in the series of acids, and probably extend this series far beyond its present termination, and that it will render us familiar with all the alcohols corresponding to these various acids. Thus we find, that the researches into the nature of the alcohols, and of their corresponding acids, which have been made within the last few years, clearly point out the direction which chemical discovery will take in years to come.

Series of similarly constituted substances, differing from each other by a multiple of $C_2 H_2$, such as the series of fatty acids, or the series of alcohols to which I have referred in the preceding remarks, have been called by general consent "homologous series," or "homologues,"—a term first proposed for this purpose by M. Gerhardt. The several terms of such a series exhibit a certain similarity in their fundamental chemical and physical properties, which is, however, the less and less apparent the farther they stand apart from one another, or the greater the difference in their chemical formulæ. The most perfect of homologous series is the series of fatty acids; but also that of the alcohols is being augmented every day. It need scarcely be mentioned, that all the derivatives of the alcohols may be classed in similar homologous series. Thus we obtain the following groups:—

	Alcohols.	Sulphovinic Acids.	Aldehydes.	Hydrocarbons.	Iodides.
Methylic.	$C_2 H_2 O.HO$	$C_2 H_2 SO_4 HSO_4$	?	?	$C_2 H_2 I$
Ethylic.	$C_4 H_6 O.HO$	$C_4 H_6 SO_4 HSO_4$	$C_4 H_4 O_2$	$C_4 H_4$	$C_4 H_5 I$
Propylic.	$C_6 H_7 O.HO$	$C_6 H_7 SO_4 HSO_4$	$C_6 H_6 O_2$	$C_6 H_6$	$C_6 H_7 I$
Butycic.	$C_8 H_9 O.HO$	$C_8 H_9 SO_4 HSO_4$	$C_8 H_8 O_2$	$C_8 H_8$	$C_8 H_9 I$
Amylic.	$C_{10} H_{11} O.HO$	$C_{10} H_{11} SO_4 HSO_4$	$C_{10} H_{10} O_2$	$C_{10} H_{10}$	$C_{10} H_{11} I$

The members of most homologous series exhibit a remarkable law in their boiling points, to which attention has first been called by Professor Kopp, of Giessen. This chemist showed, that the accession of $C_2 H_2$ to a volatile compound in most cases raises its boiling point 19 degrees C. (34·2° F.); formic acid boils at 100° (212°), acetic acid at 119° (246·2° F.), propionic acid at 138° C (280·4 F.), butyric acid at 157° C. (314·6° F.), valeric acid, lastly, at 176° C. (348·8° F.) The following table will render these relations more obvious:—

Formulæ.

Formic acid	$C_2 H_2 O_4$	
Acetic acid	$C_4 H_4 O_4$	$= C_2 H_2 O_4 + C_2 H_2$
Propionic acid	$C_6 H_6 O_4$	$= C_2 H_2 O_4 + 2\,C_2 H_2$
Butyric acid	$C_8 H_8 O_4$	$= C_2 H_2 O_4 + 3\,C_2 H_2$
Valeric acid	$C_{10} H_{10} O_4$	$= C_2 H_2 O_4 + 4\,C_2 H_2$

Boiling Points.

	Centigrade. Degs.		Fahrenheit. Degs.	
Formic acid	100		212	
Acetic acid	119 = 100 +	19	246·2 = 212 +	34·2
Propionic acid	138 = 100 + 2 × 19		280·4 = 212 + 2 × 34·2	
Butyric acid	157 = 100 + 3 × 19		314·6 = 212 + 3 × 34·2	
Valeric acid	176 = 100 + 4 × 19		348.8 = 212 + 4 × 34·2	

Similar observations of a regular rise of the boiling points have been made in other homologous series, but many discrepancies and exceptions have still to be explained.

No discovery made of late in the field of organic chemistry has rendered such efficient service to the progress of this science as the establishment of these homologous series, by which a large number of substances apparently scarcely connected were at once referable to one general type. The type of the alcohol series, common alhohol, for instance, or the type of the series of fatty acids, say formic or acetic acid, being well studied, a knowledge of the fundamental properties and of the chemical characters of the other series follows, as a matter of course. You perceive that the construction of the homologous series was one of the first and most important steps toward generalisation, by which the mass of knowledge accumulated by the united efforts of so many inquirers was arranged into something like scientific form. These series, moreover, became very powerful aids in the prosecution of chemical research, which they facilitated at the same time, and assisted, pointing out as they did the work which remained to be done. We know with positive certainty, that an acid of the formula $C_{40} H_{40} O_4$, must exist, and that it will be discovered; we know that there must be alcohols corresponding to œnanthylic, to pelargonic, to capric acids, and only a happy re-action remains to be found, in order to produce these substances to-morrow. We even know, to a great extent, the properties which these substances will exhibit when actually discovered. We know beforehand at what temperature they will boil; whether they are likely to be soluble in water or not, etc. This knowledge, it is obvious, must be a powerful instrument in the hands of those who are actually engaged in the performance of chemical research.

A few years ago, the homologous series of fatty acids, and of the alcohols, stood almost alone; but similar groups begin to be met with in all the departments of organic chemistry. We are now acquainted with a series of homologous aromatic acids, of which benzoic acid is the type. The last year has brought to light a series of alcohols, corresponding to this acid in the same manner as ordinary alcohol corresponds to acetic acid. We have homologues of sugar; homologues of the uric acid series; homologues of many organic alcaloids. Great as the advantages are which have already been derived from the classification of organic bodies in homologous series, it would appear that we stand only upon the very threshhold of the edifice, and that an expansion of this system will gradually render organic chemistry as simple, and perchance more simple, than the best known and most accessible departments of mineral chemistry.

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ORIGINAL COMMUNICATIONS.

CASES ILLUSTRATIVE OF SOME POINTS CONNECTED WITH THE PATHOLOGY AND TREATMENT OF EPILEPSY.

By EDWARD SIEVEKING, M.D.

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[Read before the Harveian Society.]

NO.	NAME.	SEX.	AGE.	CONDITION.	HISTORY, etc.	PROBABLE PATHOLOGICAL CAUSE.	PROMINENT TREATMENT.	RESULT.
1	J. T.	F.	17	Single. A teacher.	For four years subject to epilepsy at varying intervals; no warnings; sometimes screams and bites tongue; headache follows fit; memory fails; not menstruated; general health good.	Irregular and defective evolution at puberty.	Coxiluvia. D. aloes co., citrate of iron, with iod. potass., sulph. zinc.	Has slightly menstruated once; only six weeks under treatment; the result, therefore, *nil*.
2	A. D.	F.	35	Wife of a painter.	Subject to epilepsy five to six years at period of first consultation; six in one week, previously less frequent; complete insensibility; foams; bites tongue; choking sensation precedes; also slight dimness; not time to take precautions; freest when not pregnant; catamenia regular; no hereditary predisposition; no headache; great poverty; occasional brief epileptiform seizures, not amounting to full paroxysm.	Defective nutrition and anxiety.	Liq. cotylod umbil. Returned April 19; fits returned, but less severe; liq. cotyl. umb. repeated. Returned again in Jan., 1854, fresh attack from overwork; pregnant.	1. From Feb. 8 to 15 one fit; from 18th to 8th free; then one; no return to March 29, when daily continued. 2. Gradual diminution of fits; between Aug. 25 and Sept. 23 one fit; none till Nov. 18, when discharged cured. 3. Medicine had no effect until after parturition, when the fits again yielded to treatment, and seemed to leave her.
3	J. M.	M.	46	Policeman. Married.	Twenty-four years previously paralytic stroke; recently severe rheumatism; two fits (epileptic) shortly before consulting; an aura from thumb upwards, with spasm of arm; complete unconsciousness; tongue white; pulse full, 90; urine free; much cephalalgia. Subsequently carbuncle; death under a Surgeon.	Intracranial irritation from rheumatic cause. Real cause uræmia.	Counter irritation. Calomel.	Apparent cure. Death. *Post-mortem* showed no cerebral lesion, but intensely atrophied kidneys.
4	J. D.	M.	13	Son of a gardener.	For three to four weeks daily fits of unconsciousness, during which he kicks and plunges, preceded by headache, duration ten to fifteen minutes; tongue clean; pulse small; florid; after fit feels weak for the remainder of day.	Intracranial irritation, not organic.	Blister; Epsom salts.	One fit after blister. Cure.
5	C. D.	M.	11	Son of gardener; brother of the last J. D.	From fifth year subject to frequent fits of unconsciousness; frequent headache; heat of head; no heart symptoms; does not scream or bite his tongue; the attacks attributed to otorrhœa and an abscess in the head.	Intracranial irritation.	Seton; laxatives.	Wore seton six weeks. Cure. No return had occurred five years after treatment.
6	H. K.	M.	33	Tailor. Married.	For two years subject to fits at short intervals; aura ascending from stomach, followed by brief unconsciousness; great debility; no headache; tongue not bitten; can prevent a fit by a powerful mental effort; recently disappearance of acne on back, to which subject.	Intracranial irritation; dyscrasic condition of blood; suppression of eruption.	Ung. antim. tart. inter-scapulæ; steel. iodid. potass.; seton.	Apparent cure. There was a marked relation between the appearance of the ant. tart. pustules and the disappearance of the symptoms repeatedly shown, for this reason the seton was ordered, and seemed curative.
7	T. C.	M.	44	Messenger. Widower.	For three weeks dizziness, then a fit; unconsciousness for a quarter of an hour, having a temporary paralysis of hands; pain in forehead; bowels costive, and fetid; constant papular eruption at epigastrium; subsequently, repeated epileptic fits; aura preceding, up arm; much uric acid in urine.	Cerebral congestion; lithic acid diathesis.	Calomel; counter-irritation; cotyl. umbil. for a month. (The cotyl. umbil. acted as diuretic.)	Apparent cure. Patient attributed much benefit to cotyl. umbil.
8	J. M.	M.	27	Hatmaker. Single.	Subject to fits since aged 18 to 19; screams out and becomes unconscious; formerly dimness and pain in right arm preceded; recently no premonitory symptoms; cephalalgia; formerly intemperate and gay.	Cerebral congestion; hyperæsthesia from sexual indulgence.	Cupping at nape to ʒiv. and alkaline diuretic; zinc. sulph. from gr. ii. to gr. v. p. d. for a month; occasional laxatives & steel.	No return of complete paroxysm; occasional slight epileptiform attacks. Apparent cure.
9	E. H.	F.	54	Married.	In perfect health till two years ago: then once a week loss of speech and tremors, with pain in head, shoulders; rarely unconscious; for half a year complete epileptic paroxysm; entire unconsciousness; foaming at mouth; teeth set; head turned back over shoulder; head often hot; tongue white; pulse 128.	Cerebral congestion. No definite predisposing cause traced.	Purge: laxative medicine for seven weeks; then tonics and laxatives for a fortnight.	No return of complete paroxysm after commencement of treatment for nearly a month before discharged; scarce a trace of cephalic symptoms. Apparent cure.

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NO.	NAME.	SEX.	AGE.	CONDITION.	HISTORY, etc.	PROBABLE PATHOLOGICAL CAUSES.	PROMINENT TREATMENT.	RESULT.
10	M. W.	F.	22	Single. Servant.	Fits as a baby; subsequently good health, though not robust, florid; a fall on back eight years ago, since which severe headache, treated by a seton, which aggravated it; for nine years subject to fits, first brought on by fright; loss sight, sudden and complete unconsciousness, with a scream; fall; tongue much bitten; constant headache; occasional scorbutic eruption; frequent sense of choking; catamenia regular; no leucorrhœa; no morbus cordis.	Permanent intracranial irritation; qy. exostosis. Nervous diathesis.	Nitr. argent., steel, sulph. zinc, etc. Dry cupping gave great relief to headache.	None of the remedies appeared to benefit except when rest could be obtained, then there were long intermissions.
11	R. P. D.	M.	17	Schoolboy.	Fits in teething; no trace of hereditary taint; robust, well-built; for three years subject to fits, once or twice monthly; attributed to over-reading, preceded by vertigo and general stiffness, unconsciousness for five minutes; temper bad at period of fits; no masturbation; occasional epistaxis; had not bitten tongue before, but did after commencement of treatment; cephalalgia; excellent appetite; triple-phosphates in urine; sp. gr. 1018; frequent petit mal.—N.B. Three sets of twins in the family.	Intracranial irritation direct; no eccentric cause traceable.	Oct. 18 to Mar. 24 liq. cotyl. umbil.; seton in neck; steel, sulph. zinc, laxatives, quina., sod. potass. morphia, nitr. argenti.	None of the remedies benefited, except the seton temporarily removed cephalagia.
12	H. S.	F.	14	Single.	Subject to fits since æt. 5 once a week or oftener, subject to headaches; feels ill half an hour before fits; semi-imbecile; right-hand contracted in consequence of a venesection for a fit; perfect unconsciousness two to three hours; livid countenance; bites tongue; no choking or screaming; tongue clean; points to right; pulse 124; fits chiefly in sleep, headache.	No special cause traceable; probably centric irritation, with constitutional debility.	Purge. quina and ext. gentian; vesic. nuchæ.	Only under treatment about one month. No benefit except relief to headache by blister.
13	H. M.	M.	30	Porter. Single.	Subject to fits from childhood; never a blow on the head; preceded by sense of head going round; father paralytic; a brother has fits; frequent choreic movements of left arm; fits once or twice a month; tongue clean and straight; no albumen in urine; costive.	Hereditary taint; intracranial irritation.	Extr. cotyl. umb.; Epsom salts.	Only under treatment for a month. No benefit.
14	J. J.	M.	15	Messenger.	Occasional headache, but never had fits previously. A sister died in a fit, aged 11; father of decline; is delicate, intelligent; for fourteen days vertigo; ten days ago suddenly fell down insensible, making a funny noise; felt stupid after; did not bite tongue; repeated headache after attack; urine normal.	Hereditary weakness; nervous diathesis; anæmia.	Vesic. nuchæ, cold sponging nitre, followed by ferri et quinæ citr.	Apparent cure; no return of fits in a month; general health improved.
15	W. L.	M.	15	——	Scrofulous; no disease till occurrence of fits for fifteen to eighteen months; enuresis before fits; screams; unconsciousness sometimes two hours; headache after fits; several daily; does not bite tongue; no aura; no masturbation; tongue clean; bowels open.	No local affection traced. Qy. hyperæsthesia in scrophulous diathesis.	Cotyledon umb., rhubarb & magn.	Marked benefit; only one fit during the three weeks of treatment.
16	G. W.	M.	29	Slater. Single.	Subject to fits since aged fourteen, at intervals of six to eight months; no warning; does not bite his tongue or scream; foams; entire unconsciousness; a severe fit the day before consulting; face has remained purple since; head large; eyes project; dull expression; drowsy after fit; cataract on right eye; always on left; pulse 56.	Tubercle in brain, with temporary congestion.	Empl. vesic. nuchæ., mist. magn. sulph.	The purging afforded relief; no radical cure attempted.
17	S. L.	F.	38	Widow.	Subject to fits from childhood; less frequent since marriage and childbirth; two years ago fit, lasting five hours; since often sense of approaching fits of suffocation and tremor; no paroxysm; constant cephalalgia and weight at vertex for two weeks; while under treatment, a fit; complete unconsciousness, leaving a numbness of left hand.	Intracranial irritation, probably organic.	Blisters, laxatives, iod. potass., steel.	Head-ache relieved; general health improved; under treatment about four months.
18	R. P.	M.	17	Clerk. Single.	Fits during dentition; subject to headache all his life; no fit again till aged 16; another four months later; since then frequently weekly; scrofulous appearance; an uncle had fits; screams before fit; unconsciousness about one hour; bitten tongue twice; headache urgent before fits; momentary warning; no albumen or sugar in urine; sp. gr. 1010.	Intracranial irritation; hyperæsthesia.	April 21 to May 9, Epsom salts and cotyl. umbil.; May 9 to July 25, sulph. zinc from gr. ii. increased to gr. x., ter die in inf. calumb.	Apparent cure; felt perfectly well when discharged. April 21 to May 9, two fits; less strong than previously. May 29 to July 25, no fits.
19	J. T.	M.	8	Son of a labourer.	Delicate; had a fit æt. six; one seven months ago; two four days ago; loss of senses; clenched hands; foamed; mouth drawn to left; frequent headache and vertigo; no albumen or sugar in urine; recently pain under heart; no morbid sounds; dulness increased, and dyspnœa; increased by pressure on heart; head hot; sounds of heart feeble at first; dulness disappeared under treatment.	Eccentric; pericardial effusion? error in diet.	Calomel; nitre; abstinence; tinct. ferri mur. c. digital. and squills.	Apparent cure.

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NO.	NAME.	SEX.	AGE.	CONDITION.	RESULT.	PROBABLE PATHOLOGICAL CAUSE.	PROMINENT TREATMENT.	RESULT.
20	E. J.	F.	15	Daughter of laundress.	Scrofulous habit; subject to service; occipital head-ache; no fits in infancy; first fit four years ago; at first monthly, recently once or twice a-week; generally in morning; no premonitory symptom; screams and falls in complete unconsciousness; violent struggles; scar on one side of tongue; intellect failing; left arm and leg most convulsed; no lesion of head traceable; once slightly menstruated.	Organic intracranial lesion.	Blisters dressed with ung. and sabinæ to nape; mist. magn. sulph.; mist. ferri; dec. aloes co.; commenced sulph. zinc.	Relief; under treatment five weeks, during which only two paroxysms; petit mal frequently.
21	J. B.	M.	18	Porter. Single.	Average height; good-natured expression; had a fit at five, leaving contraction of left hand; no fits again till six to eight years ago; then weekly, several; lately one in three or four weeks; no head-aches except after fits; dimness precedes entire loss of consciousness; foams and chokes; no screams; does not bite tongue; cut his head in last fit; tongue whitish; points to left; no albumen or sugar in urine; supervention of severe cough (pleuritis and tubercle) prevented attendance.	Centric; tubercle in right hemisphere? temporary congestion and exacerbation.	Nitr. arg.; cotyl. umbil.; blisters for cough.	Fits more frequent under nitr. arg.; reduced with cotyl. umb. (interval of six weeks); felt better while taking cotyl. u. than with other medicines.
22	B.	M.	16	Clergyman's son.	Recent attack of scarlet fever; followed by some œdema; but no albuminuria; sudden epileptic seizure, continuing with slight intermissions all day; convulsions; complete unconsciousness; foaming; left side chiefly affected; pupils dilated; heart much excited; head not hot; attack preceded in the night by short cough (vagus); had head-ache.—N.B. The father formerly subject to epilepsy.	Eccentric; probably an error in diet (veal, ham, & porter, the previous dinner) in nervous diathesis.	Blister to nape and morphia.	Went to sleep after taking ⅓ gr. morph.; complete recovery; no return of fit within above eleven months.
23	W. C.	M.	24	Smith. Single.	Inflammation of brain as a child; slightly deaf since; delicate since 7th year; subject to head-ache; tall and well-built; in the month before consulting had fits; long insensibility; foaming; swelling at throat; no morbid sounds of heart; for several months œdema of feet and abdomen; palpitation; diuresis; urine highly albuminous; no casts, but peculiar corpuscles; attributed to cold and having had tapeworm; repeated fits up to death, in six weeks; immediately before death pericarditis.	Eccentric? albuminuria, uræmia.	Gallic acid, tinct. ferri. mur., inf. cascar. c. ac. nitr., and occasional purge.	Death; kidneys atrophied, encysted, disorganised; very recent lymph on heart; much venous blood in cranium and brain; medulla obl. hard. (See case 2.)
24	F. T.	F.	16	Single.	In good health to 8th year; no scrofula in infancy; often stumbled; at eight, a short fit in bed; became black in face and struggled; six months after another fit; complete unconsciousness six hours; violent agitation; swelled neck; livid hue; vomiting; intellect impaired after each fit; had six at intervals of six months; then ceased, and thyroid swelled, and constant head-ache; worse for three months; neck measured 15 in. over thyroid; head-ache chiefly right side; slight squint on left; scrofulous; heavy appearances; articulates well; catamenia regular.	Tubercle in brain? centric.	Seton in neck, iod. potass. and gentian.	Head-ache cured; not a radical cure; was very partial to seton.

There is a tendency abroad to exalt the present generation of Medical inquirers, and the results attained by them, at the expense of those who have gone before. The feeling, not unnaturally, arises out of many advantages which we possess in regard to the means at our disposal of conducting scientific investigations, and yet more perhaps from the increased number of explorers and the consequent possibility of combining the work of many into one focus. Although neither my age nor my inclination would lead me, nor, I hope, ever will lead me, to be in the Horatian sense a *laudator temporis acti*, or a castigator juniorum, it is a source of little pleasure to find, whenever referring to the classical authors of our Profession of bygone ages, that so much of what is current in our present literature, and so much even of what is daily brought forward as original, was known and appreciated by men who are now held in comparatively small esteem. It is indeed humiliating to make this observation; and yet we dare not ignore the fact if we wish to form a correct estimate of our powers and of our prospects. This is one of many reasons why the history of medicine ought not to be neglected, and why it is desirable that, in our search after facts which only the modern appliances can open to us, we should constantly, and with due reverence, look back to the master-minds of former ages. I submit, also, that the study of the old masters has a peculiar influence in toning the mind, and restoring to it the balance which the hurry and turmoil of the present is too liable to disturb. While we should avoid blindly following them, we should employ them to mirror ourselves in, or use their works as a standard of impartial comparison. In no science is a strict discipline of the mind, probably, more necessary than in our own; in none, it appears to me, is it generally regarded as less important; as an essential element in the acquirement of the higher ranges of a science, a knowledge of its development, of its history, seems paramount; and yet, I fear, that the majority of us have cultivated all the fields of Medical knowledge more sedulously than the history of our Profession.

I know not whether my remarks find an echo among my hearers; but they will probably suggest themselves to those who have been tempted to refer, from curiosity or real zeal, to the descriptions of disease given by the ancients. Though their terminology often appears strange and uncouth, still, if we analyse our own views, and the knowledge actually at our command on given subjects, we not unfrequently find that the difference consists rather in words than in realities. To few questions are these observations more applicable than to the one of daily occurrence,—the nature of nervous phenomena. The convulsive affections are now, as they were in Galen's time, an enigma which no Œdipus has yet solved; and the empiricism of ages

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has not succeeded in determining the question of treatment. An ingenious author, only last session, read a paper before this Society, in which he sought to prove, that epilepsy was essentially a disease of the sympathetic system. Herpin has asserted, that zinc is an infallible cure for the malady, if employed for a sufficient length of time in increasing doses. Dr. Camps will admit, that, whatever the strength of his position is, the former is still an open question, while probably few or none would be inclined to give in their adhesion to M. Herpius's unqualified laudations of the oxide of zinc.

After these preliminaries, it might appear altogether supererogatory to offer any contribution towards elucidating the pathology of epilepsy; and I am, indeed, not so presumptuous as to suppose that I have it in my power to do so. But I apprehend that it is always more or less interesting to examine into the workings of nature, whether in the organic or inorganic world, in health or in disease; and, by a comparison of the facts each of us have seen, to add to our individual knowledge of disease, though we may not be able to contribute to enlarge the great temple of science.

In order to show how nearly the ancients approximated in their views to what is now current on the subject of epilepsy, let us glance at the description given by Galen. In the third chapter of the book, "De Locis Affectis," he says, "Epilepsy," *νόσος ἱερος*, or, as Celsus calls it, comitialis morbus, the disease which interfered with the holding the comitia, "is a convulsion of all parts of the body, not continuous, as in emprosthotonus, opisthotonus, and tetanus, but occurring at intervals; nor does it alone differ from the convulsions just mentioned in this point only, but also in the disturbance of the mind, the memory, and the senses. From whence it is manifest that the disease resides in the brain." This theory is further developed according to the prevalent doctrine; and he attributes the paroxysm to a viscid humour obstructing the passage of the spirit in the ventricles of the brain. Further on, in the fifth chapter of the same work, the author gives an elucidation of his views, which will be perceived to establish a still closer resemblance with what is now generally taught. "The disease," he observes, "like melancholia, presents three different species; but it is common to all that the brain is affected, whether by a primary lesion or by the law of sympathy. The first variety consists in the affection residing in the brain itself, as occurs in the majority of epilepsies; the second is presented to us when the disposition mounts from the orifice of the stomach to the brain by sympathy; the third, which is of rare occurrence, when the affection, beginning from some other part, creeps up to the brain, the patient being conscious of it." It would not be difficult to demonstrate, that much of Galen's doctrine is an incorrect interpretation of facts, and that he confounds phenomena that modern physiology and pathology teach us to keep asunder. It is not my purpose to enter into the analysis, nor to weary the reader with an historical account of all that has been taught on the subject of epilepsy, from the demoniac influences of Posidon, Enodius, and Hecate, so energetically combated by Hippocrates, to the recent vagaries of clairvoyance, or animal magnetism; or the more philosophical and legitimate inductions of Bell, Flourens, Romberg, or Marshall Hall. But one word with reference to the observations quoted from Galen. Do they not bear out the remark made *in limine*, that there is no very great ground for self-congratulation on the advances we have made since the time of the great Pergamenian? for he has clearly foreshadowed the doctrine of centric and eccentric causation of the epileptic paroxysm which still constitutes the limit of our knowledge regarding its essential nature. So long as we have not an analogue to the generation and propagation of nervous power external to the human organism, upon which we can make conclusive experiments, so long, it is to be feared, that we shall be unable to explain the *modus operandi* of the causes which we empirically see followed by epilepsy; so long shall we be ignorant of the changes in the nervous system which constitute the *causa proxima* of this fearful, this demoniac affection.

Upon one point regarding the pathology of epilepsy there will probably be no difference of opinion among us, namely, that it is not itself a substantive disease, but that it is a certain complex of phenomena manifesting a peculiar interruption to the functions of the nervous system, or of a portion of that system; anything, therefore, which interferes with those functions, so as to induce the epileptic paroxysm, becomes a cause of epilepsy; or, in other words, to remove the character of a truism from this remark, the pathological causes giving rise to the disorder are numerous, and the Physician should not deal with epilepsy as a disease at all, but only as the symptom of a lesion, whether this lesion directly affect the cerebro-spinal axis, or the sympathetic centres, whether its operation takes place indirectly through the organs of nutrition and sanguification or the bloodvessels and the blood; whether too great a tax is laid upon the nervous centres, or whether an extraneous or a blood-poison is conveyed there, unfitting them for the due performance of their duties. Without some leading principle, we are at a loss how to reconcile the various statements of trustworthy observers, who have either succeeded in finding no organic lesion by which to account for the epileptic paroxysm, or have each met with one of a different character. If we possessed the means of determining and measuring the operations of the vis nervea, we should probably find, that whether the functions are interrupted by a spicula of bone pressing on the brain; by the deposit of tubercular matter in the cerebellum; by the irritation of an injurious article of diet; by the presence of urea in the blood, or any of the numerous causes of epilepsy, the *modus operandi* is the same in each case; but the Medical man would regard the spicula of bone, the tubercular matter, the injurious diet, and the urea in the blood, as the enemy,—the actual disease against which he would direct his forces. This is not the less true, though we may fail in discovering this "actual disease" in every, aye, in many cases. The balance between the normal and abnormal condition of the nervous system may be so delicately poised, that the slightest extra weight turns the scale; influences that, under other circumstances, would produce no result, then excite the epileptic fit, as a cross look draws a flood of tears from an hysterical female, who, at other times, and in health, would brave even danger unmoved.

Tempting as the subject is, I will turn from these speculative inquiries to the prosier range of fact, and select a few cases of epileptic disease which have fallen under my observation, for illustration of some points regarding its pathology and treatment.

The first is one that appears to be free from any organic complication, and due solely to a temporary disturbance of the balance of the powers just alluded to.

Case 1.—B., the son of a clergyman, aged 16, of florid complexion, and apparently healthy constitution, who had not previously been subject to epilepsy, was, with two other members of his family, attacked with scarlet fever, which he had in a very mild form, and without any unpleasant sequelæ; there had been some œdema of the feet and stomach, but repeated examination of the urine had failed to detect in it any albumen. He had been convalescent for about a fortnight; during which time he was taking the tinct. ferri sesquichl., and was to resume his daily avocations as a clerk on the following day. During the night he was constantly troubled with a dry cough; violent headache supervened, and this morning (I am quoting from my diary) he was seized with a fit. I saw him at 8 p.m. with Mr. Daniel, and found that he had throughout the day had a constant succession of violent epileptic paroxysms. He was entirely unconscious; there was much struggling, especially convulsive movements of the left side, and chiefly of the left arm and face. The pupils were dilated; the breathing occasionally laboured; the eyes rolled about; the heart was acting violently; the pulse was very quick; the head not hot. The right extremities at the time of the visit were perfectly still, and exhibited no spasmodic action. He had been purged and vomited freely by the medicine given in the morning. It might, therefore, be assumed, that any peccant matter had been removed. The only exciting cause that could be discovered was a (possible) indiscretion in diet, his dinner on the previous day having consisted of veal, ham, and a glass of porter. I elicited that there was an hereditary predisposition, what might be termed a nervous dyscrasia, and shall not easily forget the startled look of the father when asked whether he had ever had fits, which he admitted evidently very much against his inclination. I can scarcely help regarding the dry cough that preceded the outbreak of the epileptic paroxysm as corroborative of the view that the irritant had affected the stomach, and being propagated to the brain by the pneumogastric, on its road as it were, laid a tax upon the organs of respiration. The dilated pupils, too, under the circumstances, rather indicated irritation of the abdominal sympathetic, than pressure on the brain by effusion. I have frequently noticed this nervous metastasis, more especially affecting the divisions of the vagus, without, as in the present instance, however, being followed by evidence of an entire disturbance of the nervous centres. What now was to be done in the present case? The attempt had been most judiciously made to expel any irritant that might have lodged in the intestine or the stomach; but the convulsive action continued almost without intermission, and threatened death from

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asphyxia or exhaustion. I could not satisfy myself of the existence of a plethoric state, or a state of congestion demanding bloodletting; there seemed no other indication, therefore, than to use remedies by which we are able to arrest spasmodic action, especially when the first impulse which has induced it seems to have a sort of catalytic power of constantly reproducing the spasm. The inference was, that a narcotic was demanded; and I, therefore, prescribed morphia, together with a blister to the nape of the neck. Counter-irritation, in the shape of sinapisms to the calves of the legs had been previously used to no purpose. The convulsions speedily subsided, and before the patient had taken half a grain of morphia in divided doses, he fell into a calm sleep, and on the following morning was quite himself again. He called upon me about a month after, to say that he had had no return of fits, that he had no recollection of the attack which had caused so much alarm, and that it was not followed by any kind of morbid sensations. I know that for more than a year afterwards he continued in perfect health.

There is one symptom in the above case that I crave permission to make a few remarks upon. It is, that the left extremities were most, if not exclusively, agitated during the epileptic paroxysm. On examining the records of epileptic cases which I have preserved, and of which I submit a tabulated summary, I find in nine a memorandum of one or the other side having been specially or exclusively affected at some period of the disease; in three only it was the right; in six the left, as follows:

Right side—

1. Contraction of right hand after a venesection employed for a fit.
2. Paralysis of right side of mouth, it being drawn to the left side after a fit.
3. Pain in right arm preceding the attack.

Left side—

1. Frequent spasms of left arm.
2. Numbness of left hand following fit.
3. Left arm and leg most convulsed during fit.
4. Left hand permanently contracted after fit.
5. Entire left side convulsed during the fit.
6. Slight squint of left eye, with headache on right side.

These numbers are too small to justify any definite conclusion; and before investigating the causes of the predominant affection of the left side, it will be necessary to determine, by a more extensive series of observations, that such is really the case. The subject deserves attention.(a) In the case just related, the unilateral limitation of spasmodic action was so marked, that in spite of the absence of all other indications of organic mischief in the earlier history of the boy, as well as in the symptoms, I could scarcely avoid regarding it as the result of a more serious lesion, than as a mere functional disturbance of the nervous power. The result has fortunately not permitted the determination of the presence of organic disease; but I have no hesitation now, on calmly reviewing the whole history of the case, in pronouncing the epileptic attack in this instance as the result of eccentric irritation in an individual, both from hereditary influence and the debilitating effect of a previous illness, peculiarly prone to epilepsy. In the same way as there is a tendency in convulsive action to perpetuate itself either until the nervous system or the entire organism is exhausted, so we may, not illogically, I think, assume that it may reproduce itself in a part first attacked, to the exclusion of other parts, without the presence of a permanent irritant.

(To be continued.)

FIBROUS TUMOUR.

By EDWARD RIGBY, M.D., etc.

Senior Physician to the General Lying-in Hospital; Examiner in Midwifery at the University of London.

(Continued from Vol. XXX., page 540.)

Mrs. C., aged 33, very young-looking, married thirteen years, seven children, the last seventeen months ago.

Nov. 26.—Has frequent pricking pain of pelvis, increased by standing or walking, with a sense of internal weight. At times she is quite free from it; frequent want to empty the bladder, especially during an attack of pain; has pain and sense of dragging at the right hip; catamenia are regular, but have become rather more scanty of late; constipation, which latterly has increased considerably; no piles; urine thick; tongue moist and flabby; pulse weak; little appetite.

Has not been in good health since her last confinement, but has noticed the above symptoms during the last summer, with great loss of strength and flesh.

Examination Abdominis.—A very hard, globular, moveable tumour is felt just behind the symphisis pubis, extending to the right side, as large as an orange.

Examination per Vaginam.—Os uteri open; uterus enlarged, bulging anteriorly; it is evidently identical with the tumour above the pubes; uterine sound passes 2½ inches, and then passes forwards somewhat further.

℞ Liq. calcii chloridi ʒss., bis die ex infus. aurant. co.; applic. ung. hydr. ori uteri quâque septimanâ.

℞ Pil. hydr. extr. hyosc. aa gr. v. tertiis noctibus; mistura ferri et magnesiæ sulphatis omni mane.

May 9.—Very much better in every respect; has taken the liq. calcii chloridi till within a few weeks, and continues the morning laxative as she requires it. Says that the tumour is decidedly smaller. She walks better, is fatter and stronger; tongue natural. During the last three months the catamenia have been about every three weeks.

The abdominal examination shows that the tumour has certainly not increased, but on the contrary I think that it is smaller; it is softer, and cannot be felt above the symphisis pubis so distinctly as formerly.

In a few weeks let her resume the liq. calcii chloridi.

Not having had the opportunity of making an examination when I last saw her, I cannot speak with such certainty as to the precise amount of diminution which the uterus had undergone, beyond that, as felt with the hand above the symphisis pubis, it was softer and less distinct. The distance to which the uterine sound passed when I first saw her was not more than might be expected in the mother of seven children. The globular shape of the tumour as felt through the abdominal wall, showed that the increase of bulk which the uterus had undergone was more at its sides than as regards its length. The anterior wall was evidently much thickened, and by its pressing on the bladder produced the frequent desire to empty it, as was described among her symptoms. The diminution of the pain and sensation of weight in the pelvis, which arose from the pressure of the enlarged uterus, also justified the inference, that the mass was now smaller.

S. J., aged 38; married twelve years; four abortions before her first child was born, the birth of which was attended with puerperal inflammation. Her third child was still-born at the full time; had another abortion six months ago.

Feb. 21, 1853.—Haggard, feeble; severe neuralgic pain of sacrum, extending to both groins (chiefly the right) and into the thighs, much increased just after a catamenial period. The catamenia are inclined to be too profuse; the intervals are irregular, being sometimes too short, at others beyond the ordinary time. No leucorrhœa; tongue rough; bowels inclined to constipation; urine clear and pale; appetite tolerable. Lying down does not relieve the pain. Has been out of health since the birth of her eldest child. Takes one grain of hydr. cum cretâ occasionally.

Examination per Vaginam.—Uterus much enlarged, low down in the pelvis; os resting on the perinæum, and yet externally the fundus can be felt on the right side above the pubic bone. Uterine sound passes upwards and to the right full four inches.

℞ Liq. cal. chlor. ℥xxv. ex infus. aurant. co. bis die. Infricetur ung. hydrarg. ori uteri quâque septimanâ.

April 8.—The dose of muriate of lime has been increased weekly until she has taken ℥l. twice a-day. A piece of Hooper's hard mercurial ointment has been rubbed into the lower part of the uterus and os every week; her health has improved; the catamenia have come more naturally; she has had less pain, and has felt stronger and better.

Examination per Vaginam.—The os uteri is not so low; it is still hard, especially the anterior lip; the enlargement seems to be chiefly of the anterior wall of the uterus. The uterus itself is more moveable; and, although not so low in the pelvis, the fundus does not appear so high above the pubic bone. Repet. mistura and unguentum.

March 10, 1854.—Continued the mist. calcii chloridi for some time while in the country. After an entire cessation of all medicine for some months, she commenced Hooper's concentrated artificial Kreuznach water ʒi. three times a-day in warm water, besides using a lotion of ʒii. to the ʒi. of water for an injection per vaginam.

(a) Since this was written, I find that in a girl aged 10, who has been subject to epilepsy since her seventh year, and is now under treatment, the left side uniformly suffers more (both upper and lower extremity) than the right; the convulsive movements are stronger, and the subsequent paralytic condition is more marked and permanent on the former than on the latter.

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The uterus having descended so very deeply into the pelvic cavity, was, in all probability, the cause of the neuralgic pain which she suffered about the sacral region; in other respects there was a considerable similarity between this and the preceding case; in neither had the disease attained a great size. Both patients were feeble, and broken down in health and strength; and, as their state forbade the use of leeches, I had merely the muriate of lime mixture, and the application of ung. hydr. to the os and cervix uteri to rely upon.

I do not quote these two cases as remarkable for their success; but offer them as pointing out the value of this species of treatment, even where the health and strength have been much reduced. Although the uterine tumour has not so strikingly diminished as in the cases previously reported, yet it was sufficiently so to relieve the pelvic viscera from much injurious pressure, and the patient from constant suffering, which was gradually exhausting her. The uterine tumour had also become softer; the catamenia more regular, and the general health of the patient greatly improved.

It is now two or three years ago that my attention was called to a most interesting paper, by my friend Dr. Oscar Prieger, of Kreuznach, on the treatment of the fibrous tumour of the uterus by the well known mineral waters of that place. From the practice of Dr. Prieger, sen., as well as his own, he has been enabled to give the results of about seventy such cases, a large proportion of which have been eminently successful. Although he gives the water internally, he appears to produce his most remarkable effects from the use of baths and fomentations, the strength of which has been increased by the addition of the Kreuznach salts evaporated down. In two cases of great severity, (especially one of enormous size and hardness,) and which had set me entirely at defiance, he has produced very favourable changes, with justifiable hopes of still further improvement. For some time I added a solution of muriate of magnesia of the same strength as the liq. calcii chloridi, but not being satisfied with the results, Mr. Hooper has prepared for me an artificial Kreuznach water, so concentrated for easy carriage that a teaspoonful (3i.) in a glass of water is the ordinary dose. I commenced this in the case last recorded, and have found it of great value in many cases, of which I will give an instance in my next.

I have also given the bromide of potassium, in five-grain doses, during the last year, having reason to believe that the Kreuznach water owes a considerable part of its activity to the presence of this salt. I have given it alone, or with the combined muriates of lime and magnesia, or have added an entire dose of it to the artificial Kreuznach water. Good results have followed its exhibition; but whether they were owing to its effects or other causes must be decided by further observation.

Mrs. J. C., aged 38; married two years; never pregnant; very tall; fair.

June 27, 1854.—Has no peculiar symptom to complain of, except that she discovered a hard tumour at the lower part of the abdomen, which has gradually risen nearly up to the umbilicus. The catamenial periods have become more painful during the last four months, and the discharge more profuse, but not to a severe extent.

Examination Abdominis.—A hard globular tumour is to be felt extending from behind the symphisis pubis to the umbilicus. There is also a smaller nodule on the right side.

Examination per Vaginam.—The cavity of the pelvis is occupied by a hard globular mass, which is evidently continuous with that above the symphisis pubis. I can find no os uteri, unless it be a small ridge with a depression, which I feel upwards, forward, and to the left.

Artificial Kreuznach water twice or three times daily. Applic. unguent. hydrarg. durum ori uteri quâque septimanâ.

Sept. 28.—Looking better. Has continued the Kreuznach water and the application of the ung. hydr. ever since last report. The ointment has each time made her feel very languid. From the little which has come away, it is evident that a considerable quantity has been absorbed. The periods have been somewhat less painful, and are decidedly less profuse. The sensation of pressure upon the bladder is less, and she thinks that the abdomen is smaller. The general health is good; tongue pale; pulse of tolerable strength.

Examination Abdominis.—Besides the two tumours already described, another may be distinguished in the left iliac region. The others appear to be more moveable on each other. The upper one is the largest and hardest.

Examination per Vaginam.—The mass which fills the brim and projects into the cavity of the pelvis appears to be softer. I can now reach the os uteri easily; it is close behind the symphysis pubis, a little to the right side. The uterine sound passes at least six inches. The mass is moveable. Pressure on the upper tumour chiefly moves the sound.

Omit. aqua mineralis pro tempore. Mistura acidi nitro-muriatica c. taraxaco. ex infus. aurant. co. Applic. hirud. vj., parti uteri inferiori ante menstruorum accessum et rep. post septimanas duas.

Jan. 5, 1855.—Has for some time past returned to the use of the ointment and of the artificial Kreuznach water; is weak; and the tumours, as far as an external examination goes, do not appear smaller.

℞ Acid. nitro-mur. cum liq. taraxaci ex infuso cinchonæ oblongifoliæ.

The large mass of fibrous tumour, which not only filled the pelvic cavity, but extended to the umbilicus, had gradually formed, with little or no derangement of health, and, until within half-a-year, without the patient being conscious of its presence. Its growth, however, must have been rapid, because, when first discovered, it was felt at the lower part of the abdomen, and yet, in a space of six months, had risen nearly up to the umbilicus. The lower portion of the uterus was so distorted, that I could not reach the os uteri, unless the indistinct feel of a little ridge, and corresponding depression, were the remnant of it, lost in the general enlargement. This, however, proved not to be the case, as, after a three months' course of the the artificial Kreuznach water, and weekly application of the mercurial ointment, a sufficiently favourable change had been effected in the lower part of the tumour to enable me to reach the os uteri, close behind the symphisis pubis, with ease. The catamenia had become much less profuse, and somewhat less painful; there was also evidently less pressure upon the bladder.

The quantity of the mercurial ointment which is absorbed varies exceedingly in different patients, and in the same patient at different times. The mode of applying it is to pass a piece of the hard ointment, of about 3ij. to 3iij., up to the os uteri, and to move it over the hardened mass until it has entirely melted, and then to plug the vagina with a wad of lint, lubricated with some ceratum cetacei. On removing it the following morning, so much ointment will sometimes return, that it is evident but little has been absorbed; whereas, in other cases, the lint comes away merely soiled, the whole of the ointment having disappeared. My patient had evidently carried out the course of treatment most zealously for three months, and I therefore desired her to suspend it for a while. She resumed it again, but did not appear to have borne it so well; I therefore again stopped it, put her upon bark and nitro-muriatic acid, and trust that she will not return to the treatment until the spring.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

CASES OF ACUTE ORCHITIS TREATED BY THE LOCAL APPLICATION OF ICE.

[Cases under the care of Mr. CURLING.]

THE following cases are, as far as our information extends, the first in which the plan of treatment resorted to has ever been adopted. The use of cold lotions, and occasionally of ice also, may have been frequently tried, but we are not aware that any Surgeon has recorded cases in which cold alone was relied on as the efficient remedy. Mr. Curling informs us, that he has on previous occasions once or twice ordered the application of ice, but that the plan was not, in either instance, carried out with care. In the following, the treatment was carefully superintended by Mr. Samuel Fox, one of Mr. Curling's dressers, from whose notes the appended details are taken.

Case 1.—*Acute Orchitis from a Blow (?)—Six Days' Employment of Ice.—Cure.*—Thomas H., a slight, delicate-looking lad, aged 18, admitted on January 30, 1855, on account of swollen testicle. On examination, the right testicle was found much swollen, hot and red, hard and tender. It formed a nearly uniform tumour, of from twice to three times the size of the healthy gland. The body of the testis seemed to be the part inflamed, rather than the epididymis. The boy's statement was, that it arose from a fall, with his legs separated, on the previous day; and to this statement he pertinaciously adhered. There was evident redness, however, of the tips of the urethra; and a small

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quantity of thin, opaque, white discharge was made to appear on squeezing out the canal. He was in considerable pain, which increased on attempting to walk, so that he could hardly get from one room to the other. He was put to bed; the testicle was supported by means of a crutch-pad applied transversely beneath it; the piece of bandage attached to each end of the pad was brought above the crest of the ilium, and secured around the body. Ice was applied in a bladder to the testis; and the cold was carefully maintained by using large fragments of ice, and by putting in fresh pieces as often as liquefaction took place.

Vespere.—The pain is greatly relieved; the scrotum firmly contracted; the testicle cold, and the skin covering it blanched. Tenderness is much diminished.

Jan. 31.—He suffers but little pain; the heat and tenderness of the testicle have much diminished. Continue the ice. To take a purgative powder of calomel and jalap.

Feb. 2.—There is now little or no pain in the testis; no excess of heat; and the tenderness is much diminished. It is decidedly softer and smaller than when he came in.

5th.—The size and tenderness of the testis have steadily diminished day by day. It now scarcely exceeds the other in bulk. Allowed to get up, and to discontinue the ice.

8th.—The testis still slightly exceeds the other in size, but feels soft and loose, and free from tenderness. Ordered a suspensory bandage, and discharged cured.

In this case the ice was used without intermission, night and day, from Jan. 30 to Feb. 5, with the exception of a purge. No other remedy was resorted to.

From the circumstance, that, in the above case, the gland itself, rather than the epididymis, was the part affected, Mr. Curling was inclined to think it not improbable that the lad's statement as to the cause of the disease was correct, and that it had really followed an injury. If so, its speedy cure is yet the more satisfactory, since orchitis after blows or of idiopathic occurrence is usually much more intractable than the gonorrhœal form.

In the next case, the man's statement as to a blow was probably false. No doubt the disease was gonorrhœal.

Case 2.—Acute Orchitis after Gonnorhœa.—Three days' Employment of Ice.—Cure.—H. H., aged 25, was admitted on account of swollen testicle, on Feb. 2, 1855. He stated, that in getting out of a van he had fallen across a wheel, the edge of the wheel striking the testicle. The accident was said to have occurred on the day previously. The right testis was red, hot, and tender and swollen, so as to form a tumour about three times the size of the healthy gland. The hard, swollen, and very tender epididymis could be felt distinctly at the outer and back part; the rest of the tumour was not so hard as in the previous case; and, from the obscure fluctuation in some spots, conveyed the impression of partial effusion within the tunica vaginalis. On the inferior aspect of the penis, just behind the corona glandis, there was an unnatural opening, through which the urine was accustomed to flow. The natural urethral orifice was also present. A little whitish discharge was present at the abnormal orifice; he admits that he has had a discharge for about a fortnight; at first thin and transparent, afterwards white and opaque. He was put to bed; a crutch pad was applied, and ice used in the same way as in the former case. Calomel with jalap ℈j. was administered, and milk diet and beef tea ordered.

Vespere.—He feels much easier.

Feb. 3rd.—There is very little pain in the testis, and the tenderness is much diminished; the heat and redness are kept down by the cold application.

5th.—He has steadily improved since the last date. The testis has gradually decreased in size, and become less tender and painful. Complaining of dampness and discomfort produced by the ice, he was allowed to discontinue its use by night. Middle diet.

8th.—The testis is now very little larger than the other gland. The heat, pains, and tenderness are quite gone. Discharged cured.

In this case, as in the former, with the exception of a purge, ice was the sole remedy employed; and from February 2, to February 5, its use was maintained day and night with the same regularity.

Remarks.—In some clinical comments on the above cases, Mr Curling directed attention to the following recommendations of the plan of treatment adopted:—1st. Its efficacy; both of the cases having yielded quickly and been perfectly cured. 2ndly. The early and efficient relief to the pain afforded by the benumbing influence of the cold. 3rdly. The regular and even compression of the inflamed gland procured by the cold inducing tonic contraction of the dartos. 4thly. The saving of the patient's strength by the avoidance of all depletory measures.

The good effect of compression of the gland in orchitis has long been acknowledged, the problem being to effect this evenly and without pain. The influence of cold here appears to be most appropriate, since it at the same time exerts an anæsthetic power, and causes most efficient compression of the part. In the majority of cases of gonorrheal orchitis, the patients never lay up, and in such the ice plan would manifestly involve too much trouble. There is, however, a class of more severe cases: those for the most part following injuries or occurring idiopathically, in which the pain is intense, the constitutional disturbance great, and in the treatment of which the ordinary remedies are often liable to disappoint. For these Mr. Curling's plan would appear to possess very great advantages.

ST. BARTHOLOMEW'S HOSPITAL.

THE AURO-TERCHLORIDE OF SODIUM IN SYPHILITIC DISEASE OF THE TONGUE.—UNSUCCESSFUL RESULTS.

Mr. Paget has recently made an extensive and careful trial of the auro-terchloride of sodium in the treatment of syphilitic affections of the tongue, and without success. The cases selected were those of tertiary disease, in the forms usually found so intractable—viz., abrasions, fissures, white markings, etc.; and many of them had been previously under much treatment. Mr. Paget was induced to try this new remedy, from having, in conversation with a German physician, been informed that in Vienna it was found remarkably useful against that particular class of symptoms. The remedy was procured and made up with the greatest care, under the especial direction of Mr. Wood, the Apothecary of the Hospital; while, as guarantee that the trials of it were so conducted as to guard against sources of fallacy, the name of the Surgeon concerned is sufficient. We shall not record the details of the cases, the result in all being equally disappointing. They were about twelve in number, and in most the remedy was continued over periods of a month or two. In several it produced symptoms of gastric irritation sufficient to show that it was felt by the patient, and that it was pushed as far as safe; while in none did it appear to exert any beneficial influence over the disease. The subjects of the trials were attending St. Bartholomew's Hospital as out-patients. The treatment has now been given up, as the results seemed sufficiently conclusive.

The auro-terchloride of sodium has, we believe, been used extremely little, if at all, in England, previous to the trials of it above alluded to. Pereira says of it, that its effects and uses are analogous to those of the terchloride of gold, over which it has the advantages of being more constant and less costly. Its dose is from one-twentieth to one-tenth of a grain, made into pill. Of the terchloride of gold, Pereira states: "It has been employed with variable success, as a substitute for mercury, in the secondary symptoms of syphilis. A more extended experience of it is, however, necessary to enable us to speak of its remedial powers with confidence. In the hands of Chrestien, Niel, Cullerier, Legrand, and others, it has proved most successful."

HOSPITAL FOR SICK CHILDREN.

MEASLES.—CROUP.—URGENT DYSPNŒA.—TRACHEOTOMY.—DEATH.—AUTOPSY.

[Under the care of Dr. WEST and Mr. ATHOL JOHNSON.]

The following case is of value, as an additional fact towards the determination of a very important question in practice. Having so recently given a summary of the experience of the London Hospitals, during the last few years, in respect to tracheotomy in croup, we need not preface it by any general remarks. Those of our readers interested in the subject may find the report alluded to at page 592 of this Journal, for December 9, 1854; and the particulars of a case which has occurred since its publication, at page 88 of the Number for January 27. The latter case, which was under Dr. Todd's care, in King's College Hospital, as well as the one about to be recorded, are instances in support of the opinion, that, in English croup, the diphtheritic exudation is rarely limited to the larynx. In Dr. Todd's case, no false membrane whatever existed in the pharynx or upper part of the larynx, while it lined the bronchial tubes to their ultimate rami-

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fications. In Dr. West's case, although the larynx was most extensively obstructed, yet the false membrane also extended to bronchial tubes of the tertiary rank. In France, it seems to be a pathological fact, that the pharynx and upper part of the larynx are not uncommonly the parts chiefly affected by the disease. Hence, no doubt, the difference in the results obtained from tracheotomy in the two countries.

A girl, aged 2½, was admitted on Jan. 9, 1855, with symptoms of mild croup. The account was, that the eruption of measles had come out three days previously, but had disappeared in about twenty-four hours, without any immediate aggravation of other symptoms. From the very beginning of the illness the cough had been slightly ringing and the voice a little stridulous, and such was still their condition. The treatment ordered by Dr. West consisted in the exhibition, every four hours, of small doses of grey powder and Dover's powder, in the application to the fauces of a solution of nitrate of silver, (℈j. ad ℥j.,) and the maintenance of a high temperature with moist atmosphere around the patient.

On the sixth day of the illness, and the third after admission, the voice and cough were a little more stridulous, but no urgent symptoms appeared until the afternoon of the following day. The dyspnœa had, at the latter period, become extreme, and was in no respect relieved by the full doses of tartar emetic which had been ordered.

At 10 a.m. on the eighth day, the child was breathing with much difficulty. Its voice was suppressed, the cough feeble and stridulous. Deglutition was, however, still easy, and the lips were not very livid. A mixture, containing ammonia as its active ingredient, was now ordered; and it was determined, in consultation, to perform tracheotomy, should the symptoms advance.

At 1 p.m. the dyspnœa rather suddenly became extreme, and the child seemed moribund. Mr. Johnson was in the Hospital, and at once proceeded to the operation. The trachea was easily exposed, and a little venous bleeding quickly arrested; after which the tube itself was opened with a scalpel. A canula not being at hand, Mr. Johnson passed a silk ligature through each side of the incised part of the trachea, by means of which the aperture was kept patent until the canula was procured.

Considerable relief followed the operation; but paroxysms of dyspnœa, nevertheless, continued to recur, and the cough was frequent and troublesome. The child gradually lost power, and died in a paroxysm of difficulty of breathing, about thirty-one hours after the operation.

The following are some particulars of the autopsy:—No ulceration, nor any false membrane about the soft palate or tonsils. The whole interior of the larynx occupied by false membrane, not in a coherent layer, but yet completely lining it, and so filling the interspaces between the chordæ vocales as to leave very little space for the passage of air. In the trachea, the membrane became a more distinct tube, and formed a coherent lining, which continued down as low as the aperture made in the operation, below which it had a less regular and more shreddy appearance, though still quite continuous. It was of a dirty-greyish colour, and extended, though with diminishing consistence, into the tertiary bronchi on the left side, though scarcely into the secondary on the right. On each side it lost much in cohesion the further it was traced, until it merely resembled thick pus. The bronchial and tracheal mucous membranes were of a vivid red colour, but the smallest bronchi were unaffected; and the lungs themselves, though congested, were for the most part emphysematous. There was no pneumonia, and no pleurisy, but a few small patches of pulmonary collapse were noticed, especially in the left lung.

THE CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

PERSISTENT DRY STREAK ON TONGUE AND OTHER SYMPTOMS CAUSED BY A NASAL POLYPUS.

[Case under the care of Dr. BENTLEY.]

Contributions towards an accurate knowledge of the meaning of symptoms and the indications derivable from them are of the utmost value, and, as such, the following case appears to be well worthy being brought before the attention of the Profession. There is, perhaps, no single symptom upon which Practitioners of experience are accustomed to rely with more confidence than upon the state presented by the tongue. Its condition as regards dryness or moisture, which is the one with which we are now concerned, is always held to be an indication of the utmost importance. Every one is, of course, aware that the tongue may be made dry by the continued passage of a current of air over it, as often happens in fevers, etc., when the patient lies with the mouth open. It is probable, however, that whenever this occurs readily and to an extreme degree, the secretions are at fault likewise, the merely subjective phenomenon of clamminess and a feeling of dryness perceived only by the patient being the more ordinary products of such exposure. A bad cold in the head, causing obstruction to the nasal passages, and obliging the patient to sleep with the mouth open, will often cause the tongue to feel on waking as dry as possible, but in reality rarely causes it to become absolutely arid, *i. e.*, to the touch or to the eye. The careful observer is, therefore, from a knowledge of these sources of deception, always accustomed, when his patient complains of a dry tongue, to examine closely as to the influence which mere exposure of the organ may have had in producing it.

We are not aware, however, that any observations have as yet been recorded which would inculcate the yet further degree of caution which is taught by the following case:—It would seem from it, that not only may nasal obstruction cause the perception of dryness of the tongue to the patient, but that it may cause the important objective symptom of an arid, and absolutely dry streak, to persist without change for months together.

Henry L., aged 32, an omnibus driver, a tall, florid, and moderately stout man, first came under care on June 3, 1854. He had been away from work for several weeks, complaining of feeling weak, confused in his head, etc. The tongue was generally red and firm-looking, and presented on its dorsum, for a few lines on each side of the centre, a streak, which ran from tip almost to base, which was quite dry. His lips were red and parched, and the countenance a little bloated-looking. He had very little cough, and complained almost solely of headache. The dryness of the tongue being supposed to indicate some chronic visceral disease, a very careful examination of the chest and abdomen was made, but nothing was detected. To make the story short we may state, that from this date to December 3, a period of six months, he continued to attend regularly as an out-patient, once a-week or fortnight, and was seen conjointly by Dr. Bentley and Mr. Hutchinson. His peculiar symptoms excited much interest, and he was repeatedly subjected to most careful examinations. During that period, although retaining an appearance of robust health, he always alleged that he could not work on account of his headache. His aspect, to a certain extent, confirmed his description of the headache, for he generally looked confused and heavy, as if in much discomfort. At times, he said, the pain and disagreeable sensations of fulness in the head were such, that "he thought he should go mad." His habits were inquired into, and it appeared that he was a sober man, accustomed to live tolerably well. While under treatment he abstained entirely from strong drinks. The urine was generally clear and natural in appearance, the bowels acted regularly, and the appetite was fair. Many remedies were tried; repeated blisters to the back of the neck, a long course of small doses of mercury, stomachics, etc., but with only very slight and variable benefit. Once or twice during the period referred to, the notes state that the tongue was less dry than usual, but it never got moist, and generally presented just the same arid streak which it had done at first. The headaches also persisted, and were frequently very severe. The man had, however, not lost flesh. He had suffered no other symptom of disease of the nervous centres, excepting headache, and he still retained a florid complexion. Altogether the case was a very puzzling one.

On Dec. 2 attention was attracted to a new feature by the man stating that he had pain in the right nostril. On inspection the nostril was seen to be occupied by a growth consisting of numerous soft polypi, which quite filled its upper part, and the lowest of which hung within half an inch of the nasal opening. The left nostril was free from the disease, but was occluded by the nasal cartilage which had been bulged over so as to touch the opposite side. It was now remembered that the man had always carried his mouth a little open, and, on being questioned, he admitted that he had long done so from a sense of obstruction in his nose. Mr. Hilton, as Surgeon to the Institution, was now asked to see the case, and extracted at once some large masses of polypus. No great improvement resulted after the first operation; a fortnight later, however, a second was performed, and a yet larger quantity removed. The following note was made a fortnight subsequent to the last. The tongue is quite moist in all parts, it being more than two hours since he drank any fluid. The position where the dry streak formerly was is still marked by the remains of the transverse fissures. For a fortnight past he has been able to breathe freely through his

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nose, and has had no annoyance either from headache or dry tongue. He feels quite well, is much delighted with his cure, and is intending to return to work.

There can, we think, be no reason for doubt as to the correctness of the opinion, that in the above case the dry tongue and the headache were really caused by the nasal obstruction. The way in which they persisted, in spite of all treatment, until that obstruction was removed, and in which they vanished immediately after its removal, appear to be conclusive on that point. In explaining their occurrence, however, we must allow somewhat to the peculiar constitution of this patient. Some people have habitually deficient secretions, and suffer from parched mouth from much slighter causes than others. No doubt in this instance the man was peculiarly susceptible, his habit of body being what would be popularly termed full and inflammatory. Nasal polypi, however large, or even if occurring in both nostrils, do not usually cause dry tongue, or any other serious symptoms; indeed, Mr. Hilton, whose experience in these cases has been very extensive, was at first very doubtful whether such could be their origin in the present instance. Admitting, then, that the case illustrates a very rare occurrence, yet it does not, on that account, lose its interest and importance to the practical Physician. If so marked and such persistent symptoms may now and then be caused merely by obstruction of the nasal passages, it is but fair to presume that in less degrees the thing may occur more frequently. The moral of the narrative is an evident one, viz., *in all cases in which dryness of the tongue or headache occur without apparent cause, examine carefully as to the patency of the nares.*

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

TREATMENT OF ACUTE RHEUMATISM.

With certain modifications, according to peculiarity of case, the basis of the treatment of acute rheumatism now most generally pursued in the London Hospitals consists in the exhibition of the neutral salts. It is rare, indeed, to see a case treated into the prescriptions for which neither the acetate, tartrate, or nitrate of potash have entered. The congratulatory remarks which are frequently made at the bedside by Physicians of long experience must be considered as strong evidence of the good effects of the improved practice. The disease no longer needs "the six weeks and patience" which it once required. Lemon juice still holds a high place in the esteem of some Physicians, among whom we might mention Dr. Burrows, Dr. Risdon Bennett, and Dr. Rees; while many others employ it as an adjuvant without relying on it alone. That in certain cases it exerts almost no appreciable influence, is generally admitted; while that in others it not unfrequently cures like a charm, is equally certain. What we desiderate is, an appreciation of the class of cases in which it and in which other remedies are severally most likely to be of use. Until that is more or less known, the only refuge is in complexity of prescription, an expedient always to be regarded with distrust, but not to be shrunk from when required by duty. An illustration of the occasional uselessness of lemon juice was afforded by a man under Dr. Babington's care, about a year ago, in Guy's Hospital. He was a man aged 47, and was admitted in the third week of an attack of acute rheumatism, for which he had kept his bed, and had consumed during the last four days no less than seven pints of lemon juice without the least relief. The juice had been obtained directly from the fruit, of which he had used eighteen large ones daily. Dr. Barlow, of Guy's Hospital, is accustomed to state to his clinique, that the most rapid recovery from acute rheumatism that he ever witnessed was under treatment by the acetate of potash. We may quote the following case as a fair example of the usual treatment pursued by that excellent practical Physician, and also of its average results. The plan of treatment is, however, by no means peculiar to Dr. Barlow. H. T., a strong, robust man, aged 33, was admitted on the third day of his first attack of acute rheumatism. The disease was severe. Ordered to take a draught containing half a drachm of acetate of potash, ten grains of the nitrate of potash, and ten minims of the vinum opii, diluted with barley-water. For nine days he was kept on low diet, and on the tenth the improvement was so far advanced, that the decoction of bark was substituted for the barley-water in the prescription, and a better diet was allowed. On the fourteenth day he was convalescent, about the ward, and marked for discharge in a few days.

TREATMENT OF RICKETTS AND BENT BONES.

The constitutional remedies which we see most commonly ordered at the Orthopædic Hospital, for cases of bent bones, are the cod-liver oil and the tincture of iron. These are frequently given together, the former in doses of one to three teaspoonsful, the latter in from five to ten minims, according to the age of the patient. The course is usually continued for several months at a time. Both in these cases, and in those (of somewhat similar nature, as regards origin in a debilitated state of constitution) in which the joints become distorted from laxity of the ligaments, artificial supports are constantly used. The cause of the yielding is in both transitory in nature, and will cease to exist as the patient advances from childhood. The indication for treatment is, therefore, plain, viz., to keep the limbs straight until the requisite strengthening takes place. By light wooden splints, such as those used at the Orthopædic Hospital, this may be accomplished without confining the patient or restricting healthful exercise. When not standing it is perhaps as well to remove the splints, but the nurse should be instructed to be very particular never to allow any use to be made of the limbs when unsupported. But beyond the prevention of further yielding, the use of splints has the great recommendation that it will rectify deformities already caused. Instances in proof of this are constantly in attendance. The treatment must of course be commenced before the bones have consolidated. Many practitioners regard with dislike the practice of putting splints on to the legs of young and delicate children, and prefer to insist that their patients shall abstain from walking until the bones have become strong enough to bear them. This is supposed to be following Nature's indications. We cannot but regard, however, the objections to artificial support as chimerical, and believe that a few visits to the Hospital above mentioned would suffice to remove them from the mind of the most sceptical.

MODE OF BREAKING A GANGLION.

In South's "Chelius" is the following statement: "It is not often that a ganglion can be broken by pressure with the thumbs." Such an assertion must sound very strange to the many Surgeons who never think of resorting to any other method, and who would regard as almost unsurgical the old and clumsy manœuvre of "a blow with a book or a piece of board;" and it may therefore be worth while asking the reason of such a difference as to a point of fact. Those who cannot break ganglia with the thumbs, probably fail from not attempting it methodically. There is an art in this, as in everything else. The patient's wrist should be flexed, so as to make the skin tense over the ganglion, and the Surgeon should then grasp the hand in both his own, so that his thumbs may be placed one upon the other over the centre of the swelling. A few moments' pressure so applied will serve to rupture almost any ganglion. If one thumb be placed over one part and the other on another, by the law of diffusion of pressure in fluids the two counteract each other, and much loss of force ensues.

TOURNIQUETS AND OTHER MEANS OF PREVENTING ARTERIAL BLEEDING.

It may not be uninteresting to some of our readers to be informed as to the plans in general use in the London operation theatres for preventing hæmorrhage. First we may remark, that, in deciding whether to employ manual or instrumental pressure, the Surgeon is generally guided by the degree of confidence which can be reposed in his assistants. This was, we believe, Liston's rule in the later part of his life, in which he began to use the tourniquet much more frequently than before. Unless, indeed, the assistant can be relied on most implicitly, instrumental security should never be neglected. There are circumstances, however, in which, as in amputation high up in the thigh, a tourniquet cannot be used. In the only case of removal of the thigh at the hip-joint which has occurred in London during the last two years (Mr. Adams',) the compression of the vessel was maintained by placing a roll of moistened bandage across its course over the brim of the pelvis, on which the assistant's hand was kept. The expedient is one recommended by Guthrie; it answered most admirably, and is well worthy of adoption under all similar circumstances. The advantages of a pad over the thumbs only are manifest; it lays lengthwise across the artery, and the latter is thus prevented rolling from under it. It affords a support to the hand of the assistant, and prevents the fatigue which thumb-pressure, long continued, always causes; it also permits of change of hands, or even of change of assistants, without risk. By making the bandage wet, it adheres somewhat to the skin, and does not slip;

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it may, if thought necessary, be yet further fixed in place by a broad strip of plaster.

For amputations in the lower part of the thigh we generally see the common circular tourniquet employed. Mr. Skey's ingenious instrument is avoided on account of its supposed liability to slip. Many Surgeons place a roll of bandage beneath the pad of the tourniquet, in order to increase its size, which in most instruments is far too small for the femoral artery. Mr. Haynes Walton has had a tourniquet made for this special purpose, with a pad of three times the ordinary dimensions, which answers very well, and avoids the risk of slipping incurred by placing one pad over another. At the London Hospital, an old-fashioned instrument is still used, which consists merely in a belt of webbing, which surrounds the limb, and then passes by its two ends through slits in a piece of thick sole leather, and is drawn tight by twisting a little wooden handle over which it is tied. Having no screw, it requires, of course, to be held throughout the operation by an assistant. Its sole advantage appears to be its extreme simplicity and cheapness. The whole might be made extempore at the cost of a few pence.

In the treatment of secondary hæmorrhages, the instruments usually employed are either Signoroni's or Mr. Skey's, most commonly the former. Both, but especially the former, (which is an invaluable piece of apparatus,) have the advantage over the circular ones, of not compressing the limb generally.

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Medical Times & Gazette.

SATURDAY, MARCH 3.

NAVAL ASSISTANT-SURGEONS.

It is currently reported that upwards of one hundred Assistant-Surgeons are required to fill the present vacancies in the Navy. In a short time the Fleet will be on its way to the Baltic; and, unless the Lords of the Admiralty can frame regulations for the Medical Officers of the Navy far more to the taste of the Profession than are the present, the ships of that Fleet will proceed to sea with little more than half their complement of Surgeons.

The Government and the younger members of the Profession are just now engaged in a curious contest; the latter are holding meetings at the Metropolitan and Provincial Hospitals, for the purpose of pledging themselves to refrain from accepting an appointment in the Navy during the existence of the present Admiralty regulations.

Thus, at the Middlesex Hospital, the following Resolutions were passed at a meeting of the students held during the course of last week:—

"That this meeting, in common with the nation at large, views with deep and unfeigned regret the ill success which has attended the many efforts made by Members of Parliament and the public Press to meliorate the condition of the Naval Assistant-Surgeons. It anticipates with anxiety and alarm the unnecessary loss of life that will ensue, should an action occur while the Navy is so inefficiently supplied with Surgical aid, and enters its earnest protest against regulations which are derogatory to the Medical Profession, and detrimental to the efficiency of the Naval Service.

"That, as a preliminary step, this meeting resolves that no student present, on becoming a member of the Medical Profession, shall accept an appointment in the Navy during the existence of the present Admiralty regulations; but, as the meeting is deeply impressed with the urgency of the crisis, and is desirous of offering to the country those services it is entitled to claim, it trusts that the grievance complained of will be immediately redressed

"That, for the purpose of attaining the object of the meeting, a copy of the Resolutions be forwarded to the various Medical schools in the United Kingdom, and their co-operation solicited.

"That a subscription be entered into to defray the necessary expenses."

While, however, the students are endeavouring by all legitimate means to force the Government to yield to the just demands of the Profession, the Government, on the other hand, are resorting to a very disgraceful method of escaping from the difficult position in which they are placed, without making the alterations in the Admiralty regulations which are so absolutely necessary. They are attempting to induce students who have not completed their term of study to engage themselves for service in the Baltic Fleet during the ensuing summer. A bounty of a small amount, part of which is to be paid on entering and part on quitting service, is offered them as an inducement to forfeit their self-respect by commencing practice before they are legally qualified.

This cunningly-devised method of tricking men into Her Majesty's Naval Service who are yet in their pupilage, is altogether unworthy of Sir William Burnett and Dr. Bryson, the gentlemen who are reported to be—though we trust they are not—its authors. Let them declare to the Lords of the Admiralty that they are unable to obtain the service of Surgeons for the Navy; and, at the same time, impress on these Lords that, so long as they maintain their obnoxious regulations, the same difficulty must be experienced. Let them point out to these Lords the terrible situation in which the men and officers of the Fleet will be placed in case of a naval action, unless the ships are furnished with a full complement of Medical Officers. Let them make these Lords understand on whom the responsibility of depriving our seamen of sufficient Surgical aid depends; but we pray them not to be a party to the endeavour to put into the Navy, men at once ignorant, idle, and dissolute; for from this class alone can any one expect this new class of Surgeons' mates to be gathered. Surely some one in the House of Commons will make inquiries on the subject. It cannot be that the lives of officers and men will be allowed thus to be played with in order that an old Admiral or two may enjoy the satisfaction of knowing that the Assistant-Surgeons of the Navy are placed in a situation altogether unworthy of them as men of education and gentlemen.

If more evidence were necessary to prove the exceedingly unpleasant position in which Naval Assistant-Surgeons are placed, it is afforded by the fact that two of the Assistant-Surgeons who were last spring appointed to the Prince Regent—a fine 90-gun ship—left the Service the moment they returned to England, and that both speak of the Service in terms of the strongest disgust.

If the movement commenced by the students of Middlesex Hospital be responded to by all the London and Country Hospitals, the Lords of the Admiralty will be taught a lesson they will not be likely to forget. We trust no student will be beguiled by the last—we must use the word—dodge of the Navy Board.

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DEFICIENCY OF SURGEONS IN THE EAST.

Although we hold, in common with most men, that the Medical Department of the Army is far from faultless, yet we maintain that it is the system and not the men who are to blame. Never, we firmly believe, did the head of a department work more energetically, more unremittingly, or more intelligently, than has Dr. Andrew Smith. He foresaw that the campaign was likely to be a sickly one, and he provided a corps of Surgeons and Assistants more numerous than had ever before accompanied an army of the same size to the field. He appointed three Assistant-Surgeons in place of two to every regiment, and greatly increased the Staff. Mr. Guthrie stated a given number of Assistant-Surgeons to be essential to the welfare of the Army. Dr. Smith had not only anticipated Mr. Guthrie, but had sent out many—more than Mr. Guthrie proposed. Still it is beyond question, that the number of Medical men in the East is infinitely below that required by the present state of the Army. The Director-General foresaw, we say, that the campaign was to be a sickly one; but he did not foresee that the health of the Army was to be sacrificed—shall we say wantonly sacrificed—by the indifference of its Commander, the inefficiency of his Staff, and the negligence of the Quartermaster-General and Commissariat; he could not foresee that the Army was to be exposed to a winter campaign without shoes to their feet, or even ordinary clothes on their back,—that the men were, for months together, to be made to undergo fatigue such as probably no British Army ever previously endured, to be fed on a diet calculated to induce disease;—these things he did not foresee,—and who can blame him for the oversight? From these things, however, have arisen the deficiency of Medical aid which actually exists; from these things has arisen the overcrowding of the Hospitals; and from these things, consequently, have arisen all the misery, disease, and death, which have followed on the want of Medical assistance, and the close packing of the sick in the Hospital.

The present want of Surgeons and Physicians to tend the wounded, and those suffering from dysentery and fever, is a fact. This want has to be supplied. The question is, how can it be most effectually and promptly supplied? The number of qualified young Medical men, willing to enter the Army as Assistant-surgeons, is limited. The Navy Medical Service is in very bad repute; the Army cannot be said to be popular. Men are poorly paid in it, and used illiberally; those in the Service speak badly of it to those who might be tempted to follow them; a feeling of discontent, of dissatisfaction at the position in which they are placed, prevails from the highest to the lowest. Here is an extract from the letter of a young Assistant-Surgeon, to some of his late College and Hospital companions:—

"Medical men are not supposed to aspire to honour or glory; nor are they supposed—strange to say—to run any danger. It is too bad to come out here to be snubbed, endure hardships, and then be obliged to spend all your pay to make oneself comparatively safe of one's life. Our pay ought to be increased,—it is too miserable, when you take into consideration our many expenses."

This we believe, and we have good reasons for our belief, to be the tone that pervades nine-tenths of the letters from military Medical officers in the East to their Medical friends in England. The consequence is, that only a small proportion of the best men from our Medical schools will enter the army, and when many are needed, as at the present time, the supply is below the demand. There are two modes of meeting the present difficulty, viz., to improve the position of Surgeons in the Army, and so render the service more popular; and to establish Hospitals, the staff of which shall be civil Practitioners of Medicine. The Government are doing the one, and we trust they will not leave the other undone. For temporary purposes, and as an excellent opportunity for making a great experiment, we rejoice that there are to be one or more civil Hospitals formed at Smyrna and elsewhere; but, unless measures are quickly taken to improve in every sense of the word the position of Military Medical men, discontent at seeing their civil brethren better treated than themselves, will attain an alarming height, and the difficulty of obtaining first-class students as candidates for Army Medical appointments be infinitely increased. Young men will see that the pay and position is better in the Civil than the Military hospitals, and will then refuse the latter, even though they cannot obtain the former.

As to the attempt now being made to induce young men to enter the Service as Acting Assistant-Surgeons, as they are to be called, we strongly recommend them not to yield to the temptation. The habits they must acquire, and the kind of practice they will see in a campaign or two, cannot be such as to facilitate their progress in after-life as Practitioners of Medicine; while the hardships they will have to endure, and the chances of injury to limb and life, are not compensated for by any hope of promotion, or of provision in shape of pension.

DUBLIN HOSPITAL GRANTS.

Since our last notice of the question of the Dublin Hospital Grants, we have learned with much pleasure that the Treasury officials have, in deference to the recommendations of the Committee of the House of Commons, determined that the estimates for this year shall be brought forward without the diminution of ten per cent.

This is a substantial recognition of the full justice of the recommendations contained in the Committee's report, and of the claims of these important institutions to public aid; and we take it for granted that the next step will be a full restitution of the total amount of the sums originally appropriated to these purposes. We would even venture to hope that, on close investigation, if it should be found that the sum of 16,000*l.* recommended by the Committee, be not fully adequate (and of this we have ourselves some apprehension), no illiberal or short-sighted economy will be allowed to interfere to prevent het grant being raised to the absolute amount required. A thousand pounds withheld from such an object as that of a Medical School may materially cripple its exertions, and that, perhaps, in some most vital point, while it is but as a drop in the great ocean of public expenditure.

It is proposed by the Irish Executive to issue a Commission, the object of which, we suppose, will be to institute an inquiry into the actual state, present position, efficiency, and most material wants of the Dublin Hospitals, and to report thereon accordingly. This, it is believed, will be preliminary to the establishment of the annual grant in permanence, and to the determination of the actual mode of its distribution.

Such a Commission is much called for, and, if it be properly and independently constituted, well representing all the interests involved, we anticipate from it the most favourable issue to the Dublin Hospitals and the Irish School of Medicine. Pending the contemplated changes in the Irish Executive, we suppose that no steps will be taken towards the formation of this Committee; but we do hope that, as soon as these matters are set at rest, and the proper officials are to be found at their posts, no time will be lost by those most interested in the Irish School in urging the nomination of the Committee of Inquiry. Much time has been already spent in the agitation and consideration of this question; and our Irish brethren, it seems to us, are disposed to rest too confidently on the success already gained; while, as we think, the best fruits of the victory are yet to be gathered.

On a future, but early, occasion, we shall have more to say touching the nature and actual constitution of the proposed Committee; and what, as it appears to us, should constitute the scope and aim of its inquiries.

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REVIEWS.

Eutherapeia; or an Examination of the Principles of Medical Science, with Researches on the Nervous System. By ROBERT GARNER, Surgeon to the North Staffordshire Infirmary. Pp. 282. London. 1855.

THE plan and object of Mr. Garner's work will be best explained by the following quotation from his own introductory remarks:—

"To elucidate the credibility of the principles of Medicine, to show that these principles may not unfairly be placed in comparison with the accredited conclusions of other kindred sciences, and to vindicate our Art amid the pretensions and dogmas of charlatanism,—to meditate for a short time on the origin and sad prevalence of diseases; to investigate the degree of curative power furnished us in remedial agents, and to compare diseases and their cures and alleviations with corresponding evils and their remedies in the moral world; to elucidate, too, the existence of a governing power or degree of inherent curative tendency in the human frame, manifested in the regular course or order of phenomena or symptoms in what are, in this respect, wrongly called disorders; but, above all, in that happy constitutional aid during their treatment which we experience in most diseases; to consider to what extent these effects may be relied upon; lastly, the indication of a visible intention, and even of goodness in the permission by Providence of disease and pain,—such are the subjects which the author would wish to discuss in the following pages."—P. 2.

The matters discussed are distributed over eight Chapters.

In the first, the progress of Anatomy, both descriptive and histological, is traced from the earliest periods down to the present day, and the different circumstances which have promoted or retarded the advance of the science are carefully noted.

The Second Chapter is devoted to a rather elaborate view of the Nervous System, to which the author appears to have paid considerable attention. The development of this system is traced from the lowest tribes of the animal kingdom, as from its somewhat dubious existence in the Actinia and the Asterias, through some of the higher Entozoa and the Annelida, to its gradually increasing importance in the Mollusca, and thence to its highest point of perfection in the vertebrated tribes. The brain of man is described in comparison with that of other animals; the structure and uses of the cerebral nerves are also briefly described in the same comparative view; and, in connexion with this subject, the researches of Bell and Marshall Hall are frequently quoted. A number of plates, illustrative of the anatomy of the nervous system, some of which we understand to be taken from original researches of the author, are placed at the end of the book, in connexion with this chapter on the nervous system.

The Third Chapter takes a *coup d'œil* of the present state of Organic Chemistry, so far as it relates to physiology and pathology; and although we do not find any novelty in this section, yet it appears that the author has availed himself of most of the existing knowledge of the subject; and he presents us, in a condensed form, with the views of the modern writers, as Liebig, Mulder, Golding Bird, and Bence Jones, whose works he seems to have studied with attention.

The Fourth and Fifth Chapters treat on Pathology; and, after some introductory remarks upon the general principles of Medical and Surgical nosology, Mr. Garner gives a *catalogue raisonnés* of the chief diseases which afflict the human body. Although the author does not admire the existing systems of nosological arrangement, we do not find that his own is by any means free from objections; but he displays very considerable knowledge of the subject, and his views of the nature and treatment of diseases, although very short, are judicious and practical. He does not dogmatically advocate any particular theory, nor insist upon any peculiar mode of practice; but his remarks appear to be founded upon a careful and candid study of the opinions of the best authors, and confirmed by his own experience.

The extensive department of Materia Medica is condensed into the Sixth Chapter, and, as it consists only of fourteen pages, it follows that this subject must be very superficially treated. Mr. Garner, however, gives a sketch of a pharmacological classification, in which he arranges medicines according to their effects upon the different organs and systems, or upon certain diseases. Thus he divides Medicinal agents into those which affect the nervous system (neurotics), the digestive system (cœliacs), the circulation (hæmatics), the respirative, the absorbent, and secreting system (eccritics), the capillaries and tissues, emmenagogues, epispastics, and counter-irritants; and lastly specifics, or those which are supposed to have a *modus operandi* which is antagonistic to different morbid agents. It would not be difficult to find numerous objections to this system; but it is no reproach to Mr. Garner to have failed in a task in which no one has ever completely succeeded.

The Seventh Chapter is entitled "The Divine Dispensation in Disease," and the subject discussed in it has long been, as we read in the Preface, a favourite study of the author. In this chapter we find some metaphysical reasonings concerning the origin and use of disease in a moral point of view. It is also shown that some diseases, as, for instance, certain forms of inflammation, are really beneficial operations of nature, and that some of the results of inflammation indicate beneficent design. "If the mucous membranes of the stomach, or bowels, or that of the joints were subject to adhesive inflammation, the consequences would be disastrous indeed; if serous membranes were not subject to it, the same fatal result would often accrue where now no harm follows. The second tendency, accompanied by an ulcerative process, prepares a path, it may be devious or dangerous, for the hepatic abscess, or in some cases prevents extravasation or infiltration of injurious matters, speedily heals the incised wound into the cavity of the peritonæum or chest, and enables the Surgeon to cure several diseases."—P. 231. The reparative process of nature is also illustrated in the healing of the wound and the rounding of the stump after amputation, in the union of bone after fractures, in the adaptation of surrounding parts after dislocations, even when unreduced; in the cure of necrosis; in the absorption of the crystalline lens; and in the cure of aneurism whether by ligature or by pressure.

In the Eighth Chapter, Mr. Garner vigorously attacks quackery, and manages his weapons with the skill of an experienced disputant. Phrenology is first considered, and its principles are shown to be untenable not only by the evidence of comparative anatomy, but by the results of extended experience, both in health and disease. The phenomena of mesmerism are next brought under review; they are regarded by Mr. Garner as varieties of epilepsy and hysteria, and not unfrequently the offsprings of self-delusion or of bare-faced fraud. The doctrines of Homœopathy and the dogmas of Hahnemann are then assailed with great acuteness and vigour, and proved to be fallacious, not only from general reasoning and experience, but also from the self-apparent absurdities of the Organon itself. Mr. Garner's arguments on this subject, like those of Dr. Simpson, of Edinburgh, are so cogent, that we wonder any sane person can continue to attach the slightest importance to the wild absurdities of Hahnemann and his followers; and, if any rational beings do still believe in Homœopathy, we can only account for the fact by supposing that they have never had an opportunity of reading any of the excellent works which have been written against it.

In concluding our notice of Mr. Garner's work, we desire to express the pleasure we have experienced in its perusal; it is the production of a thoughtful mind, well stored with the literature of our Profession, and enriched by the lessons of experience. The student of medicine will find in it many suggestions for his guidance in his studies and in his practice; and the mature practitioner will derive from its perusal many hints for the successful treatment of disease, and many reminiscences of the collateral sciences which are the sure foundations of rational Medicine.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

NOVEL APPLICATION OF ELECTRO-CHEMISTRY TO THERAPEUTICS.

CHEMISTRY is about to save from death, or a premature old age, those artizans whom the exercise of a cruel profession condemns to breathe metallic dust or vapours, who poison themselves daily for the sake of living, and acquire so many dreadful infirmities in the silvering of looking-glasses, the preparation of white lead, or working in the mines. Science comes to the help of the victims of industry or pleasure, and extracts from their bodies, atom by atom, the devastating metal that had fastened on their tissues, and weighed on the springs of life. These hopes are drawn from a memoir presented to the Academy of Sciences by M. Dumas, and the authors of which—MM. A. Poey, of the Havana, and

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Maurice Vergnès—will hold a distinguished rank among the benefactors of mankind, if experience confirms their assertions.

The invention consists in the application of electro-chemistry to the cure of the diseases we have mentioned; and surely, of all its marvellous uses, this would be the most admirable.

M. Poey takes an unfortunate patient, corroded by lead, mercury, gold, silver, or any other metal, and places him in a metallic bathing-tub, isolated from the ground. The man sits down, his legs horizontally stretched out on a wooden bench, isolated from the tub, which is filled with water up to his neck. The water is slightly acidulated, to increase its conductibility; and the acid varies according to the cases. Nitric or hydrochloric acid is used for the extraction of mercury, silver, or gold; sulphuric acid for that of lead. This done, the negative pole of a pile is brought into contact with the sides of the bathing-tub, and the positive pole placed in the hands of the patient.

The work of purification is now in full activity; the electrical current precipitates itself through the body of the sufferer, penetrates into the depth of his bones, pursues in all the tissues every particle of metal, seizes it, restores its primitive form, and, chasing it out of the organism, deposits it on the sides of the tub, where it becomes apparent to the naked eye.

In this great discovery, chance or accident has played a part. One of the inventors—M. Maurice Vergnès—occupied himself with galvanic gilding and silvering. His hands being in continual contact with solutions of nitrate and cyanuret of gold and silver, got covered with ulcers in consequence of the introduction of metallic particles. One day he plunged the diseased organs into the electro-chemical bath, at the positive pole of the pile; and, after a quarter of an hour, to the great surprise of the beholders, a small plate of metal brought into contact with the negative pole covered itself with a thin coating of gold and silver, extracted from the hands of the operator, whence the most powerful remedies had not been able to eliminate them. This discovery was made on the 16th of April, 1852.

The authors employ a pile of thirty pair of plates, approaching, at the same time, that of Bunsen and of Grove, as coke and platina enter into its composition, by which its action is rendered more energetic. Each pair has a diameter of 40 millimetres, and is 217 millimetres high. The number of the pairs to be used at the beginning of the operation depends upon the temperament of the patient and the nature of the malady. Thus a delicate and very nervous person is at first submitted to the action of ten or twelve pairs only, and every five minutes the number is increased. A person of a sanguine or lymphatic temperament is able to endure a greater number of elements. The same observation applies to the quantity of acid employed in the bath, less being required for a nervous than a lymphatic constitution.

The metallic atoms extracted from the body deposit themselves on the whole surface of the tub; but they are more abundant opposite to the part of the body where the metal was lodged. The size of the metallic spots varies considerably; some are microscopical; others have the dimensions of a pea; those of the size of a pin's head are very common. "I have seen," says M. Poey, "after the first bath of a person who complained of pains in the arms, from having taken mercury, the contours of the arm perfectly drawn upon the metallic plate by the deposit of metallic atoms that without doubt proceeded from the suffering member."

We shall terminate our article with an experiment made before the members of the Faculty of Medicine of the Havana.

A patient had undergone during a whole week an external mercurial treatment (frictions, with mercurial ointment). He had then taken several lukewarm baths, and it could not be supposed that any mercury still remained attached to the skin.

He was put into a water-bath mixed with muriatic acid. After having remained in it for five minutes, some of the water was taken out, and afterwards analysed by M. Baraceca, who found no traces of mercury in it.

The circuit was then closed; and, after the electric current had acted for about an hour, a new sample of the water was taken. Mixed with an alkaline sulphuret, the water became black; and a piece of copper having been dipped into it, gave sure signs of the existence of a small quantity of mercury. Thus the water of the bath now held mercury in solution.

During the experiment, a perfectly clean piece of copper had been placed at the negative pole. When it was taken out of the water, towards the end of the operation, its yellow-greenish colour not only testified an oxidation in which mercury had taken a part, but small white spots were scattered over the surface, one of which, of the size of a square line, was very brilliant, and of a mercurial whiteness. The plate having been heated underneath, the spot disappeared, and the original colour of the copper was restored, which proves that the spot was mercurial.—*La Presse.*

ON BLACK CATARACT, CATARACT NIGRA, WITH THE MICROSCOPICAL EXAMINATION OF THE MORBID PARTS.

A young man, aged 20, received a year ago a blow on the eye, in consequence of which he became gradually blind. Examination detected a ripe cataract, of which the centre was yellowish brown, and the circumference striated. These striæ were mostly of the usual grey colour, but some, especially towards the inner side of the lens, were black. After extirpation of the cataract by the usual operation, which led to restoration of vision, the lens was carefully examined. The nucleus was hard; the cortical substance laminated. The black streaks appeared under a strong light of deep red hue. The microscope showed that the tubes of the lens were filled by a dark pigment. They were of their normal diameter, but more friable than natural. Scattered about the lens were masses of pigment, about which were seen some crystalline bodies, not the rhomboid form of hæmatoidin, but that of pentagondodekhedron.

The author deduced the following conclusions:—The black cataract is not a more advanced stage of the ordinary amber cataract, which will assume any shade of brown, but not of red. The colour depends upon the circumferential layers as well as on the nucleus.

The colour is due to the admixture of the colouring matter of the blood.

He did not notice whether or no there was the trace of a wound in the capsule; but he related a case to prove that such a circumstance is not absolutely necessary to the production of the disease.

He mentions having seen a case of the formation of a sac containing blood between the choroid and the retina, accompanied by the development of a black cataract in an aged female, seventy-four, whose arteries were rigid from ossification. This frequent complication of internal hæmorrhage in the globe explains the assertion so commonly made by authors, that the cataracta nigra is not uncommonly attended with amblyopia.—*Archiv. für Ophthalmologie.*

GENERAL CORRESPONDENCE.

TREATMENT OF SCARLATINA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having found the dilute nitric acid to be a most efficient medicine in the treatment of scarlatina, especially in the malignant form of it, I am induced to send you a few remarks on the subject, hoping that you will insert them in your columns if you think they deserve a place there. I know that nitric acid has been made use of before in this disease, but I do not know that it has ever been given in the large doses I have found so serviceable, or that it has been applied generally in the same manner. I am very far from wishing to have it thought that I look upon nitric acid as a specific for scarlatina (indeed, until we find all people so alike in outward physical conformation that we cannot tell one from another, I think no one can expect to meet with such similarity of constitution as will admit of the possibility of curing the same disease in different persons, by one universal and unmodified remedy), but only that, by the treatment with nitric acid, I have attained an amount of success that has not occurred to me when using other means. I aveh taken tolerably full notes of between fifty and sixty cases. A friend in the neighbourhood of Pimlico has kindly done the same. The acid was used in every instance. It would be unreasonable to ask you to give insertion to all these; but I subjoin a report, in a condensed form, of twelve consecutive cases of my own, and a similar number from the note-book of my friend. The report is not so full and explanatory as to the management of each case from the commencement to the termination of the treatment as I could wish it to be, but it will, I think, serve to show the age, sex, character of the eruption, type of the disease, and that which is of most importance—the result. It is proper I should mention, that for the relief of particular symptoms, and under particular circumstances, I have not refrained m for using other medicines; but in no case has the nitric acid been laid aside during the continuance of the fever. The character of the disease in this neighbourhood has been, for the most part, of

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the most unfavourable description, yet I can conscientiously assert, that out of fifty-seven cases treated with the acid, only three have terminated fatally during the fever; four others died from one or other of the usual sequelæ; but of these last, three, I have no hesitation in saying, were lost by premature exposure to cold, and an entire disregard to both instructions and warnings. To a child seven or eight years old I am in the habit of prescribing a mixture containing three drachms of dilute nitric acid, and eight ounces of camphor mixture—two tablespoonsful to be taken every four hours. Also a gargle, half an ounce of the acid, with eight ounces of water, to be used frequently. If the heat of the body be much above the natural standard, I direct the entire surface to be sponged with tepid water and the acid—an ounce of the latter to two quarts of the former. When the eruption is very vivid, and fully developed, so as to render it probable that the desquamation will be considerable, the acid produces more "smarting" than can be well tolerated, and it should therefore be omitted. The only inconvenience I have found to ensue from the internal administration of the medicine has been, that in six or seven cases it appeared to produce a difficulty in voiding the urine; but well fomenting the region of the bladder with warm water, an opiate, and diminishing the frequency of the doses of the acid, invariably afforded the desired relief. With children too young to make use of the gargle, I apply it with either a syringe or sponge. The distressing nature of the throat symptoms, in the worst forms of the disease, render gargling a most necessary proceeding; but many children, even of 6 or 7 years old, cannot be got to accomplish it; they have never been asked to do anything of the kind before, and, when attacked with this disease, they are too ill, fretful, and peevish, to learn, and thus lose the benefit of an essential part of the treatment. I invariably request all my patients, who are the parents of young children, to teach their little ones to gargle frequently with water when cleaning their teeth; and there are many that now feel thankful they paid attention to the advice.

Name.	Age.	Variety.(a)	Character of Eruption.	Termination.
1. Jane A.	10	S. ang.	Moderate.	Recovered.
2. Wm. H.	5	S. malig.	Very faint.	Recovered.
3. Susan B.(b)...	3	S. ang.	Profuse.	Recovered.
4. George B. ...	6	S. ang.	Moderate.	Recovered.
5. Mary B.	1½	S. simp.	Moderate.	Recovered.
6. Samuel B.(c)..	9	S. malig.	Scarcely any.	Recovered.
7. Ellen B.	4	S. malig.	Very faint.	Recovered.
8. John R.(d)...	3	S. malig.	Faint.	Death.
9. Timothy M...	12	S. malig.	Faint.	Recovered.
10. Edward B....	8	S. simpl.	Moderate.	Recovered.
11. Samuel M(e)..	6	S. malig.	Very faint.	Death.
12. Jas. R.(f) ...	9	S. simp.	Moderate.	Death.
13. Mary L.	80	S. ang.	Moderate.	Recovered.
14. Henry L.....	1½	S. malig.	Faint.	Recovered.
15. Ann J.	4	S. ang.	Moderate.	Recovered.
16. Wm. J.	11	S. malig.	Faint.	Recovered.
17. Alfred J.....	9	S. malig.	Very faint on fifth day only.	Recovered.
18. Emily J.(g)...	3	S. malig.	Very faint.	Death.
19. Mary Ann W.	9	S. ang.	Profuse.	Recovered.
20. John W.....	11	S. ang.	Moderate.	Recovered.
21. Chas. W.....	7	S. ang.	Moderate.	Recovered.
22. Ellen W.....	4	S. simp.	Moderate.	Recovered.
23. Mary E.(h) ...	13	S. malig.	Very faint.	Recovered.
24. John E.....	11	S. simp.	Moderate.	Recovered.

(a) The divisions into scar. simplex., scar. anginosa, and scar. maligna are used.

(b) The throat symptoms very severe; sponging with acid omitted on account of pain.

(c) Throat symptoms and coryza most distressing; breath intolerably offensive; recovery very tardy, with symptoms of uræmic poisoning.

(d) This child had been ill for four days before I was sent for. He was most unmanageable, and it was only with the greatest difficulty any medicine could be given to him.

(e) This child died a month after the fever; gradually wasted away, there being no sign of organic disease of any kind.

(f No. 12 was the brother of No. 8. He was so far convalescent on the eighth day that the parents requested me not to see him again unless sent for. I gave them instructions and cautions, which they paid no attention to. A fortnight afterwards I was sent for in haste, and found him dying from uræmic poisoning.

(g) My friend met another Medical men on the 5th day, who was anxious to give free chlorine, as he said it had saved three of his children. It was tried, but the child died on the seventh day.

(h) Tardy recovery. Extensive collections of matter in the cervical glands.

I fear you will consider my communication inconveniently long; but, at the same time, I trust you will deem the success of the treatment a sufficient excuse for my troubling you with it.

I am, &c. HENRY DAY, M.R.C.S. and L.A.C.

Stafford, Feb. 20, 1855.

DR. PAGET'S CASE OF DISEASE IN THE CRURA CEREBRI.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you do me the honour to insert a few remarks upon the interesting case and valuable comments which Dr. Paget has contributed to the *Medical Times and Gazette* of this day (Saturday, Feb. 24, 1855.)

It is stated (p. 180), that "experiments on the crura cerebri have been limited to section of one crus; the disease, which has been described, affected not one only, but both the crura, and both in nearly the same degree." This is not quite correct, since Longet (in his "Traité de Physiologie," 1850, Tome II., p. 218), distinctly describes the effects of complete section of the two, and their difference from those of partial sections of the two, and division of either crus separately. The phenomena resulting from the former (complete section of both) are related to be partial paralysis of sensation and motion; but, continues Longet, "Il ne faudrait pourtant pas en conclure que la section complète des deux pédoncules à leur sortie de la protubérance, suspense toute manifestation de sensibilité et de mouvement; car dans mes expériences, cette section a été loin de paralyser les membres d'une manière absolue, elle n'a point non plus empêché les animaux d'accuser, même par de cris, les excitations douloureuses qu'on leur faisait subir."

Flourens describes the section of the crura cerebri thus:—"Si l'on coupe les pédoncules cérébraux, pédoncules aux quels s'unissent, comme je viens de dire, les fibres ou pédoncules antérieurs du cerrelet, l'animal se précipite en avant avec force." And again: "Sur plusieurs lapins j'ai blessé, j'ai coupé les pédoncules cérébraux au point où les corps striés leur adherent. L'animal s'est violemment élancé en avant." ("Recherches Expérimentales sur les Prop. et les Fonct. du Syst. Nerv." Ed. II., pp. 487 and 489.)

The differences between these results, and those obtained by Longet, are due in all probability to the different locality of section, that of Flourens being the most anterior. (In the same manner Longet, in the treatise already cited, and Schiff, by a more recent series of experiments, detailed in an interesting paper, entitled "De Vi Motoria Baseos Encephali Inquisitiones," have explained some further discrepancies with regard to the result of these sections.) The use of terms by Flourens is not so explicit as could be wished; he seems to include divisions of the crura cerebri among his experiments upon the cerebellar peduncles; and Longet, in his criticisms of Flourens, does not distinctly separate the two.

However, the researches of Longet (which have been substantially confirmed by Lafargue and Schiff) do not indicate the existence of any tendency to fall forwards as a result of section carried through both crura cerebri; and it would be interesting to know somewhat more exactly the situation of disease in Dr. Paget's case, as a clinical observation might harmonise the different statements of these eminent experimentalists, by adding probability to the supposition, that they had not performed a precisely identical operation.

Dr. Paget makes another statement, viz., that "the only experiments upon animals in which an involuntary tendency to fall forwards has been observed, are those of Flourens on the organ of hearing;" but it must be remembered that Flourens, when describing the phenomena induced by section of the three cerebral peduncles, points out the great resemblance between them and those which follow injury to the several semicircular canals; and although he does not distinctly mention "falling" forwards, the description (given above in the first quotation from Flourens) is open to that construction, as it is followed thus, "et c'est aussi ce qui fait la section du canal vertical, supérieur ou artérieur. Le section des fibres ou pédoncules antérieurs détermine donc une suite des mouvements en avant." Magendie had long before pointed out, that forward movements

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were common in cases of injury to the corpora striata (Précis Elém. de Phys. 4me Ed., Tome I., p. 412). Other observers (Flourens and Lafargue) contradict the statements of Magendie, and it is doubtful whether his sections of the corpora striata may not have involved the crura cerebri.

There is a further remark by Dr. Paget to this effect: "I am not aware that there is on record any case of disease characterised by a propensity to fall forwards such as I have described; indeed, disease of the crura cerebri is comparatively rare. Dr. Romberg relates two cases (not of disease in the crura cerebri, but) in one of which there was "a remarkable tendency of the body to fall forwards," and in the other the same peculiarity; the patient "suffered from fits, and during their attack always fell forwards." (Manual of the Nervous Diseases of Man. Syd. Soc. Trans. Vol. II., p. 159.) The former case presented "a narrow longitudinal cavity,.....lined with a dark-brown membrane," in the right corpus striatum; the latter presented "a steatomatous tumour.....in the middle of the pons varolii." These cases are adduced for the simple purpose of showing that such a tendency as that described in Dr. Paget's case does not necessarily imply the existence of disease in the crura cerebri,—a conclusion with which Dr. Paget will, I am sure, agree; although the expression quoted above might warrant the inference, that he considered the relation between this locality of lesion and alteration of function more definite than in all probability it really is.

The remarks and suggestions which Dr. Paget has made with regard to paralysis agitans are worthy of most attentive consideration; but I have only one more observation to make, and it is upon the following sentence: "This single instance seems sufficient to prove that the entire mechanism for the co-ordination of movements is not contained in the cerebellum alone; but that the proper performance of this function requires also an integrity of certain connexions of the cerebrum." The truth of this proposition I have already endeavoured to prove in a pamphlet upon vertigo, in which it was shown (by a reference to experimental and clinical observation) that the co-ordinating function of the cerebellum required, for its due performance, the guidance and direction of sensation; and that all the lesions (resulting from experiment or disease) which are known to induce vertiginous and other allied alterations of motility, may be resolved into solutions of functional continuity between the organ of co-ordination itself (the cerebellum), and the sensory ganglia, the organs of special sense, or the general motor and sensory tracts.

The case recorded by Dr. Paget is one of so much interest and importance, that it must be my apology for these somewhat lengthened comments. I am, &c.

J. Russell Reynolds.

38, Grosvenor Street, Grosvenor Square,
February 24, 1855.

DEATH REGISTERS AND INQUESTS.

[To the Editor of the Medical Times and Gazette.]

Sir,—It was Sydney Smith, I think, who said that railway travelling would never be safe until a Bishop was killed (a sad reflection, by-the-bye, on the toadyism of our nation); and let us hope, as the public mind is now warm with indignation at the fact of a Baronet's having departed this life without satisfactory cause having been shown for such departure, that poor Jack Noakes and Tom Styles may not be shovelled underground with so little inquiry as to the cause of their respective deaths as has been made heretofore. We have, indeed, all the form, the trouble, and the expense of death registering and inquests; let the following cases, which happen to turn uppermost in my memory, testify to the worth of these formalities.

1. Two or three years since, a Medical friend in a neighbouring county told me that he had been asked for a certificate of death for a child whom he had not seen when living, and asked me to go with him to the house where it lay, as the circumstances of the death appeared suspicious. We found a fine male infant, whom the parents (poor people, of very bad character, and unmarried) asserted to have been ill for a fortnight before its decease, while the neighbours knew nothing of the matter. We found, moreover, a bottle, which had contained laudanum, on a beam in the room, and agreed that the proper course to pursue was to apprise the Coroner of the death. That functionary came over, summoned his jurors, did not examine my friend or any other Medical man; and, having pitched upon a verdict of "Natural Causes," "Visitation of God," or something equally satisfactory, gave his order for interment, and, in my own humble opinion, rescued by a dash of the pen one or more criminals of the deepest stain from the hands of justice.

2. About the same time I was applied to for a certificate of death for a child about a fortnight old, at whose birth I had myself assisted. The mother was a loose, unmarried young woman; and expressed, immediately after delivery, her fervent wish that the child might die. Her mother, too, who nursed her, gave vent to the pious ejaculation, "Please God take it!" (a phrase, I am sorry to say, only too commonly heard on such occasions). The infant was a healthy one at birth, and not a word had been said about its illness until the certificate, supposed to be necessary for its burial, was called for. I, of course, refused to give one; nevertheless, the child was buried, and all blew over.

Other cases of a similar nature have happened to me, one very recently; but I will not weary you with their details; my only object is to show that death certificates, as well as inquests, may be solemn mockeries, and that the laxity or ignorance of officials may hold out a premium to crime, particularly to that of infanticide, which I much fear is far more common in England than is generally supposed.

I am not fond of fault-finding, and will not, therefore, close my fault-finding letter without suggesting a remedy for the evils it complains of. I would ask you, Sir, to give publicity in your excellent paper to the names, residences, and dates of death, of persons interred without death certificates or inquests; and I would ask my Medical brethren to neglect no opportunity of forwarding such particulars to you, with their signatures attached. Such a list would take but little room, and might attract attention in proper quarters; and then, indeed, the deaths of poor Jack Noakes and Tom Styles might be as thoroughly inquired into as if they were Sir John, or Sir Thomas, or Peers of the realm. I am, &c. Thomas E. Aymott.

Diss, Norfolk, Feb. 20, 1855.

[We shall be happy to give publicity to any authenticated facts bearing on the subject.—Ed. *Medical Times and Gazette.*]

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, Feb. 13, 1855.

Dr. Copeland, President, in the Chair.

ON A SUCCESSFUL METHOD OF TREATING ACUTE RHEUMATISM BY LARGE AND FREQUENT DOSES OF THE BICARBONATE OF POTASH.

By A. B. Garrod, M.D.
Physician to University College Hospital.

The author, after a few preliminary remarks, observed, that he was induced, in May, 1852, to try a new method of treating acute rheumatism; and, finding great success at first, resolved steadily to pursue the plan, and has done so up to the present time. The object of his communication has been to record the method adopted by him, and also the results obtained in fifty-one cases of rheumatic fever which have been admitted, under his care, in University College Hospital, during the last two years and three-quarters. The main part of his plan of treatment consists in the administration, in a diluted form, of two-scruple doses of bicarbonate of potash, every two hours, day and night, until the patient has been free from all articular affection and febrile disturbance for two or three days, using local depletion over the heart's region, if any cardiac disease is present or threatened. The author then detailed three cases of rheumatic fever, illustrating this mode of treatment: the first, a girl, 10 years old, in which the duration under treatment was five days, the total duration eight; the second, a young man, aged 20, with a complication of heart disease, where the duration under treatment was eight, the total duration fifteen days; the third, a young woman, aged 18 years, in the fifth attack, the former ones having always lasted for a month or five weeks, but which, by the adoption of this plan, yielded in nine days: total duration being but thirteen days, four having elapsed before her admission into the Hospital. He afterwards gave a table of fifty-one cases of acute rheumatism; and of each patient the following particulars are noted:—The age, occupation, hereditary predisposition; the number and causes of attack; the symptoms before admission; the symptoms during treatment; the nature of treatment; and

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the duration of the disease. From these cases, the following deductions are made, viz., that in twenty males the duration of the disease under treatment averaged between six and seven days, and the total duration between eleven and twelve days; and, in thirty-one females, the disease under treatment averaged from seven to eight days, and the total duration between fifteen and sixteen days—giving, in all, an average under treatment of seven days and a-half; and, for the total duration, about thirteen days and a-half. The author then alluded to the influence of the bicarbonate of potash, when administered in large and frequent doses, upon the different organs and functions of the body; and remarked, that it produces neither nausea, vomiting, nor purging; in fact, no symptom of gastro-intestinal irritation. It now induces a strongly alkaline condition of the urine, causes it to effervesce freely, with excess of acid, but does not appear to promote an increase in the quantity of the secretion. It appears to render the secretion of the skin less acid, sometimes almost neutral. That it acts as a powerful controller of the heart's action, reducing greatly the frequency of the pulse, but without causing the faintness often produced by digitalis, colchicum, etc. That it probably increases the alkalinity of the serum of the blood, and diminishes the coagulability of the altered fibrin occurring in rheumatic fever; and hence, probably, checking or preventing the deposits of lymph on the endo- or peri-cardium. He (Dr. Garrod) stated his opinion, that the influence of the bicarbonate was felt not only in shortening the duration of the articular affection, but also in preventing or moderating the cardiac disease. After enumerating many details of the method adopted, and the value of certain adjuncts, as opium, calomel, and occasional general depletion, he proceeded to recommend a plan of treatment which, from his experience, he considered calculated to insure the greatest amount of success, and thought it probable that the total duration of the disease might, on the average, be reduced to about ten days, provided that the treatment was adopted early, and no serious complication existed.

The President asked Dr. Garrod if he had employed bicarbonate of soda, and, if so, with what result. He (the President) had long ago recommended alkaline treatment for rheumatism; and, in a paper read before the Society eighteen months ago, he mentioned several cases that were successfully treated by carb. of magnesia and precip. sulphur, about half a drachm of each night and morning; with alkalies and bark given every three hours during the day. He had lately attended a lady who was treated in the same way, and on the fourth day she was in her drawing-room.

Dr. Dickson thought it a matter of regret that Dr. Garrod's cases were those of hospital patients, many of whom were probably dismissed before they were really cured, and were lost sight of afterwards. He could not help thinking that such large doses of alkaline medicine must ultimately produce a very injurious effect on the system. He believed that vigorously attacking the disease with mercurial medicines and other agents which produced a decided effect on the liver, would do more to abridge the period of the disease and relieve the sufferings of the patient than any other system. He had seen cases in which small doses of alcoholic extract of aconite had been employed with the best effect.

The President concurred in Dr. Dickson's approval of the occasional use of alcoholic extract of aconite. He wished to ask if Dr. Garrod had not found anæmia produced in some of his cases, necessitating the use of preparations of bark or steel.

Dr. Garrod, in answer to the President's first question, said he had not used bicarbonate of soda, his object having been to test the effects of a simple treatment extending over a long period. He had no doubt that other remedies than the one he had suggested might often be useful as adjuncts, such as opiates and extract of aconite, though he had frequently seen the latter fail. Bicarbonate of soda would probably be as useful as bicarbonate of potash. He had seen patients two or three years after they were fully under discipline, and they never suffered in the least from the treatment. He believed that alkaline treatment had no tendency to produce anæmia, but that rheumatism itself had such a tendency. Mercury, he thought, was far more likely to produce injurious effects on the system than alkalies.

Dr. Webster was disposed to doubt the efficacy of new remedies for rheumatism, which was the subject of greater diversity of opinion than almost any other complaint. Bicarbonate of potash might possibly be useful in young subjects of an inflammatory character, but he should hesitate to employ it in other cases, and especially for old people. Formerly acids were employed in cases of rheumatism and he could hardly believe that both acids and alkalies, could be efficacious. Opium was considered an excellent remedy, and he had seen it used with the best effect.

Dr. O'Connor said, the acid referred to by Dr. Webster was lemon-juice; and it was now the experience of many Medical men, that, when given in large doses, it was productive of considerable prostration. He (Dr. O'Connor) had lately used bicarbonate of potash in several cases of acute rheumatism with the best effects, together, in some instances, with cod-liver oil in combination with quina.

Mr. Streeter recommended the use of nitrate of potash, with the addition of bark, on the subsidence of the more inflammatory symptoms. Animal food should be taken sparingly, and bleeding was sometimes necessary, in order to prevent the pleura or the heart from becoming implicated.

Dr. Ratcliffe mentioned some experiments made several years ago in the Military Hospital at Brussels showing, that the natural course of rheumatism extended over a period of ten or twelve days.

Dr. Rogers had used lemon-juice without observing the slightest depression. In cases of phthisis, combined with rheumatism, he had given it with great benefit.

The President said he had employed bark in conjunction with alkalies for thirty-two years; he had occasionally used bicarbonate of potash, nitrate of potash, and bicarbonate of soda. Where there was a threatened exudation of lymph, great benefit was derived from biborate of soda. Turpentine might sometimes be usefully employed externally as well as internally.

Dr. Basham said, that the discrepancies of various authors might be reconciled, if they would pay more attention to the particular forms of the disease. Cod-liver oil was exclusively useful in cases of rheumatism allied to syphilis or other cognate causes of disease. The form to which Dr. Garrod had alluded was acute rheumatism, in which the fibrous element of the blood was in excess, and the saline materials were deficient; any plan of treatment, therefore, in which the saline principle entered, must be the most efficacious. Great relief might be obtained by exposing the joints to what might be called saline baths, enveloping them with spongio-piline saturated with nitre.

The Society then adjourned.

MEDICAL BENEVOLENT COLLEGE.

On Wednesday last, the Third Anniversary Festival of the Medical Benevolent College was celebrated at the London Tavern, the Right Hon. the Earl of Carlisle in the chair, when a large company, consisting of nearly 200 persons, sat down to dinner.

The Chairman, in proposing the toast of "Her Majesty the Queen," announced that Her Majesty had been pleased to become the patron of the Institution, and consented to have it hereafter designated by the name of

THE "ROYAL MEDICAL COLLEGE."

The toast was drunk with the greatest enthusiasm, as were the other loyal toasts.

The Chairman, in proposing the toast of the evening, said: Setting aside the claims of antiquity and prescription, in a country where the population was increasing in an immense ratio, and where towns were becoming proportionally enlarged,—where new sciences, new arts, and new wants were springing up around them every day, it was fitting that fresh expedients should be devised to meet fresh exigencies, and that new channels should be opened to satisfy the new wants that arose in such a state of things. (Hear, hear.) No one would deny that this was eminently the case with regard to the Medical Profession, which was largely stocked, which was hardly worked, and which had but few brilliant prizes—(hear, hear)—not that he meant to insinuate for a moment that any person, not properly qualified, could obtain those prizes except by his own intrinsic merit—and many blanks. An institution, therefore, which had for its object to provide for the disabled members, and the widows and orphans of the members of the Medical Profession, was eminently entitled to support. (Hear, hear.) This Society proposed to open an extensive building, where decayed Medical men would be received, or, if they had sunk into premature graves, where their widows would be received; where, in some instances, pensions would be given; and where education—gratuitous in some cases—would be given to their orphans. (Hear, hear.) Now, an Institution like this had prominent claims on public sympathy, and, he would add, on public justice. For, what was the profession on behalf of which he pleaded?

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Their attention was now called more especially to their brave soldiers and sailors. War had its heroes; and though he should be the last to snatch one leaf of laurel from the chaplet that encircled their fame, still there was a national provision made for them. But there were heroes in other professions besides that of war, and the Medical Profession furnished many instances of such heroism. The mission of the Medical man was not to destroy, but to heal; not to shorten life, but to prolong it; not to be the executioners, but the saviours of their race. (Hear, hear.) And what, in many instances, was their reward? He had been told that the number of Medical men employed under the Poor-law Board was 3000, and he knew instances in which they had to attend an average of 600 persons, at a remuneration of 2s. 6d. each case. (Hear, hear.) These gentlemen had to be out in all kinds of weather, and in all seasons, at all hours, and to cross roads which were almost in the condition of those of Balaklava. (Hear, hear.) To such men, who ministered to them in their days of vigour and of health, was not some decent provision due in their days of languor and decay,—when the searching eye became dim and the skilful hand paralysed? (Cheers.) He addressed this appeal to their individual feelings of sympathy towards the Medical Profession; but the appeal was of still stronger force when made to the members of that Profession itself. He felt certain that men who were daily engaged in the duty of ministering to suffering humanity could not, and would not be wanting to the necessities of their own poorer brethren. (Cheers.) He would conclude by calling on them to drink "Prosperity and success to the Royal Medical College." (Cheers.)

The toast was drunk with all the honours.

The Chairman proposed "The Health of Mr. Propert, the Treasurer and Founder of the Institution."

Mr. Propert acknowledged the toast by saying, that he was deeply grateful for the manner in which his name had been received. He stood before them in the position of a successful Chancellor of the Exchequer who had a good budget to lay before them. (Cheers.) He sincerely thanked those who came forward on the present occasion in sympathy for their poorer brethren of the Profession; for it should not be forgotten that it was to relieve them and their families that they congregated in such numbers on the present occasion. (Cheers.) It had been said that the institution was his; but it was much more theirs who supported it, and still more theirs for whose benefit it was intended. (Cheers.)

Viscount Ebrington proposed "The Health of the Chairman, the new Lord-Lieutenant of Ireland." (Cheers.)

The Chairman, in returning thanks, said, he could assure them he should ever look back with pleasure to the time in which he was associated with so many members of the Medical Profession in promoting measures for the sanitary improvement of the country. (Cheers.)

Several other toasts followed in the course of the evening.

Mr. Propert read a long list of subscriptions and donations, the total amount of which was 2,156*l.*

The building at Epsom is expected to be open for the reception of scholars in October next. The building will accommodate 200 boys, of whom 25 will be on the foundation, 75 received at a reduced rate, and the other 100, who may be the sons of Medical men or any others, will be received at the full rate.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—FRIDAY, FEB. 23.

The Committee of Inquiry into the conduct of the War was nominated.

The Nuisances Removal Bill went through Committee.

MONDAY, FEB. 26.

INVALIDS FROM THE CRIMEA.

In reply to a question by Colonel Harcourt, respecting the offers made by the London Hospitals to receive the wounded arriving in England from the Crimea,

Mr. F. Peel said the authorities of the hospitals had been informed that the Government would be very glad to avail themselves of their offers, should they have occasion to do so; but the Government were making ample provision for the reception of sick and wounded soldiers in Military Hospitals; and at the present moment there was accommodation for no less than 1600 sick men on their arrival from the East.

MILITARY SURGERY PROFESSORSHIPS.

Mr. Grogan asked the Under-Secretary of War, the Parliament having voted a sum of 400*l.* in the last session for the establishment of Regius Professorships of Military Surgery in London, Dublin, and Edinburgh, what steps had been taken for the establishment of such Professorships in London and Dublin, and when such Professors would be appointed.

Mr. Peel said, there having already existed a Regius Professorship of Military Surgery in Edinburgh, it was proposed that the plan should be extended to London and Dublin. A vote was taken last year, and would be renewed this year. A proposal had been made for assimilating the system adopted in the different colleges. He was not aware that it had yet been arranged, but he saw no reason why there should be any further delay; and therefore it was proposed that the matter should be disposed of as soon as possible.

In debate on

THE TRANSPORT SERVICE.

Mr. G. Dundas blamed the system, by which a department was managed by a number of people so that no single individual was responsible for anything that was done. He would state to the House the case of the steamer Ego. A short time ago that steamer was taken up by the Government to convey stores to the East, consisting partly of a quantity of medicines, among which were some strong acids. It was thought advisable that these acids should be placed on the deck, above the other stores, and orders were accordingly issued for the rest of the cargo to be put on board, and for the steamer to proceed down the river to take in the acids. But when the steamer arrived at the place where she was to receive the acids, and they were brought on board, some one said, "Why, there is a large quantity of acids already in the hold." This was actually found to be the case, and the whole cargo had to be discharged before the steamer could proceed to her destination.

Mr. Peel said, that with regard to an alleged deficiency of medicine, and of quinine more especially, he had been informed that more had been sent than could possibly have been consumed.

ARMY ESTIMATES.

On it being moved that the sum of 314,984*l.* should be granted to defray the charge of general staff officers and officers of the Hospitals at home and abroad from the 1st of April, 1855, to the 31st of March, 1856,

Mr. M. Chambers was desirous of asking a question respecting the Medical Staff. It was now generally admitted that there had been great defects with respect to individual Surgeons, but he thought, however humane and skilful the Surgeons; their powers had been much crippled. There had been great defects arising from routine—(hear)—from the susceptibility which had much interfered with the efficiency of the Medical service. He could mention instances of his own knowledge, where Surgeons anxious to devote themselves to the admirable duty of attending upon our wounded and sick soldiers, had met with impediments instead of encouragement in the proffer of their services. He knew of one gentleman—a most admirable Surgeon—who was most anxious to proceed to the Crimea to enlarge his professional experience and to serve his country, but who had been deterred from applying at the proper department, because he was not sure that if he had applied he might not be sent to Van Diemen's Land, to Sierra Leone, or to Scutari, instead of to the Crimea, where he wished to go. It would be therefore satisfactory if the Government would now state if any new arrangements had been made for supplying the army, either in the Hospital or in the field, with an efficient body of Surgeons. He wished also to know if any steps had been taken for the transmission of Medical stores in such a manner and under such regulations as would enable the Medical authorities abroad to get at them whenever they were wanted. Dr. Andrew Smith had stated that he had very early sent a large quantity of medicines to the proper authorities to be embarked for the Crimea, but they were not forthcoming when they were wanted, and no wonder, if what he had been told of the mode of their embarkation was true. It was said that they were sent to the Tower, and a package at a time put on board any ship that happened to be going out with general stores, instead of their being sent out in separate vessels, as was done with the French Medical stores.

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Mr. G. Dundas said he believed that a scheme had already been carried out for the establishment of a Hospital at Smyrna; but another excellent suggestion had been made by a gentleman of great Medical experience in India. His plan was to send out from this country a large wooden building, in separate pieces, to be put together at Sinope. Now, Sinope was but a short distance from Balaklava, and the advantages of the plan were many. One was, that the sick and wounded might be carried from Balaklava, in a very brief time, to a comfortable Hospital, in the event of another engagement taking place; and there the necessary operations might be performed. The sad experience of the Surgeons had hitherto taught them that secondary operations were hardly ever successful; while those performed in the field had generally turned out satisfactory. It was, however, impossible to perform any other than a secondary operation, when the patient was conveyed such a long distance as from Balaklava to Scutari. Now, in the event of the plan he had just referred to being a sound and good one, and being carried out, he was sure that many valuable lives might be saved. (Hear, hear.) The wooden Hospital had an advantage over a stone-built Hospital in this respect, that the latter, after a period, contracted a dangerous atmosphere, which militated against the recovery of the patients; and in wooden buildings that was not the case.

WEDNESDAY, FEB. 28.

POOR-LAW MEDICAL OFFICERS.

On the motion of Mr. Baines, copies were ordered of the General Order of the Poor-law Board, dated the 15th day of February, 1855, regulating the tenure of office by Poor-law Medical Officers in England and Wales; and of the accompanying circular letter, addressed to the several Boards of Guardians.

LAW INTELLIGENCE.

COURT OF QUEEN'S BENCH, FEB. 26.

(Before Lord Campbell.)

KERNOT *v.* CATTLIN.

DANGER OF PARTING WITH DIPLOMAS.— This was an action to recover damages from the defendant for unlawfully detaining certain diplomas and certificates which had been deposited with the defendant for the purpose of being produced to the Lord Chancellor on the hearing of an appeal. The defendant had persuaded the plaintiff, a Doctor of Medicine, and Member of the Royal College of Surgeons, to retain him to act for him in certain Chancery proceedings instituted against the plaintiff by a person named Peacock. The plaintiff, on being informed by the defendant that it would be necessary that his diplomas should be produced to the Lord Chancellor, said he would send them for that purpose, on the distinct promise that they should be returned at the rising of the Court. They were sent accordingly, but the plaintiff had never seen them since, the defendant now alleging that he had a lien upon them for his costs. Serjeant Thomas stated at length the proceedings which the defendant had conducted for the plaintiff, with a view to show that the defendant had no lien.

These facts having been proved on the part of the plaintiff, Mr. Willes, for the defendant, said that the papers in question came into the defendant's hands as an attorney in the regular way, without any such special undertaking as that spoken to by the plaintiff. The defendant therefore had a lien upon them for his costs.

Thomas Magnus Cattlin, the defendant, said he never promised to give them back at four o'clock, or at any other time. The documents remained in Lord Cottenham's hands for twelve months, till judgment was delivered. They were then delivered back to him, and had remained in his possession ever since.

Cross-examined by Mr. Serjeant Thomas: The plaintiff never applied to him to return the diplomas till just before the action was brought.

In contradiction to this, Joseph Taylor said: I am clerk to the plaintiff's attorney. At the latter end of the year 1848 I was present when the plaintiff asked the defendant for the diplomas. He said he would give them up if the plaintiff paid him 500*l.*

Lord Campbell said, he thought it was rather hard of the defendant to retain these diplomas and certificates from the plaintiff, the only person to whom they could be of any use. The only question, however, for the jury, was as to the terms on which they were entrusted to the defendant. The plaintiff had spoken in the most circumstantial manner as to the conversations which he had with the defendant on the subject, and, though the defendant denied that any such conversations had taken place, it was possible that he might have forgotten them, particularly as the evidence of Taylor showed that his memory was not always accurate.

The jury found a verdict for the plaintiff for 50*l.* damages, unless the documents were given up.

MEDICAL NEWS.

MEDICAL AND CHIRURGICAL SOCIETY.—The Annual Meeting of this Society was held on Thursday last, at the Society's-rooms, Berners-street, the President in the chair. The following gentlemen were elected as officers for the ensuing year:—

President.—*Cæsar H. Hawkins.

Vice-Presidents.—*George Cursham, M.D.; *William Baly, M.D., F.R.S.; *George Busk, F.R.S.; *Fred. Le Gros Clark.

Treasurers.—Joseph Moore, M.D., and Thomas Blizard Curling, F.R.S.

Secretaries.—*Thomas Bevill Peacock, M.D., and *H. Spencer Smith.

Librarians.—William Wegg, M.D., and James Dixon.

Other Members of Council.—Henry S. Dyer, M.D.; *Henry Bence Jones, M.D., F.R.S.; Thomas H. Silvester, M.D.; *Theophilus Thompson, M.D., F.R.S.; *Charles West, M.D.; *James Moncrieff Arnott, F.R.S.; *Charles Brooke, F.R.S.; *John Eric Erichsen; Henry D. Jones; John Simon, F.R.S.

The Secretary then read the Annual Report of Council, which, together with a report of the speeches, we shall present in our next Number. Several attempts were made by Mr. De Morgan to introduce a motion relative to the conduct of the Council in reference to the admission of the *Lancet* into the Society's library; but the President ruled that, inasmuch as the matter had been already decided, and as the subject was not mentioned in the annual report, it was not competent for Mr. De Morgan to bring forward his motion; and he (the President) accordingly declined to put it. The mal-contents, he said, had their remedy, and might appeal to the new President and Council to summon a special meeting to take the subject into consideration.—Mr. Ancell then complained that the annual report contained no notice of the *vexata quæstio*, and moved a resolution to the effect, that the report was, in so far, defective, and ought not to be received.—After a lengthened discussion, the motion was negatived by a majority of 59 against 24.—Mr. Charles Hawkins then moved the two bye-laws, notice of which had been given, and which will be found in our last week's impression (p. 199.) The former of these was adopted, and the latter rejected. A resolution was adopted awarding to Mr. Williams, the Sub-Librarian, a retiring pension of 80*l.* a-year during the Society's pleasure. The Chairman then delivered a closing address, with which the proceedings terminated.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 23rd inst.:—

BATES, JOHN PICKERING, Royal Navy.
BROWN, AUGUSTUS, H.E.I.C.S.
COOKE, ROBINS WILLIAM, Australia.
GARLAND, EDWARD CHARLES, Bath.
FARR, SEPTIMUS BRIGGS, Dunstable, Bedfordshire.
FOTHERGILL, MICHAEL, Bedale, Yorkshire.
HAMERTON, F. ACKLAND, Upper Seymour-st., Euston-sq.
HARDING, WILLIAM WOODS, Woolwich.
HAYES, WILLIAM HENRY, Calcutta.
HITCHINS, CHARLES VERNON, Tiverton, Bath.
M'PHERSON, DONALD, Army.
RANKE, HENRY, Smyrna Hospital.
ROLLASON, HENRY, Erdington, Warwickshire.
THORNTON, JAMES HOWARD, H.E.I.C.S.

* Those gentlemen to whose names an asterisk is affixed were not on the Council last year.

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APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Feb. 22, 1855 :—

BLACKMAN, FREDERICK, Blackfriars-road.
COATES, CHARLES, Leeds.
CORNER, FRANCIS MEAD, Whitby, Yorkshire.
STAPLETON, JOHN HUTTON, Trowbridge, Wilts.
WOOD, GEORGE JACOB, Norwich.
WOODWARD, WILLIAM, Ledbury, Herefordshire.

APPOINTMENTS.

DERBYSHIRE GENERAL INFIRMARY. — Mr. Douglas Fox has been elected Consulting Surgeon, and Mr. Fearn, Surgeon to this Institution.

MR. LEONARD LUCAS, L.S.A.I., has been appointed Resident Apothecary to Sir Patrick Dun's Hospital, Dublin.

BEQUEST.

WARNEFORD HOSPITAL, LEAMINGTON.—The late Dr. Warneford has bequeathed to this Institution the munificent sum of 10,000*l.*, *free of legacy-duty*. The Committee will now, we trust, with the assistance of the public, be enabled to open the two wards which have hitherto been unoccupied for want of funds.

DEATHS.

ALIBERT.—Feb. 11, at Kululee, of fever, Dr. Alibert.

ARNOLD.—Feb. 23, of bronchitis, at St. Martin's, Stamford, Thomas Graham Arnold, Esq., M.D., in his 86th year.

DICKINS.—Feb. 4, in his 58th year, Richard Tandy Dickins, Esq., of King's Norton. L.S.A. 1827.

EYRE.—Feb. 15, at New Radnor, South Wales, Charles Cocks Eyre, Esq., Surgeon. The deceased gentleman had been Coroner for the borough of Radnor, and at the time of his decease was the Mayor. L.S.A. 1824. He furnished the Demonstrative Anatomical Plates to "Sleigh's Operation for Lithotomy through the Rectum," published in 1823; and in 1853 contributed a paper on "Creosote in Combination with Dr. Eyre's Plan of Treating Cholera, as a Useful Stimulant, Antispasmodic, and Antiseptic."

MACARTNEY.—Feb. 12, at Scutari, of fever, Frederick A. Macartney, Esq., Assistant Staff-Surgeon.

MARSHALL.—Feb. 10, at Kululee, John Marshall, Esq., First-class Staff Surgeon, of fever.

NEAME.—Feb. 24, at Margate, John Neame, Esq., Surgeon; M.R.C.S.E. 1813.

SMITH.—Feb. 9, at Balaklava, of fever, Francis Smith, Esq., Surgeon 95th Regt., aged 32.

SOUTHAM.—Feb. 24, at Buckingham, Edmund Southam, Esq., M.D., aged 66. In practice prior to 1815; Medical Officer to the Buckingham Union.

TAYLOR.—Feb. 20, at Bath, respected and beloved by a large circle of friends, George Taylor, Esq., M.D., youngest son of the late John Taylor, Esq., M.D.

WASON.—Feb. 7, at Scutari, Edmund Sidney Wason, Esq., Assistant-Surgeon. "Dr. Wason proceeded to Scutari in November, and was untiring in his attention to the sick and wounded in the Barrack Hospital. He was one of several Edinburgh Surgeons who earned distinction there by the mode in which they discharged their too laborious duties. Dr. Wason had but shortly before watched by the bedside, and closed the eyes, of his fellow-labourer and attached friend, Dr. Alexander Struthers, whose lot was so soon to become his own. He died of an attack of the same typhoid fever, after five days' illness. Dr. Wason was well known here as a talented and accomplished student and graduate of our University, and a young man of great promise. He possessed that high spirit and honour, and all those excellent qualities of head and heart which secured the love and esteem of friends, and which, with his thorough knowledge of his Profession, bade so fair to raise him to high eminence in it. The grave has closed prematurely over these hopes; but he has died nobly in the fearless discharge of duties not less attended by danger than those of the soldier on the battle-field."—*Edinburgh Courant.*

WILLIAMS.—Feb. 16, at North Frodingham, near Driffield, Yorks, William Francis Williams, Esq., Surgeon. He was discovered frozen to death beneath his horse and gig, which had been accidentally overturned into a drain. He had left home in his gig on the 15th, to visit a patient. Mr. Williams had been in practice prior to 1815, and was District Medical Officer of the Driffield Union.

YOUNG.—Oct. 30, 1854, at Hong-Kong, Peter Young, Esq., Surgeon, aged 42.

MEDICAL EDUCATION OF MR. HUME.—The following additional facts to those given in our last may be interesting :—In the winter session (Edinburgh) which began in November, 1793, his studies were confined to anatomy and surgery, taught by Dr. Monro, and the practice of physic, under Dr. Gregory. At the same time he attended the Royal Infirmary. In the session of 1794-5 he attended the classes of chemistry and midwifery under Dr. Joseph Black and Dr. Alexander Hamilton. He attended also the extra-academical class of anatomy taught by Mr. John Bell, the elder brother of the late Sir Charles Bell, and he engaged in the practice of dissection much more diligently than was common at that period. In the course of that season he was appointed as Assistant-Surgeon in the Duke of York's army, about the time when the daily diminishing remnant of the troops began the retreat from Holland. The experience in military Surgery gained by Mr. Hume at this disastrous period could not be very extensive; but there is good reason for believing that his attention to his arduous duties paved the way for his more prosperous career in India.

NAVAL ASSISTANT-SURGEONS. — During the past week, meetings of the students of St. Bartholomew's, of Guy's, of the Westminster, and of several other Hospitals, have been held, in pursuance of the suggestions made by that of the Middlesex Hospital. At all these, resolutions have been unanimously carried expressive of strong disapprobation with the existing regulations, as derogatory to the claims and position of Naval Assistant-Surgeons. In several instances, a resolution pledging those present not to enter the Service while these regulations continue, was passed.

MARISCHAL COLLEGE AND UNIVERSITY, ABERDEEN.—The students have invited Mr. Layard to become a candidate for the Rectorial Chair.

A DEPUTATION FROM THE MEDICAL COUNCIL OF THE GENERAL BOARD OF HEALTH had an interview on Wednesday with the President of that Board, at his Office, Whitehall. The Deputation consisted of Dr. Paris, Mr. Lawrence, Dr. Alderson, and Dr. Farr.

SIR WILLIAM BURNETT, K.H., after serving thirty-three years as chief of the Naval Medical Department, has placed his resignation in the hands of Government.

SUPPLY OF WATER TO THE METROPOLIS.—On Friday last a lecture was given on this important subject in the theatre of the Royal Society. The lecturer, Mr. Dickenson, had a plan of his own to propose; which was, that the supply should be drawn from the hitherto neglected river Colne. The suggestion involved the construction of an aqueduct which should bring the water to a reservoir at Kilburn; from whence, after being filtered, it would be supplied to the west parts of the Metropolis. The elevation of the original source would secure sufficient natural fall. It was calculated that 23,000,000 gallons a-day might be obtained, "as clear as the fountains at Vaucluse," and at a cost of three farthings per 1,000 gallons.

MR. E. G. NOOT, Assistant-Surgeon of the 50th, has returned home invalided in the Neptune, together with 200 military invalids.

THE CIVIL MEDICO-MILITARY APPOINTMENTS.—We are requested to state, in order to prevent disappointment and unnecessary trouble on the part of the now very numerous applicants for appointments on the Civil Medical Staff of the Army, that all so applying must produce a letter of introduction from some distinguished member of the Profession. It is desirable that such letter should be explicit as to the writer's opinion of the applicant's practical knowledge of Medicine, and as to his fitness for the duties of an Operating Surgeon.

DRESSERS, ETC., FOR THE ARMY.—There are, at present, no vacancies for Dressers or Dispensers in the Army Medical Staff.

A CHIEF MEDICAL STOREKEEPER has been appointed to reside at Scutari, who, for many years, managed a wholesale druggist's business in London, and from whom all the Hospitals will in future draw their supplies.

THE HOSPITAL AT SCUTARI.—M. Soyer is about to proceed to Scutari, at the instance of Government, to superintend the dietary of that Hospital.

DR. CONNEAU AND M. REGUIER, Physicians to the

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Emperor of the French, have received instructions to prepare to accompany His Majesty to the Crimea.

CHOLERA IN FRANCE.—According to the *Gazette des Hôpitaux*, there was, on the 10th inst., not a single case of cholera in any of the Paris Hospitals.

PROFESSIONAL VICTIMS TO THE ASIATIC CHOLERA IN SPAIN.—The following are the names of some of our Professional brethren in Spain who have fallen in the fulfilment of their duty:—Don Carlos, Military Inspector of Health, Corunna; Don José Ramon Ramirez, Physician, Montanverner; Don José Mollinedo y Suero, Military Inspector of Health, Truvia; Don Bernabé Soto, Physician, Logrono; Don Juan Garcia Ibanez, Physician, Murcia; Don José Santandreu, Military Inspector of Health, Badajoz; Don Juan José Cabrera, Physician, Linares; Don Doroteo Sanz, Surgeon, Villaneuva de Fuentes, Cuença; Don José Rodriguez Trabanco, Physician, Leon; Don Pedro Soler, Physician, Balaguer; Don Antonio Valenti, Physician, Vilaradona; Don José Masiá, Physician, Alcoy. The *El Orisse*, a Spanish Medical periodical, says:—"Honour to their names, and to various others that have not reached us, who have sacrificed their lives in the way of virtue and self-denial. But, while we applaud such devotedness to the requirements of duty, we the more deeply lament the loss of such men, not only to the public, but also to the Profession; and, we ask, what is to become of their widows and orphans? Are they to be left to want? While pensions are bestowed by the Government on the widows and orphans of the civil and military officials who died under this national visitation, the widows of Medical officers have nothing but forgetfulness and neglect. Are the heirs of governors and general officers left in a worse condition than the families of Medical men? It is right that the nation should be just to the former, and turn aside from the latter, who have little influence to put forth their own claims. We hope some energetic Member will bring the subject before the Constituent Cortes. To the members of the Medical Profession itself we suggest the proposition, that the names of all those who fall in the exercise of their Professional duty, at a time of great public calamity, from the prevalence of epidemic disease, be inscribed on the walls of our public Hospitals, as noble examples to the students who frequent them."

THE WOUNDED IN HOSPITAL AT PORTSMOUTH.—The *Hampshire Advertiser* says that the sick and wounded landed from various ships lately at Portsmouth, and quartered in the new Garrison Hospital, are all doing well, under the skilful and unremitting attention of Dr. Lawson, Ordnance Medical Officer, and Assistant-Surgeon Henry Bishop, of the Royal Wilts Militia.

SMYRNA HOSPITAL.—We have received a letter, informing us that this Hospital will contain about 850 beds. On the 17th there were 500 beds occupied. Every article for the furnishing of the building has been purchased in Smyrna. Persons have been at work night and day getting everything in readiness for the arrival of the sick. In the shops at Smyrna are to be had everything Europe produces or makes. Its markets are supplied abundantly with meat, vegetables, woodcocks, partridges, and soles and other fish. Some idea of the extent of business done at Smyrna may be formed from a knowledge of the fact, that as many as 3000 camels often enter the town in one morning, loaded with merchandise, from the interior. On the 13th of February, two of the Commissioners sent out from the War Office to inspect and report on the Hospitals in the East, visited Smyrna. They were surprised and pleased to find the progress made in the arrangements.

THE SCUTARI HOSPITALS.—On February 15 (latest returns) there were in the Hospitals at Scutari and its vicinity 5484 of sick. The condition of the patients generally is reported as improving. During the four days preceding that date, 115 had died; being an average daily mortality of 29, or about 1 in every 189.

SICK IN THE CRIMEA.—On February 3, there were sick of the army in the Crimea, 5058. The number of deaths during the week ending that day had been 291.

TREATMENT OF THE SICK.—From a letter of an Assistant-Surgeon in ——— Regiment, Camp before Sebastopol, February 2, 1855:—"As soon as a man is wounded, he is brought to me by two or more of the bandsmen or by his comrades. If only a flesh wound about the trunk or upper extremities, and not much hæmorrhage, I may or may not put on a bit of lint, and, if not very faint, let him walk to camp alone or with a comrade. If unable to walk, I send him on a stretcher with two or four men, according to his weight. If there be arterial hæmorrhage, I apply a field tourniquet when practicable; but they are so miserably weak I never could apply them to the femoral artery with success. If the artery be exposed, I sometimes tie it. All this is done in the batteries where the man has been wounded, or where I may have taken position. There is no place out of range provided for the immediate safety of the wounded. The Regimental Hospital simply consists of a bell-tent or marquee, in which, till within the last week or two, the sick and wounded have had nothing to lie on except the ground and one or two blankets. We have no table and pillows to operate on. The medicine panniers, and any boards we may chance to pick up, are our only table. Within the last week (thanks to the efforts of our new Surgeon), we have had wooden houses erected, capable of accommodating twenty-four men each. *There is no room to pass between our patients.* At the present date nearly all our men are separated from the ground by boards; all have buffalo-skin coverlets, plenty of rice, potatoes, and wine. The sick are conveyed to Balaklava on the backs of cavalry horses. Any unfortunate too weak to ride seven miles is left at camp to die. There is not one effective ambulance cart remaining. I am happy to tell you our new Surgeon appears to be a good one, and of excellent disposition. He is of about nine years' services. The French, I hear, have every comfort in a portable shape, amputating tables, etc., and a powerful ambulance, more than sufficient to supply their wants. They have learned to despise our arrangements very much. [We direct our readers' attention to the passage in this letter we have marked by italics. Typhus fever must arise from such close packing of the sick.—ED. *M. T. and G.*]

THE CONDUCT OF THE WAR.—At a town's meeting in Birmingham, Mr. George Dawson thus expressed himself:—"Then came the green coffee question. He should like to paint them a picture. He should like to show them an English soldier in rags, hungry, gaunt, and lean, with the top of a tin pot, and 20 green coffee berries, with a rushlight underneath, trying to roast them; and that done, too, under an inclement sky, up to the knees in mud. Glorious picture! Sing 'Rule Britannia,' and let fifes and drums strike out 'The roast beef of Old England.' He would put it to them of men lying for hours after battle uncared for, unattended, stiffening slowly into death. 'Oh,' said the aristocracy, 'that was the Medical department—it was their fault—we have nothing to do with it.' We said 'No.' We asked who put the Surgeons down, snubbed them, gave them the cold shoulder? Why don't Surgeons go into the Navy? Why, if he was not one of the proper blood, clique, class, or order, he was snubbed, put down at once, sent to mess with some pert midshipmen."

THE CRIMEA.—SCUTARI, Feb. 15.—The great increase of fever in the Hospitals here is now the chief point of remark. For weeks it has been gaining strength, and now rages with a destructive vigour which is in the highest degree alarming. The Medical men are all agreed as to its malignant character, and, in a greater or less degree, as to its origin and progress. In less than a month it has swept away no less than seven Surgeons, while eight more are at this moment prostrate under its influence. Struthers, Newton, Wason, Langham, Macartney, Alibert, and Marshall have died of it after very short illnesses, and M'Ilree, Johnson, Muirhead, Hooper, Guy, Summers, Grabham, and Price, are more or less seriously ill. Others have been affected, but have struggled through their duties notwithstanding, and it is to be hoped may suffer no bad consequences from their imprudent zeal.—*Times' Correspondent.*

TEMPERATURE OF 1814 AND 1855.—The late frost has been the most continued and severe which has occurred in England since the year 1814. The state of the thermometer during the winter of that year, from a register kept by a Medical gentleman at Richmond, shows that there were only two days' difference in the duration of these two remarkable frosts. In consequence of the late severe weather setting in nearly three weeks later than in 1814, its mean temperature has been more than 2° higher. From the 4th to the 18th of January, 1814, the cold must have been dreadfully severe, as the temperature never rose so high as the freezing-point, day or night. It does not appear, however, there were such intense frosts as occurred on the mornings of February 11 and 19, 1855, when the lowest readings of the thermometer were 9° and 12° respectively, but 7° and 8° at the Royal Observatory, Greenwich.

IN THE ORDNANCE ESTIMATES for the year 1855-56, out of a grand total of 7,808,042*l.*, 3204*l.* only are for Hospital expenses.

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MORTALITY NOTABILIA.—The intense cold showed slight signs of mitigation until the end of last week, and the deaths were 1604. Zymotic diseases were fatal to 294 persons; namely, 31 who died of small-pox, 30 of measles, chiefly in the east and south districts, 47 of scarlatina, and which, as well as hooping-cough (82), prevails chiefly in the north districts. Typhus was fatal in 36 cases, consumption in 204, bronchitis, pneumonia, and asthma in 404 cases, which exceed the corrected average of corresponding weeks by 156.

EFFECTS OF THE EXTREME COLD ON LIFE.—The season of extreme cold has now, we may hope, passed over; and its effects have been seen in the Tables of the last six weeks, when the deaths of 9408 persons have been registered. These deaths exceed the average by 1968; which appear under various diseases, and were the indirect results of the low temperature. The temperature of the six weeks was 28·4° on an average, and the deaths were nearly 100 weekly to every degree of depression below the freezing point of water. But the cold affected persons very differently, according to their age; for in the five weeks that ended on Feb. 17th, at the first age of manhood, (20 to 40) the cold did not destroy 2 in 10,000; at the age of 60 to 80 it was fatal to 38 in 10,000. If the average deaths at each of the five ages are subtracted from the deaths in the five weeks of cold weather, the numbers that are left representing the deaths by cold are 367 children and youths under 20; 159 young men and women of 20—40; 290 middle-aged persons of 40—60; 561 of 60—80; and 173 of 80 and upwards. Upon dividing these numbers by the persons living of the corresponding ages, we find that the mortality by cold in the 100,000 was at the rate of 35 under the age of 20, and 18, 64, 382, and 1749 at the four subsequent ages. The above numbers show that the power of cold on life varies according to definite laws; thus the mortality by cold is (35) twice as great under the age of 20 as the mortality (18) at 20—40; but, after that turning point, the power of resisting cold decreases every year, and men of 90 and men 30 have suffered from the cold that we have experienced in the proportion of 100 to 1 (or of 1749 to 17·5). The general result is, that the danger after 30 of dying of cold is doubled every nine years of age; for out of the same numbers living, to 1 death by cold at the age of 30, there are 2 at 39; 4 at the age of 48; 8 at the age of 57; 16 at the age of 66; 32 at the age of 75; and 64 at the age of 84. This series at least expresses very nearly the relative mortality by cold at the respective ages during five weeks among two and a-half millions of people.

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	5	0	7	16	4	3
North	490,396	7	4	13	20	3	6
Central ..	393,256	4	4	5	16	2	7
East.....	485,522	8	12	11	15	6	9
South	616,635	7	10	11	15	6	10
Total..	2,362,236	31	30	47	82	21	35

BIRTHS.—The births of 916 boys and 874 girls, 1790 children, were registered; average, 1509.

METEOROLOGY.—The mean height of the barometer in the week was 29·779 in. The mean temperature of the air was 26·7°, which is 12·7° below the average; the highest point 41·2° was attained on Saturday; the lowest (11·1°) on Monday morning, when the moon was in the equator. In the sun, a thermometer rose to 58°. The dryness was 4·8°; the dew-point was 21·9°. The wind was calm, and travelled at the rate of 330 miles over Greenwich. Electricity was positive and active. Snow fell on one day, and a thaw set in on Saturday.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending Feb. 24:—

	Males.	Females.	Total.
Workhouses...	117	143	260
Prisons	...	2	2
Military and Naval Asylums ...	8	...	8
General Hospitals	50	16	66
Hospitals for Special Diseases ...	3	2	5
Lying-in Hospitals	...	...	...
Military and Naval Hospitals ...	4	...	4
Hospitals for Foreigners, etc. ...	1	...	1
Lunatic Asylums	9	6	15

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, February* 24, 1855.

CAUSES OF DEATH.	In the week ending Saturday, Feb. 24, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp. ° 26·7						° 40·9
ALL CAUSES	1604	648	212	289	380	71	1151·9
SPECIFIED CAUSES	1599	647	212	289	380	71	1148·1
DISEASES:—							
1. Zymotic Class	294	222	27	20	20	5	217·5
2. Dropsy, Cancer, and others of uncertain seat	68	6	12	21	22	2	51·9
3. Tubercular Class	269	102	95	63	9	..	195·2
4 Of Brain, Nerves, etc. ..	158	61	11	27	51	8	133·0
5. Of Heart, etc.	55	9	3	19	18	1	47·5
6. Of Respiratory Organs ..	434	123	30	105	161	15	245·2
7. Of Digestive Organs ..	66	24	11	16	13	2	60·6
8. Of Kidneys, etc.	12	1	3	4	3	1	13·7
9. Of Uterus; viz. — Puerperal Disease, etc. ..	5	..	3	2	..	..	8·7
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	6	..	2	1	3	..	9·3
11. Of Skin, etc.	..	..	..	..	..	..	2·1
12. Malformations	5	5	..	..	..	..	4·6
13. Debility from Premature Birth, etc.	34	33	1	..	..	..	24·1
14. Atrophy	55	31	..	1	22	1	21·9
15. Age	89	..	..	..	55	34	62·5
16 Sudden	4	2	1	1	..	..	11·8
17. Violence, Privation, etc...	50	28	8	9	3	2	38·5

BOOKS RECEIVED.

The Nashville Journal of Medicine and Surgery. Vol. VIII.

Influence de la Vaccine sur la Population on de la Gastro-Enterite Varioleuse Avant et Depuis la Vaccine. Par Mr. A. Bagard, M.D. [An attempt to prove that gastro-enteritic complaints have much increased in fatality since the practice of vaccination.]

Blätten für Wissenschafteliche Balneologie. No. I. Edited by Dr. Seegen. [The first Number of what promises to be a very useful Journal.]

The Report of the Committee of Visiters and Medical Superintendent of the Devon County Lunatic Asylum.

The Journal of the Statistical Society.

A Few Remarks on the Mode of Administering Chloroform. By J. Chitty Clendon, M.R.C.S., Surgeon-Dentist to the Westminster Hospital. [A reprint, with additions, of a paper which appeared in our columns in June, 1852.]

TO CORRESPONDENTS.

The Medical Directory.—Dunn, Geo., Priory-place, Doncaster, Yorkshire, L.R.C.S. Edin. 1831; L.S.A. 1838; M.D. Edin. 1848; Physician to St. James' Hospital, Doncaster.—We beg to inform the compilers of the "Directory," and all whom it may concern, that the gentleman above referred to is a professed Homœopath, and that the Institution with which he is connected is in the habit of publishing newspaper advertisements, the nature of which may be judged of by the following extracts from the last:—

"IV. Number of entry, 47, Joseph Skin, aged 4, St. Thomas's-street, dropsy, cured; cost to patient, 2s.; cost to Institution, 6d.

"V. Number of entry, 68, James Cunningham, aged 20, a hawker, severe case of tic-douloureux, cured; cost to patient, 3s.; cost to Institution, 1s.

"VI. Number of entry 91, Ann Stacey, Conisborough, fistula lachrymalis, cured without operation; cost to patient, 2s.; cost to Institution, 1s.

"VII. Number of entry, 331, Mary Ann Hood, aged 28, residing at Loftus-gate, paralysis complete of left side, cured; cost to patient, 2s.; cost to Institution, 6d.

"VIII. Number of entry, 1,246, Nathan Denton, aged 58, Cleveland-street, hydrothorax, water on the chest, cured; cost to patient, 3s; cost to Institution, 1s."

A House-Surgeon.—The emoluments of the East India Company's service are not exactly what they have been stated by the public papers. The sums mentioned in the *Times* were exaggerated. The following estimates are we believe correct:—

As Assistant-Surgeon (generally for a period of 5 years) £306 18 0
with £30 additional if employed more than 200 miles from the Presidency.

As Assistant-Surgeon, but in the duty of full Surgeon, and in charge of a Regiment 468 18 0

As Surgeon 805 8 0

The average period for which the Surgeoncy is held is 15 years, and the final promotion is to the post of Garrison or Staff-Surgeon, when the salary rises to £1,046. The whole period of service usual before reaching the last-mentioned rank is about 23 years.

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A Subscriber, Birmingham.—The examination to take place next July is for the purpose of appointing more Medical Officers.

Investigator.—We had observed the note of the *Times'* Correspondent (Mr. Gamble) to which you refer. There does not appear any reason to believe his assertion as to the power of the fumes of roasting coffee in destroying effluvia. Their effect is probably merely to conceal, by substitution of a stronger odour, in this respect resembling those of burnt cascarilla, so much used by nurses. It is strange that there should be any search for disinfectants, or that we should hear anything about their want in the Military Hospitals; a more simple, cheap, and efficacious one than charcoal it can scarcely be possible to discover. A few dozen pans of it placed about the Scutari corridors would soon sweeten the place. If the accounts as to the need for a remedy of this kind be true, it is disgraceful to those in management that it has not been used.

Mr. Rigby, Doncaster.—We are at a loss how to apply the lash. The author of the advertisement you send us must be entirely beyond the reach of honest reprobation. Upon such a person, the censure of the whole Profession would fall very light.

Mr. Carver.—In the first week in April.

Compulsory Vaccination.—Mr. Gabb, of Bewdley, has written us a sensible letter on this subject, but which the crowded state of our columns prevents us from printing. Mr. Gabb's chief suggestions are,—1st. That all not actually paupers should choose their own vaccinator; 2nd. That all public vaccinators should be adequately paid; 3rd. That the provision of the Act which compels vaccination under the age of three months should be altered so as to extend the period to one year. Respecting the last point, Mr. Gabb urges, that three months is too tender an age for vaccination; that it is difficult at that age to discriminate between healthy and delicate subjects; and lastly, that it is very inconvenient to General Practitioners not having Union appointments, to be vaccinating all the year round. He prefers to do the year's vaccination at once, that is, within the space of a month or two, selecting a period of the year when there is not much sickness about; and he believes that the health of the community would not be endangered by the proposed extension of the period, inasmuch as "it is not from children so young that small-pox can be propagated epidemically."

A Country Subscriber.—The most approved remedy for chapped hands and intertrigal eczema is, we believe, the diluted nitrate of mercury ointment (gr. xv. ad ℥j.) For chilblains the use of stimulant embrocations—the exhibition of tonics and stimulants—are as good as anything we know of. The internal use of turpentine has been suggested, and, from the great influence of that remedy over the capillary circulation, is worthy of a trial.

A Chloroform Administrator.—We quite agree with you. Mr. Syme's advice is not so much "attend to the respiration," for no man in his senses ever neglected doing so, but "do not attend to the pulse." The latter injunction we hold to be dangerous in the extreme. By all means watch carefully the patient's breathing, but meanwhile scrupulously observe also as to the effect produced on the circulation. We speak from some experience of casualties, and should certainly consider that the pulse more frequently than the breathing gives the warning of danger. However, as there is not the least difficulty in the world in taking heed of both at a time, such care should never be omitted. Mr. Syme's observation, that the case might as well have been at Kamschatka, reminds us forcibly of the logician, who, when told that the facts were against him, replied with vehemence, "Then so much the worse for the facts."

Observer.—Your strictures are just, but the publication of your note could not serve any useful purpose.

Veritas.—There are at present no vacancies in the appointments you mention.

Dr. Taylor.—Your interesting communication shall appear.

Mr. Toynbee's Lecture is unavoidably postponed this week; the same is the case with that of Professor Partridge, and with many other communications.

Mr. Burnett.—Hecker's "Epidemics of the Middle Ages," published by the Sydenham Society, will give the information you require.

[To the Editor of the Medical Times and Gazette.]

SIR,—If you or any of your numerous Correspondents could kindly inform me in what "Transactions" or "Hospital Reports" the case of the sailor who swallowed knives, etc., detailed by Sir A. Cooper, may be found, I shall feel greatly obliged.

Feb. 27, 1855. I am, &c. R. C.

Smyrnoti.—The appointments in the Smyrna Hospital Staff are now all filled up.

Inquirer.—Dr. Myer is not a German; he has for many years been in Her Majesty's service, and has held an important and very responsible post in the convict department in Australia. He is yet in the energetic period of life, being under middle age, and will probably make a very efficient officer in his present appointment.

M.R.C.S.—The time is not yet fixed.

COMMUNICATIONS have been received from—

Mr. RIGBY, Doncaster; S. S.; INVESTIGATOR; Mr. FOX, the London Hospital; Dr. HABERSHON; Mr. CARVER, Cambridge; Dr. WILKES; Mr. LANGSTON PARKER; A SUBSCRIBER, Birmingham; Dr. J. RUSSELL REYNOLDS, Grosvenor-street; A HOUSE-SURGEON; M. A. BAYARD; Dr. SEEGEN, Carlsbad; VERITAS; Dr. RIGBY; Professor PARTRIDGE; OBSERVER; M.R.C.S.; Mr. CUBITT, the Norwich Hospital; Mr. ROBINSON; SMYRNOTI; R. C.; Mr. LEGGE, the Westminster Hospital (with enclosure); Dr. PARKES (with enclosure); Mr. SEARLE (with enclosure); Mr. HENRY THOMPSON (with enclosure); Mr. BURNETT, Trellow; A SUBSCRIBER, Kingston; Mr. HAUXWELL, Guy's Hospital; Mr. STANFORD (with enclosure); Dr. TAYLOR (with enclosure).

APPOINTMENTS FOR THE WEEK.

MARCH.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
3. SATURDAY	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	*Medical Society of London*, 7 p.m. General Meeting, Election of Officers and Council. 8 p.m.: Mr. V. de Méric, "On Infantile Syphilis." *Royal Institution*, 3 p.m.: Dr. J. H. Gladstone, "On the Principles of Chemistry." *Pathological Society of Dublin*, 4 p.m.
5. MONDAY	Cambridge.—Examination for Natural Sciences Tripos commences.	*Epidemiological Society*, 8½ p.m.: B. W. Richardson, M.D., "On the Importance of Recording the Progress of all Epidemics, and on the Best Means for Accomplishing this Object in England and Wales." *Chemical Society*, 8 p.m. *Royal Institution*, 2 p.m. General Monthly Meeting.
6. TUESDAY	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at Guy's, 1 p.m.	*Pathological Society*, 8 p.m. *Linnæan Society*, 8 p.m. *Royal Institution*, 3 p.m.: Professor Tyndall, "On Electricity."
7. WEDNESDAY ..	Lectures on Materia Medica at the Royal College of Physicians, 4 p.m.: Dr. Bence Jones, "On Electricity as a Means of Diagnosis and Treatment." Operations at University College Hospital, 2 p.m. (Mr. Quain on his visiting days); St. Mary's, 1 p.m.	*London Medical Society of Observation*, 8 p.m.: "Diseases of the Cerebro-Spinal System." Dr. Parkes, 13, Harley Street. *Pharmaceutical Society*, 8½ p.m. *Meteorological Society*, 7 p.m. *Geological Society of London*, 8 p.m.
8. THURSDAY	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	*Medical Society of London.* Anniversary and Oration, 5 p.m. *Royal Society*, 8½ p.m. *Royal Institution*, 3 p.m.: Mr. W. B. Donne, "On English Literature."
9. FRIDAY	Lectures on Materia Medica at the Royal College of Physicians, 4 p.m.: Dr. Bence Jones, "On Electricity as a Means of Diagnosis and Treatment." Operations at the London, 1½; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	*Royal Institution*, 8½ p.m.: T. Sopwith, Esq., F.R.S., "On the Mining Districts of the North of England."

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DR. DE JONGH'S
LIGHT BROWN COD-LIVER OIL,
PREPARED FOR MEDICINAL USE IN THE LOFFODEN ISLES, NORWAY, AND PUT TO THE TEST OF CHEMICAL ANALYSIS.

LATEST MEDICAL TESTIMONIALS:—

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"DEAR SIR,—I beg to return my acknowledgments for the copy of your Work on Cod-liver Oil, with which you have favoured me. I was already acquainted with it, and had perused it some time previously with considerable gratification, especially the chapter devoted to the consideration of the adulteration of Cod-liver Oil.

"I have paid, as you are aware, much attention to the subject of the adulteration of drugs. Among the articles examined, I have not overlooked one so important as Cod-liver Oil, and this more particularly, since it is a very favourite remedy with me, and is, moreover, so liable to deterioration by admixture with other, especially inferior, Fish Oils. I MAY STATE THAT I HAVE MORE THAN ONCE, AT DIFFERENT TIMES SUBJECTED YOUR LIGHT-BROWN OIL TO CHEMICAL ANALYSIS—AND THIS UNKNOWN TO YOURSELF—AND I HAVE ALWAYS FOUND IT TO BE FREE FROM ALL IMPURITY, AND RICH IN THE CONSTITUENTS OF BILE.

"SO GREAT IS MY CONFIDENCE IN THE ARTICLE, THAT I USUALLY PRESCRIBE IT IN PREFERENCE TO ANY OTHER, IN ORDER TO MAKE SURE OF OBTAINING THE REMEDY IN ITS PUREST AND BEST CONDITION.

"I remain yours faithfully,
(Signed) "ARTHUR H. HASSALL, M.D.

"To Dr. de Jongh, the Hague." "Bennett-street, St. James's-street, December 1, 1851."

T. H. TANNER, M.D., L.R.C.P.,

PHYSICIAN TO THE HOSPITAL FOR WOMEN, AUTHOR OF "MEMORANDA ON POISONS," "A MANUAL OF THE PRACTICE OF MEDICINE," etc., etc., etc.

"DR. TANNER presents his compliments to Messrs. Ansar, Harford, and Co., and begs to thank them for the copy of DR. DE JONGH'S Treatise which they have kindly sent him.

"Dr. Tanner has employed DR. DE JONGH'S Oil extensively, both in private and Hospital practice, for some months past, HAVING FOUND THAT ITS MEDICINAL POWERS ARE APPARENTLY GREATER THAN THE ORDINARY COD-LIVER OIL, THAT IT CREATES LESS NAUSEA, AND THAT IT IS BY NO MEANS UNPALATABLE.

"10, Charlotte-street, Bedford-square, Jan. 25, 1855."

CHARLES COWAN, M.D., L.R.C.S.,

SENIOR PHYSICIAN TO THE ROYAL BERKSHIRE HOSPITAL, CONSULTING PHYSICIAN TO THE READING DISPENSARY, TRANSLATOR OF "LOUIS ON PHTHISIS," etc., etc., etc.

"DR. COWAN is much obliged to DR. DE JONGH for a copy of his valuable work on Cod-liver Oil, forwarded to him by Messrs. Ansar, Harford, and Co., and is glad to find that the Profession has some reasonable guarantee for a genuine article.

"THE MATERIAL NOW SOLD VARIES IN ALMOST EVERY ESTABLISHMENT WHERE IT IS PURCHASED, AND A TENDENCY TO PREFER A COLOURLESS AND TASTELESS OIL, IF NOT COUNTERACTED, WILL ULTIMATELY JEOPARDIZE THE REPUTATION OF AN UNQUESTIONABLY VALUABLE ADDITION TO THE MATERIA MEDICA. Dr. Cowan wishes DR. DE JONGH every success in his meritorious undertaking.

"Reading, Berks, 26th January, 1855."

Extract from an Article "On the Origin and Treatment of Chronic Diseases of the Skin," in the "ASSOCIATION MEDICAL JOURNAL," January 5th, 1855, by

THOMAS HUNT, ESQ., F.R.S.C.,

SURGEON TO THE WESTERN DISPENSARY FOR DISEASES OF THE SKIN, etc., etc., etc.

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"**One Drachm is equal to Half-an-Ounce of the Pale Oil,** and children will generally take it without objection. In some cases of Lupus, it acts as a specific.

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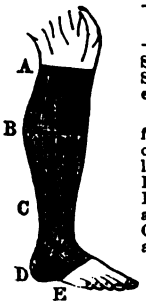

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H. and Co. have much pleasure in informing the Profession that they have perfected an ABDOMINAL BELT of new construction, which, acting diagonally, is not liable to displacement; its weight is only four ounces, Price 18s. Diagrams and particulars forwarded by post. Every kind of Surgical Stocking made. Spiral Stockings at a great reduction. Measure required for Stocking: Circumference at A, B, C, D, and E; length from A to D. and D to E.

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and others.—ROBINSON'S PATENT BARLEY, for Making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinæ of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

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Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s., 5s., and 10s each.

Mr. Bourjeaurd's Registered Elastic

APPLIANCES, ACTING SPIRALLY and FREE from SEAMS, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, (opposite Mivart's Hotel,) London, and 17, RUE DES BEAUX ARTS, PARIS. At Home from One till Five.

Fig. 1.

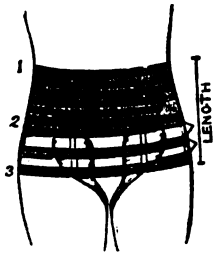

Fig. 2.

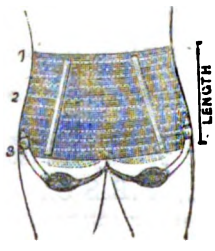

Fig. 1. Mr. BOURJEAURD'S NEW BELT and AIR-PAD for INGUINAL HERNIA.—Mr. Bourjeaud begs to state, that the smaller ends ends of the pyriform air-pads are seen below the inferior margin of the belt. The latter is made of elastic strips, about one-inch in breadth, which, by being sewn together in a peculiar manner, effect an equable compression around the abdomen. On the internal and front part of the belt two air-pads are attached, exactly on the spot where the belt comes in contact with the inguinal rings; and these yielding pads exercise a gentle compression upon the rings, which compression may be increased or diminished in changing, by means of a small tube and stopcock, the quantity of air contained in the pads. This apparatus is now driving the steel springs completely out of the field; and Mr. Bourjeaurd is happy to say, that the hernia belt is getting more and more a favourite among the leading Surgeons of the Metropolis and the provinces. It is plain to all, that two ends should be kept in view as to apparatus for hernia:—First, the support of the intestinal mass; and secondly, prevention of protrusion through the rings, without giving the patient pain, or causing inflammation and gangrene by pressure on the abdominal parietes with unyielding steel springs. These generally acknowledged desiderata the new belt for hernia completely satisfies; and it becomes every practitioner's duty to advise its use to such of his patients who are affected with hernia.

Fig. 2. POSTERIOR VIEW of the HERNIA BELT and AIR-PAD.—This diagram has been drawn in order to illustrate the latest improvement Mr. Bourjeaurd has introduced touching this extremely useful apparatus. It had, namely, been found, that in the sitting posture, the pressure of the air-pads upon the inguinal rings became somewhat weaker; to guard against this change, the tubing attached to the lower margin of the belt and terminating in the air-pad has been made to swell towards its centre, posteriorly. When the patient sits down, he drives the air contained in this kind of reservoir into the air-pad in front; the latter becomes a little larger, and the slight difference alluded to above is compensated without any effort on the part of the patient. This contrivance gives to the hernia belt a most valuable accuracy.

Notice.—J. Coxeter, Surgical In-

STRUMENT MAKER to University College and Middlesex Hospitals, begs to announce to his friends and the Profession, that he has, with a view to facilitate business, taken premises at 117, CHEAPSIDE and respectfully invites an inspection of his Stock.—Manufactory and business as usual, at 23, GRAFTON-STREET EAST, GOWER-STREET.

*** J. Coxeter will be happy to supply his New and Illustrated Catalogue on application.

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the name "Respirator" for various discreditable and defective imitations of Mr. JEFFREYS' Instruments, the value of which, in Medical Practice, has given a wide reputation to the name, can only mislead unwary persons not acting under Professional advice. City Office for the Respirator, 25, Bucklersbury; West-end Depôt, 25, Holles-street, Oxford-street, London. In London and all Towns, the principal Chemists and Surgical Instrument Makers are Agents for Mr. Jeffreys' Respirators.

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FOR THE PRESENT SEASON,

Is worthy of your inspection.

Newfoundland Cod-Liver Oil is

made from the Livers of the true Cod, "Morrhua Vulgaris," and not from the "Dorse Gadus Callarius," the variable Cod of Northern Europe.

For many years the undersigned have devoted their personal attention solely to the manufacture of this valuable Medicine. By extreme care in the selection of fresh and healthy livers, and the employment of appropriate and extensive machinery, they are enabled to supply the trade with PALE OIL, as it exists naturally in the membranous cells of the liver of the cod. They have thus succeeded in preventing the Oil assuming a brown colour, which is invariably the result either of excessive heat or putrescence.

The undersigned recommend as tests for Cod-liver Oil the following:—1st. By mixing together on an earthenware slab 25 drops of the oil with 2 drops of sulphuric acid, a deep purple (not red or brown) colour should be produced. 2nd. Take clean slips or spills of writing paper, dip them into the samples under examination, hold them for a second or two in a bright fire, taking care not to char or smoke them. The sense of smell will then at once reveal the relative quality of the samples, and a practised nose will detect an inferior or an admixture of other oils.

Observe, the following characteristics of our Oil are still maintained, namely, paleness of colour, without any bleaching process, absence of unpleasant smell, and agreeable sweetness of taste, which occasions no nausea or heat in the throat.

CHARLES FOX AND COMPANY.

Cliff House, Scarborough.

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and BARLEY.—THE ONLY EXISTING PATENT, and STRONGLY RECOMMENDED BY THE MEDICAL PROFESSION.

TO INVALIDS, MOTHERS, and FAMILIES.—The important object so desirable to be obtained, has at length been secured to the Public by J. and J. C. ADNAM, Patentees, who, after much time and attention, have succeeded by their IMPROVED PROCESS, in producing preparations of the purest and finest quality every manufactured from the Oat and Barley.

The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged.

A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined:—

"Chemical Laboratory, Guy's Hospital,
"February 19, 1855.

"I have submitted to a microscopical and chemical examination the samples of Barley-meal and Groats which you have forwarded to me, and I beg to inform you, that I find in them only those principles which are found in good Barley; there is no mineral or other impurity present, and from the result of my investigation, I believe them to be genuine, and to possess those nutritive properties assigned by the late Dr. Pereira to this description of food. (Signed) "A. S. TAYLOR.

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Assurances are effected at home or abroad on either healthy or diseased lives, at as moderate rates as the most recent data will allow.

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PLASTER.—This Plaster, from the nature of the composition and the material on which it is spread, is adapted for a permanent bandage, as it neither produces irritation of the Skin, nor, when applied, does heat cause it to lose its adaptation to the part. Having these qualities, it is peculiarly valuable in the treatment of ulcerated legs, varicose veins, etc., where equal and constant support is required. Several of the most eminent surgeons continue to use this Plaster in their practice, preferring it, in certain cases, to any other. It is well suited for exportation to, and use in, warm climates, the high temperature having less effect on it than on any other plaster.

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"GOLDING BIRD, A.M., M.D., F.R.S.,
"Fellow of the Royal College of Physicians,"
"Physician and Professor of Materia Medica at Guy's."

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CITRATE of QUININE and IRON, containing 25 per cent. Quinine. 4s. 6d. per oz.

SYRUP of the IODIDE of POTASSIUM and IRON. A fluid drachm contains two grains of each salt.

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BI-MECONATE SOLUTION of OPIUM. Professional Testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 3d. per oz.

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February 26, 1855. EDMUND BELFOUR, Secretary.

University of London.—Matriculation EXAMINATION, 1855. — The ANNUAL COURSE of LECTURES on each of the subjects appointed for this Examination will Commence at King's College, London, on Monday, March 5, at Three o'Clock, and will be continued each Monday, Tuesday, Thursday, and Friday, through the Months of March, April, May, and June (with the exception of the first fortnight in April). Fee, £5 5s. For further particulars, apply to J. W. Cunningham, Esq., Secretary, King's College, London. R. W. JELF, D.D., Principal.

January 29, 1855.

Society for Relief of Widows and ORPHANS of MEDICAL MEN in London and its vicinity (founded 1788), 53, Berners-street, Oxford-street.—Members are reminded that a QUARTERLY COURT of DIRECTORS will be held on WEDNESDAY, the 21st instant, at which Candidates for admission into the Society can be proposed. It is desirable that the form of proposal be filled up and forwarded to the Secretary a few days before the meeting. All legally qualified Medical Practitioners residing in any part of the county of Middlesex, or within seven miles of the General Post Office in St. Martin's-le-Grand, are eligible; and the benefits of the Society are restricted to the families of deceased members of not less than two years' standing.

CHARLES R. WALSH, Secretary.

53, Berners-street, Oxford-street, March 1, 1855.

Royal Sea-bathing Infirmary, Margate.—VACANCY in the Office of RESIDENT SURGEON. Candidates must possess a legal qualification, and be unmarried. Salary for the season (about six months), £60, with furnished apartments and board. Candidates are requested to send their applications and testimonials to the Secretary, 4, Dowgate-hill, Cannon-street, City, on or before Friday, the 30th March. The duties will commence the beginning of May. By order of the Director,

C. J. ROWSELL, Secretary.

Wanted, for the Wigan Dispensary, a HOUSE-SURGEON, who must be a Member of the Royal College of Surgeons of London, Edinburgh, or Dublin, and a Licentiate of the Apothecaries' Company in London. The Salary is £100 per Annum. Furnished Apartments for the use of the House-Surgeon are provided at the Dispensary, with fire, and lights, and attendance by the Matron, free of charge. The term of engagement must be for three years. Applications, with testimonials as to moral conduct and professional competency, must be sent in on or before the 3rd of April Next, addressed to the Secretary, Standishgate, Wigan, of whom further particulars may be known.

Wigan, Feb. 27, 1855. H. B. RECKITT, Hon. Sec.

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PHILIP ROSE, Hon. Sec.

Brompton, Feb. 28, 1855. OSBORN P. CROSS, Sec.

Middlesex Hospital.—Dr. Van der Byl will Commence a SUMMER COURSE of LECTURES on PRACTICAL HISTOLOGY, and the Application of the Microscope to the Investigation of Disease, early in MAY. Gentlemen are provided with Microscopes and accessory Instruments. The Class will meet for *two hours* twice a week. Fee, £2 2s.—For particulars, apply to Dr. Van der Byl, 1, Oxford-square, Hyde-park, any day from Nine to Ten, or Four to Six o'Clock.

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The persons who shall be pronounced by the Examiners to be the best qualified in all respects will be appointed to fill the requisite number of appointments as Assistant-Surgeons in the East India Company's service, and, so far as the requirements of the service will permit, they will have the choice of the Presidency in India to which they shall be appointed, according to the order of merit in which they stand on the list resulting from such examination.

All Assistant-Surgeons are required to subscribe to the military or medical, and medical retiring funds, at the Presidencies to which they may be respectively appointed, and to the Military Orphan Society, also, if appointed to Bengal.

All Assistant-Surgeons who shall neglect or refuse to proceed to India, under the orders of the Court of Directors, within three months from the date of their appointment, will be considered as having forfeited it, unless special circumstances shall justify a departure from this regulation.

A copy of these regulations, and any further information, may be obtained on application to the Secretary of the Military Department, East India House.

The Examinations will take place in the months of January and July in each year, and due notice will be given, by public advertisement, of the days appointed, and of the probable number of Candidates to be selected.

It is now announced that the NEXT EXAMINATION will be held at this House in the Month of JULY NEXT, and that the probable number of vacancies in the Medical Establishment of the East India Company to be then filled up will be fifty.

JAMES C. MELVILL, Sec.

DR. DE JONGH'S
LIGHT BROWN COD-LIVER OIL,

PREPARED FOR MEDICINAL USE IN THE LOFFODEN ISLES, NORWAY,

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LATEST MEDICAL TESTIMONIALS:—

T. H. TANNER, M.D., L.R.C.P.,

Physician to the Hospital for Women, Author of "Memoranda on Poisons," "A Manual of the Practice of Medicine," etc., etc., etc.

Dr. Tanner presents his compliments to Messrs. Ansar, Harford, and Co., and begs to thank them for the copy of DR. DE JONGH'S Treatise which they have kindly sent him.

Dr. Tanner has employed DR. DE JONGH'S Oil extensively, both in private and Hospital practice, for some months past, **having found that its medicinal powers are apparently greater than the ordinary Cod-Liver Oil, that it creates less nausea, and that it is by no means unpalatable.**

10, Charlotte Street, Bedford Square, Jan. 25, 1855.

CHARLES COWAN, M.D., L.R.C.S.,

Senior Physician to the Royal Berkshire Hospital, Consulting Physician to the Reading Dispensary, Translator of "Louis on Phthisis," etc., etc., etc.

Dr. Cowan is much obliged to DR. DE JONGH for a copy of his valuable work on Cod-Liver Oil, forwarded to him by Messrs. Ansar, Harford, and Co., and is glad to find that the Profession has some reasonable guarantee for a genuine article.

The material now sold varies in almost every establishment where it is purchased, and a tendency to prefer a colourless and tasteless Oil, if not counteracted, will ultimately jeopardise the reputation of an unquestionably valuable addition to the Materia Medica. Dr. Cowan wishes DR. DE JONGH every success in his meritorious undertaking.

Reading, Berks, Jan. 26, 1855.

Extract from an Article "On the Origin and Treatment of Chronic Diseases of the Skin," in the

"ASSOCIATION MEDICAL JOURNAL," JAN. 5, 1855,

BY

THOMAS HUNT, ESQ., F.R.C.S.,

Surgeon to the Western Dispensary for Diseases of the Skin, etc., etc., etc.

"In emaciated or strumous subjects, DR. DE JONGH'S Light-Brown Cod-Liver Oil is highly useful. This Oil, though somewhat more expensive, goes three times as far as any other I have tried.

"ONE DRACHM IS EQUAL TO HALF-AN-OUNCE OF THE PALE OIL, and children will generally take it without objection. In some cases of Lupus it acts as a specific."

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Fasciculi of 800 Flowering Plants, £4 each.
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WILLIAM FOGGITT, F.B.S.L., Thirsk, Yorkshire.

BOLTON INFIRMARY AND DISPENSARY.

Wanted, for this Institution, a House

Surgeon. He must be a Member of one of the Colleges of Surgeons, and Licentiate of the Apothecaries' Company, London. Salary £100 per annum; with furnished apartments, fire, light, and attendance. In addition to the salary, a gratuity of £20 per annum is given, if the conduct of the House Surgeon meets the approbation of the Committee.

Applications and Testimonials to be addressed (postage free) to ROBT. HEYWOOD, Esq., Hon. Sec., on or before the 31st March.—The Election will take place on the 5th of April.

York County Hospital.—A Special

Court of Trustees and Governors of this Charity will be held at the Hospital, on Tuesday, the 10th of April next, at One o'clock in the Afternoon, for the Election of a HOUSE-SURGEON.

He must be an Unmarried Man, between the ages of Thirty and Forty-five years. He will have to reside in the Hospital, and to undertake the whole internal Management of it, under the House Committee. The Salary is £120 a-year, with Board and Lodging.

Candidates are requested to send Testimonials to my Office, One Week, at least, before the Day of Election.

York, 1st March, 1855. JOSH. MUNBY, Secretary.

Bucks General Infirmary.—House-

SURGEON.—A VACANCY having occurred by death in the office of HOUSE-SURGEON, Gentlemen intending to become Candidates for the appointment are requested to forward to me their testimonials of character and qualification, on or before Thursday, the 15th day of March Next. Salary, with board and residence, £55 per Annum, with an annual increase of £5, to £70 per Annum. It is required that Candidates be Members of the Royal College of Surgeons of London, Dublin, or Edinburgh, and Licentiates of the Apothecaries' Company, London. A Gentleman who has been a Dressing-pupil will be preferred. The Election will take place on the 22nd of March.

Aylesbury, Feb. 26, 1855. HY. HEYWARD, Secretary.

Blything Union.—Medical Officer

WANTED.—A MEDICAL OFFICER is Wanted for the Eighth Medical District of the Union, comprising the following Parishes:—

	Area.	Population.
Benacre	2576	222
Covehithe	1552	192
Easton Bavents	285	8
Henstead with Hulner Street ..	1906	559
South Cove	1198	194
Wrentham	2280	1026
	9797	2196

Candidates are required to possess the qualifications required by the Order of the Poor-Law Board, and to reside in the District.

All further information may be obtained on application to the Clerk.

The Election will take place at the Board Room, Bulcamp, on Monday, the 26th day of March, at Eleven o'Clock in the forenoon, when personal attendance is necessary, and the Candidates must bring with them testimonials, as to their fitness to discharge the duties of the office.

DANL. FANNAN,
Halesworth, March 5th, 1855. Clerk to the Guardians.

Medical Officers.—Ledbury Poor-

LAW UNION.—The Offices of MEDICAL OFFICERS of this UNION will be VACANT on the 26th day of March next.

The Board of Guardians invite the application of Candidates who possess one of the four qualifications stipulated in the Poor-law Commissioners' Consolidated Order of July 24, 1847.

The Medical Officers will be required to reside in the town of Ledbury, and conform in every respect to the Regulations of the Poor-law Board. The first District comprises the Parish of Ledbury and the Workhouse: Area, 8057 acres; Population, 4577; Salary, £50 per Annum. The second District comprises eight Parishes: Area, 18,645 acres; Population, 4027; Salary, £70 per Annum. The third District comprises thirteen Parishes: Area, 20,925 acres; Population, 4537; Salary, £90 per Annum. The said salaries to be inclusive of, and in compensation for all extra fees payable under the General Consolidated Order of the Poor-law Commissioners. The Guardians will provide Medicines and Appliances, also a competent Person to Dispense the same.

The Elections will take place at the Board-room, Ledbury, on Tuesday, the 20th day of March Next, and the persons appointed will hold their offices until they shall die, resign, or become legally disqualified to hold such offices, or be removed by the Poor-law Board. Testimonials to be transmitted to me on or before the 19th day of March next. Candidates to be in attendance at the Board-room, Ledbury, on the day of the Elections. By order of the Board of Guardians,

Ledbury, Feb. 22, 1855. J. HUGHES, Clerk.

South Staffordshire General Hospital.

—HOUSE-SURGEON.—The Vice-Presidents and Directors will proceed to the Election of a Gentleman to fill the office of HOUSE-SURGEON to the South Staffordshire General Hospital, on Tuesday the 27th day of March Next. Candidates must send in their testimonials and qualifications, under cover, to the Secretary, on or before Saturday, the 17th day of March Next, in order that the same may be submitted to the Board for examination. Candidates must be Members of the Royal College of Surgeons in London, and Licentiates of the Apothecaries' Company in London. They must be unmarried, and not exceeding forty years of age. The salary, which is permanent, will be £75 per annum, with Board, Washing, and suitable Apartments.

By order of the Weekly Board,
BENJAMIN SMITH, Secretary.

Wolverhampton, January 30, 1855.

Leicester Infirmary and Fever House.

—A Vacancy having occurred in the Office of HONORARY PHYSICIAN to this Institution, by the Resignation of Dr. BARCLAY, (who has accepted the office of Physician to the Civil Hospital, at Smyrna,) the Weekly Board of Governors hereby summon a Special General Board to meet at the County Assembly Rooms, on Thursday, the 19th day of April next, at 12 o'clock, to fill up the Vacancy.

By Rule 9, page 7, "No gentleman shall be eligible to the Office of Physician to the Infirmary who is not legally qualified to practice as a Physician in some part of the United Kingdom."

By Order,
W. JACKSON, Secretary.

Infirmary Board-room, March 6, 1855.

E. I. Board Medical Examination.—

Mr. POWER and Dr. POWER propose in a few days to form a SPECIAL CLASS for Gentlemen who intend to compete for the INDIAN MEDICAL APPOINTMENTS—embracing the subjects of Zoology, Natural History, Botany, etc. The General Lectures and Examinations for the College of Surgeons, the Apothecaries' Hall, and the Army and Navy Boards, are continued Daily, from Nine to Five.

Mr. POWER prepares Practitioners privately for the College of Physicians, and the Scotch Universities, at his own residence. He also prepares, by weekly correspondence, those Practitioners who are unable to absent themselves from home for any lengthened period.

Dr. POWER receives TWO HOUSE-PUPILS.

Lecture-room, Exeter Hall, Strand, Feb. 28, 1855.

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FAMILY LIFE ASSURANCE COMPANY.

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With Special Application to
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Seventy-five per cent., and eventually One Hundred per cent., of the entire profits, divided on a new and most equitable principle among the Members.

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First Call £1 per Share. The Paid-up portion of the Capital, with its accumulations, to bear a Dividend at the Rate of not less than £5, nor more than £10 per cent. per annum, with a Bonus of 25 per cent. of the Profits.

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NO PREMIUMS FORFEITED THROUGH INABILITY TO CONTINUE THEM.

Proposals for every variety of Assurance, Prospectuses, and further information, can be had on application, by letter or otherwise, to

JOHN NEWTON, Secretary.

N.B. The attention of the Medical Profession is particularly invited to a consideration of the liberal dealing of this Company towards the Profession.

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New Equitable Assurance Company,

(Incorporated by Act of Parliament, 7 and 8 Vict. cap. 110.)

CHIEF OFFICES—449, STRAND, LONDON.
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CAPITAL, £100,000.

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SIR CHARLES HASTINGS, M.D., D.C.L.
GEORGE JAMES GUTHRIE, Esq., F.R.S.

DIRECTORS.

SIR CHARLES HASTINGS, M.D., D.C.L., Chairman of the Board.
GEORGE BEAMAN, Esq., M.D., F.R.C.S., Deputy-Chairman.

MEDICAL PRACTITIONERS.

THE DIRECTORS ACKNOWLEDGE AND CONSULT ALL DULY-QUALIFIED MEDICAL PRACTITIONERS AS THE MEDICAL ADVISERS OF THE COMPANY AND UNIFORMLY PAY A FEE OF TWO GUINEAS FOR EVERY MEDICAL REPORT, WHEN THE PROPOSAL FOR ASSURANCE IS FOR £200 AND UPWARDS, AND A PROPORTIONATE FEE FOR A SMALLER AMOUNT.

MEDICAL PRACTITIONERS ARE ALSO ENTITLED TO TEN PER CENT. COMMISSION ON FIRST-YEAR'S PREMIUMS, AND FIVE PER CENT. ON ALL SUBSEQUENT PAYMENTS, FOR ASSURANCES EFFECTED THROUGH THEIR INTRODUCTION.

EVERY DESCRIPTION OF LIFE ASSURANCE BUSINESS TRANSACTED.

Prospectuses, Forms for Proposals, and any further information, may be had on applying to the Resident Director, or Secretary, at either Office, or of the Company's Agents.

N.B.—Active and influential AGENTS WANTED.

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ORIGINAL LECTURES.

CLINICAL LECTURES

ON THE

PATHOLOGY AND TREATMENT OF THE AFFECTIONS OF THE EAR,

CAUSING DISEASE IN THE BRAIN OR ITS MEMBRANES.

DELIVERED AT

St. Mary's Hospital.

By JOSEPH TOYNBEE, Esq., F.R.S.

Aural Surgeon to the Hospital; Lecturer on Aural Surgery at St. Mary's Hospital Medical School; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, etc.

Lecture V.

THE MASTOID CELLS.—*(Continued.)*

Gentlemen,—In my last lecture I pointed out the peculiar relations of the horizontal portion of the mastoid cells; and I showed you that disease occurring in this portion before the second year of life extended upwards to the *cerebral* cavity, and outwards through the substance of the squamous bone.

Subsequent to the second or third year of life, when the mastoid process is somewhat developed, it will be found that the layer of bone bounding the horizontal portion externally attains to a thickness of three or four lines, and it becomes extremely dense; on this account, after the first or second year of life, disease is scarcely ever observed to extend from the horizontal portion to the outer surface of the squamous bone; but, as the cells are developed posteriorly, and contract intimate relations with the lateral sinus and the cerebellum, it is to these two parts that disease is communicated.

Cases of disease in the mastoid cells may be divided into *acute* and *chronic*.

1. *Acute Inflammation of the Mucous Membrane lining the Mastoid Cells.*—This affection is somewhat rare, and, when it does occur, it is usually subdued before it progresses to the bone or dura mater.

Cases, however, are occasionally met with in which acute inflammation of the mucous membrane lining the mastoid cells ends in suppuration; the lateral sinus becomes inflamed, and abscesses occur in the brain. The following is a case of the kind which occurred to Dr. Brinton, at the Royal Free Hospital; and I am indebted to him for the notes of the case, and for the opportunity of making the dissection.

Acute Inflammation of the Mucous Membrane lining the Mastoid Cells; Suppuration; Disease of the Lateral Sinus; Abscess in the Cerebellum.—A girl, aged 21, was admitted into the Hospital, three weeks subsequent to an attack of scarlet fever. The history was, that, since the fever, she has had a constant and abundant discharge from the left ear. Upon admission, this discharge was observed to be copious; she was drowsy, and, at times, almost comatose; she had a rapid, feeble pulse, a cold body and limbs, and a hot face and head. In spite of all the remedies employed, the coma gradually became more intense, and she died ten days after her admission.

Autopsy.—An abscess was found in the left lobe of the cerebellum, of the size of a walnut. It reached to the surface, and thus came in contact with a large quantity of pus, bounded by the diseased and distended walls of the lateral sinus; the latter contained pus and blood. There was an opening through the membrana tympani which had a regular shape, and its size was one-third of the whole diameter of the membrane. The upper wall of the tympanum was healthy, and not even discoloured. The portion of the mastoid cells posterior to the incus contained some pus and blood mixed together; this extended down as far as the mastoid process. The portion of the lateral sulcus, about an inch long, and half-an-inch broad, which forms the posterior boundary of this part of the mastoid cells, was of a dark, leaden colour. The canals in this portion of the bone were also distended with black matter.

[Vol. XXXI. No. 806.—New Series, No. 245.]

There can, I think, be no doubt but that in this case the purulent matter from the mastoid cells was the cause of the disease in the lateral sinus, for the blood-vessels between the two parts were distended with dark pus and blood.

2. *Chronic Inflammation of the Mucous Membrane lining the Mastoid Cells.*—Cases of chronic disease of the mastoid cells usually take their origin before the adult period of life, although the more serious symptoms may not be developed until later years. Like the cases of disease in the tympanum, those now under consideration commonly originate in chronic inflammation of the mucous membrane. Whatever may be the cause of this inflammation—scarlet fever, measles, or an ordinary cold—the result is, that a larger quantity of mucus than natural is secreted. In the milder forms of the affection this mucus is afterwards absorbed, or is discharged through the tympanic cavity and Eustachian tube into the cavity of the fauces; but, in the more severe cases to which our attention is now to be devoted, the mucous secretion is too abundant to escape from the cells, and the bone becomes affected.

The effects of chronic disease in the mastoid cells upon the lateral sinus and cerebellum may be enumerated as follows:—

1. Suppuration in the lateral sinus with or without secondary purulent deposits.
2. Inflammation of the dura mater and arachnoid, and the formation of pus on the surface of the cerebellum.
3. Abscess in the cerebellum.

The history of cases of chronic disease in the mastoid cells bears some analogy to that occurring in the tympanic cavity, although, as a general rule, there is more irritation from the outset of the affection; attention is consequently drawn to the case in its early stages, and on this account, as we shall see when speaking of the treatment, the disease is more amenable to remedial measures than when it occurs in the tympanum. The following may be taken as the ordinary history of a case of disease advancing from the mastoid process to the lateral sinus or cerebellum. The patient, who has often a tendency to glandular enlargements, has suffered when a child from pain in the ear, followed by discharge. During childhood, and perhaps up to adult age, there have occurred attacks of pain and discharge at intervals of some months. Between these attacks there is often a sensation of pain in the region of the mastoid process and back of the head, and attacks of giddiness sometimes occur. These symptoms are aggravated by fatigue or any other depressing influence. Upon examination, the surface of the meatus is seen to be red, and to be the source of the discharge. No perforation exists in the membrana tympani, so that the discharge is purely sympathetic; but the membrana tympani is white and thickened. The Surgeon is, however, more commonly called to cases where the symptoms have become much more urgent, and where, indeed, the disease has advanced so far, that the brain or its membranes have become so greatly disorganised as to defy all remedial measures.

Cases of disease in the mastoid cells terminate fatally from two different causes, viz.:—

1. From purulent infection arising from the introduction of pus into the circulation through the lateral sinus.
2. From disease of the cerebellum or its membranes.

Cases of purulent infection have not been met with when the disease occurs in the tympanic cavity. On account of the proximity of the jugular vein to the lower wall of the tympanum, it is, however, quite possible for disease to extend to the venous system.

Dr. Abercrombie published an interesting case of purulent infection from disease of the ear; but the subject has been more thoroughly investigated by Dr. Watson, who, although deprived of the opportunity of making *post-mortem* inspections of the highly interesting cases which he has so fully detailed, there remained no doubt in his mind, nor can there be any doubt in the minds of his readers, that the cause of death was the introduction of pus into the system from the mastoid cells. Dr. Bruce has since published some valuable cases bearing upon the subject; and Mr. Wilde gives the details of a case in his Work on the Ear. The facts brought forward by these gentlemen, coupled with those which I shall lay before you as the result of my own experience, will, I trust, enable you thoroughly to comprehend the nature and progress of the disease. The following is Dr. Abercrombie's case:—

Disease of the Mastoid Cells; Deposit in the Lateral Sinus; Secondary Deposit in the Pleura.—A young lady, aged 15, had been liable for six or seven years to attacks of pain in the right ear, followed by discharge of matter; but she had been free from any of these attacks for some time previous to the abscess

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which forms the subject of the following history. On the 25th of April, 1822, she complained of cold shivering through the day, and in the evening had headache, with pain in the right ear; and these symptoms continued on the following day. On the 28th she was seen by Mr. Brown, who found her with quick pulse and foul tongue, severe pain in the ear, and slight headache. On the 29th some discharge took place from the ear, but without relief of the pain, which continued with violence until the following day. On the 1st of May the pain was somewhat abated in the ear, but had extended over the right side of the head; pulse frequent. General and local blood-letting were employed with partial relief. I saw her on the 3rd. The headache was then rather abated; the pulse was frequent and weak; she had a pale, unhealthy aspect, and a look of oppression bordering upon coma. The pain was chiefly referred to the parts above and behind the right ear, where the integuments were painful on pressure, and, at one spot near the mastoid process, felt soft and elevated. A puncture was made at this place with a lancet, but nothing was discharged. Topical bleeding, blistering, etc., were recommended.

4th.—Pulse in the morning, 148; in the course of the day it fell to 84; looking much languor and exhaustion.

5th.—Dark-coloured matter of intolerable fetor began to be discharged from the puncture which had been made behind the ear. The opening here was enlarged; and, a probe being introduced, the bone was felt bare and rough over a considerable space; headache much relieved; pulse natural.

6th.—Great discharge from the opening; headache much relieved; pulse 112; complained of some pain in the left side of the thorax; and there was considerable diarrhœa.

7th.—No headache; there was much discharge of fetid matter from the opening near the mastoid process, and a probe introduced by it passed downwards and backwards under the integuments as far as the spine.

8th.—Pain in the thorax continued, and was now so urgent that a small bleeding was employed with partial relief; it could not be carried further, on account of increasing weakness. Pulse 140.

9th.—Said she felt better, and made no complaint of pain; pulse very rapid, and strength sinking.

Died on the 10th.

Autopsy.—Every part of the brain was in the most healthy state, except a small portion on the right side, near the ear, which was of a dark, leaden colour; the tinge, however, was entirely superficial. The right temporal bone externally was bare through a great part of its extent; internally, it was in many places rough and dark-coloured, and there was some dark-coloured matter betwixt it and the dura mater. The dura mater at this place was for a considerable space thickened, spongy, and irregular; the coats of the right lateral sinus were considerably thickened through its whole extent, and the capacity of the sinus was very much diminished by a deposition similar to that which occurs in the cavity of an aneurism. The internal ear contained dark-coloured matter. The left cavity of the pleura contained fully a pound of puriform fluid; the left lung was collapsed, dense, dark-coloured, and covered by a coating of coagulable lymph.

From the examination I have made of deposits in the cavity of the lateral sinus, I have no doubt that the matter alluded to in the above case consisted of coagulated blood mixed with pus.

The following is one of Dr. Watson's cases:—

"A boy, 11 years old, had had a discharge of offensive, purulent matter from his ear since the time when, four years before, he had gone through an attack of scarlet fever. In August, 1833, he went for a walk into Kensington Gardens, and there lay down and slept upon the damp grass. The next day he was attacked with headache, shivering, and fever. Strong rigors, followed by heat, and perspiration, occurred very regularly for two or three days in succession, suggesting the suspicion that his complaint might be ague; but then pain and swelling of some of the joints came on, and were at first considered rheumatic. However, the true and alarming nature of the complaint soon became apparent. Abscesses formed in and about the affected joints; and one of these fluctuating swellings was opened, and a considerable quantity of foul, grumous, dark-coloured matter let out. After about a fortnight, the child sank under the continued irritation of the disease. The hip-joint presented a frightful specimen of disorganisation; it was full of unhealthy, sanious pus; the ligamentum teres was destroyed; the articular cartilages were gone; and matter had burrowed extensively among the surrounding muscles. The knee and ankle-joints of the same limb were in a similar condition. Unfortunately, the head was not examined; but that the fatal disorder had penetrated from the ear to the dura mater I entertain no doubt; in all probability the inflammation had involved the veins or sinuses of the head."

Having given another case of a similar nature, Dr. Watson says:—

"I much lament, that, in these instances, the direct link of connexion between the disease of the ear and of the disorganisation of the joints was not demonstrated, for seeing (they say) is believing. Yet the pain of the ear, the discharge of pus from the external meatus, the subsequent pain in the head, coming on with fever and rigors, and followed, after a short interval, by destructive suppuration in several distant parts, and, in the latter case, the actual femoral phlebitis,—these circumstances form a chain of presumptive evidence amounting, in my judgment, to moral certainty, that the fatal mischief, in each case, found entrance through "the porches of the ear;" and that the dura mater underwent inflammation. The same evidence is scarcely less affirmative of the complication of cerebral phlebitis. Perhaps the veins of the diploë, which, in the cranial bones, are of considerable magnitude, were involved in the inflammatory mischief; perhaps the large sinuses of the brain. The close proximity of the lateral sinus to the diseased bone, and its formation by a duplicature of the dura mater, would seem to render such a complication highly probable."

The direct link of connexion between the disease in the ear and that of the circulating system was pointed out by Dr. Bruce, and also in the case cited by Mr. Wilde. In this case, "the membranous walls of the right lateral sinus throughout the whole of the mastoid portion of its course, were much thickened, and their lining presented a sloughy appearance, being covered with lymph of a greenish hue, and smeared with unhealthy purulent matter. This condition of the lining membrane extended along the jugular vein and superior vena cava, and within a short distance of the latter into the auricle. The left cavity of the pleura contained about four ounces of a thin, fetid matter." In addition to the facts above cited, all that is required is an account of the exact condition of the ear; and this I have supplied in the following case, which occurred to Dr. Heale, at the Free Hospital:—

Pus in Mastoid Cells; Caries of the Lateral Sulcus; Pus in Lateral Sinus; Secondary Deposits.—Harriet G., aged 20, was admitted into the Hospital on the 9th of March, 1850. She had great fluttering and irregular vibrating action of the heart, resembling erythismus mercurialis, but which subsided in a day or two. She was deaf in the left ear, and had long been subject to intense ear-ache, with occasional fetid discharge from the meatus. She was restless, sleepless, occasionally delirious, and had no appetite. Soon after her admission, an abscess formed just above the left collar-bone, which discharged large quantities of matter until her decease. The disturbance of the heart's action returned after three doses of hyd. c. cretâ, six grains having been given every six hours; but it again subsided in about two days. She then had severe delirium, which abated after a sudden, large, and fetid discharge from the left ear; finally, she had erysipelas, violent delirium, succeeded by coma, and died on the 15th of April.

Autopsy.—A very large excavated abscess, with sinuses in various directions, was exposed at the root of the neck on the left side, communicating with and extending through the whole of the carotid sheath. The internal jugular vein was full of matter, which was also found burrowing down in the direction of the vena innominata; a fibrinous clot was found in that vein, extending into the descending vena cava; this being examined by the microscope, was found to contain pus globules. The lungs were filled with a frothy and purulent infiltration, without consolidation; there was a small circumscribed abscess between the pleura pulmonalis and the right lung, but not extending into the substance of the latter. The heart was healthy. The liver was pale-coloured. The cerebrum was healthy; the arachnoid membrane in parts appeared smeared over with pus, more particularly in the posterior part, near the falx, joining the tentorium. The tentorium covering the left lobe of the cerebellum was much inflamed, thickened, and had matter between it and the arachnoid covering that lobe of the cerebellum; and, immediately beneath this, on cutting into the cerebellum, a circumscribed abscess, about the size of a walnut, was discovered. This was nearer the falx cerebelli than to the outer margin of the cerebellum; the part of the cerebellum in contact with the cranial bones was healthy.

The petrous bone was examined by myself, and reported upon as follows:—

The meatus externus contained purulent matter. The glandular and periosteal portions of the membranous meatus were

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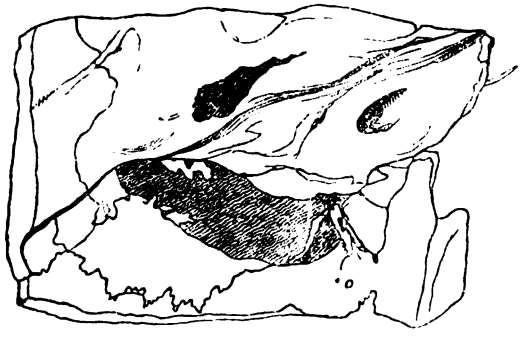
much softer than natural, and they adhered but slightly to the surface of the bone. The bone forming the upper and outer half of the tube was found to present numerous foramina for the transmission of blood-vessels; they were much larger than natural, and some of them were surrounded by delicate layers of new bone; through the larger of these foramina large bristles could be passed, and they appeared to communicate with canals in the interior of the bone, which were continuous with orifices in the sulcus lateralis at its inner surface. The lateral sinus was of a dark brown colour; the dura mater forming its posterior wall was entire. The sinus was full of coagulated blood, mixed with purulent matter. The dura mater constituting its ante-

Fig. 10.

The lateral sinus from the temporal bone and the adjacent dura mater. The sinus contains pus, and presents an ulcerated orifice.

rior wall, and which was in contact with the surface of the bone forming the sulcus lateralis, was very thick and soft; portions of it were destroyed by ulceration, and the bone was exposed. The bone forming the sulcus lateralis was of a dark colour, and covered by masses of lymph and pus; its surface was rough, presenting throughout numerous orifices and tortuous grooves; this appearance being produced by the almost complete disappearance of the internal table of the skull, which (excepting two scales, each measuring about two lines in diameter) had been destroyed by caries. A carious orifice existed between the cavity of the cerebellum and the mastoid cells. The bone forming the jugular fossa was also carious. There was an orifice in the poste-

Fig. 11.



The petrous and mastoid portions of the temporal bone. The horizontal part of the mastoid cells presents a considerable cavity, the walls of which are diseased, and this cavity communicates with the sulcus lateralis; the floor of the latter has been destroyed by caries, with the exception of one or two small portions.

rior part of the membrana tympani. The tympanic mucous membrane was much thicker than natural, and in the upper osseous wall were observed a few small foramina for blood-vessels, and a carious orifice of a size sufficient to allow the passage of a small pin.

The mastoid cells at their upper part formed a cavity about the size of an ordinary horse-bean; it contained pus. This cavity communicated posteriorly with the lateral sulcus by means of an orifice three lines in diameter; anteriorly, the orifice into the tympanic cavity was not more than two lines in diameter, and it was placed above the level of the floor of the cavity containing the pus.

It has been already stated, that the anterior wall of the mastoid cells is formed by the posterior wall of the osseous external meatus. The latter wall in some cases becomes carious, and matter is discharged through it. This took place in the following interesting instance, which you had an opportunity of seeing in the Hospital; but the orifice was not sufficiently large to be of much service in relieving the symptoms.

Pus and Scrofulous Matter in the Mastoid Cells; Communication with the Lateral Sinus by the Veins; Secondary Deposit in Pleura.—Kitty D., aged 15, was admitted under my care as out-patient at the Hospital, on the 16th of February, 1854. She stated that, six months previously, she suffered from pain in the left ear, which was followed by dulness of hearing in it, as well as in the right ear, and this had remained to the present time, accompanied by a discharge from the left ear. Upon examination of the left ear, a small red polypus was seen at the inferior part of the meatus, near to the membrana tympani; the latter membrane was white; she did not complain of pain in the head. She was ordered gentle counter-irritation behind the ear, and the ear to be syringed with a weak astringent lotion. She remained much the same until March 27, when she was admitted, in my absence, as an urgent case, under Dr. Sibson, in the Hospital. When admitted, she was partially unconscious, was extremely prostrate, and could not speak; the skin was parched; the tongue brown and dry. Pulse 140, very small and thready; pupils sluggish; the left rather more contracted than the right. Upon inquiry, it was found that, three days before, a marked difference was observed in her manner; this was attributed to the pain in the head and left ear, of which she much complained; she was unable to do any work. On the 25th she kept her bed; on the 26th she became still worse; and, on the 27th, application was made at the Hospital. Upon being seen by one of the officers, she was at once admitted. Stimulants were freely administered, and the patient somewhat rallied; during the night she was very restless, and wandered a good deal.

28th.—Seems quite sensible of all that is done to her, but does not speak; she mutters to herself. Pulse 140; skin hot; but still some moisture is apparent. Loud sonorous rhonchus of right lung; the head is held to the right side; the mouth is drawn to the right; the nostrils are expanded, and there is partial paralysis of some of the muscles on the left side of the face. She was supported by stimulants at the same time that a leech was applied to the neck. 10 p.m.—Very low; surface cold; skin clammy; face livid; subsultus tendinum; pulse feeble and irregular.

29th.—Much as yesterday; rambled during the night; voids urine involuntarily; tongue brown and moist; pulse 140, very small. During the evening very low; voided urine in the bed; muscles suddenly contracting.

30th.—Slept badly; at times wandered much; breathing hurried; pulse 140; nostrils dilated. She gradually became worse, and died at 2·15 p.m.

Autopsy.—Cerebrum firm; ventricles dry; grey substance very dark. Over the left lobe of the cerebellum, at the posterior part of the petrous bone, is a dark bluish portion, of the size of half-a-crown. The grey matter of the cerebellum very blue, to the depth of one-eighth of an inch; beneath the discoloured spot the substance of the cerebellum was slightly softened. There were considerable adhesions between the lungs and the pleura costalis; there was also tubercular deposit, covered by an unhealthy plastic, fibrinous exudation; the pleural cavities contained a pint of fluid. The dura mater forming the posterior wall of the lateral sinus (where it is situated in the temporal bone) was of a dark colour, and soft; the sinus contained at its upper part a firm coagulum of dark-coloured fibrin; at its lower part it was full of dark-coloured pus. The anterior wall of the sinus was attached to the bone much less firmly than natural. The mastoid cells were full of pus and scrofulous matter; their anterior wall presented an orifice about two lines in diameter, which opened into the meatus externus. The incus and the thick mucous membrane around it prevented the pus from escaping. The orifices for the passage of the blood-vessels from the mastoid cells to the lateral sinus were somewhat larger than natural.

It will be observed, that in this case there was not any caries of the bone towards the cerebellum, and the only means by which the disease from the mastoid cells could be propagated to the cavity of the lateral sinus must have been the veins.

I have, I think, laid before you to-day a sufficient number of facts to show you how very insidiously disease progresses from the mastoid cells to the cerebellum and lateral sinus; you have also seen that the sinus may become inflamed, purulent matter developed within it, and secondary abscesses produced, without the occurrence of caries in the bone forming the sulcus lateralis. In my Sixth Lecture I shall continue the subject of disease in the mastoid cells.

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CLINICAL LECTURE
ON
RUPTURE OF THE BLADDER.

By PROFESSOR PARTRIDGE.

Gentlemen,—It is very useful to compare cases which resemble each other in their main points, and to trace the points of difference between them. We had in the house last year the case of a boy who ruptured his bladder and fractured his pelvis; and the other day a somewhat similar case. A man, 36 years of age, had been making merry upon inheriting some property; in fact, he had become completely tipsy. On his recovery, he discovered that he could not pass his urine. This happened on Wednesday, and continued till Friday afternoon, when he applied to the Bloomsbury Dispensary, where the Surgeon endeavoured to pass a catheter, but, failing, recommended him to apply to this Hospital. The House-Surgeon tried again to pass an instrument, but being unable to do so, put the man into a warm bath, and gave him ether and opium, and sent for me.

Upon my arrival, I had no more success than my predecessors. I could feel from the rectum the catheter passing along the urethra to the place where the prostate ought to be, but could not feel this gland, nor could I depress the handle of the catheter. He stated that he had received no injury or blow. Upon asking what kind of a stream of water he was in the habit of passing, (avoiding a leading question,) he stated that he was in the habit of passing a small stream; but I gathered, that he had never had a stricture, or, at any rate, to a very small extent. The question arose, was the urethra ruptured? As far as I could make out, this was not the case. The perinæum was perfectly clean,—no thickening, no discoloration, no effusion.

Each time, upon the removal of the catheter, a small quantity of urine passed. Now, to explain this phenomenon, I imagined that either the prostate was enlarged, which was very unlikely in a man of his age (36), or that the urethra was very long, and that the uvula at the entrance of the urethra was so enlarged as to form a valve, so that when the catheter lifted up the valve a small quantity of urine flowed into the prostatic sinus, and that when the catheter was withdrawn, that small quantity entered the eye of the catheter and came away.

To remedy this, I thought of using a long 13-inch catheter, but I made up my mind to perform perinæal section. With this object in view, the man was brought into the operating theatre, and chloroform was administered. Before proceeding to operate I tried one of these long catheters, and to my surprise the instrument entered what I supposed was the bladder, and I drew off 72 ounces of water. Here then was a satisfactory termination, confirming my idea, as I conceived, of the uvula acting as a valve.

I was unable to come to the Hospital on Saturday, and I heard nothing of him; but on Sunday evening the House-surgeon sent to me to say, that he had passed no water since Friday, and that he had been again unable to pass the catheter.

I came and went over the same ground, and at last determined upon operating. The man was very low, the abdomen was tympanitic, and there were symptoms of *general* peritonitis.

After administering a small quantity of chloroform it was found unwise to proceed, as the man was so low that it was evident he would have died had it been continued. Upon cutting down and putting my finger into the bladder, I found it empty. The conclusion was evident. The bladder had been ruptured. The man died at twelve o'clock that night.

The *post-mortem* revealed a small slit in the bladder, about half-an-inch long, through all its coats on the right of the fundus.

The reason I could not feel the prostate was, that the urethra was entirely below it, which is very uncommon; the more common deviation being for the urethra to be above the gland. It seemed clear that we had got into the bladder every time, but were unable to depress the handle on account of the contracted state of the bladder; and that by mere chance I had passed the catheter through the aperture, and had drawn off the seventy-two ounces from the cavity of the peritonæum. The explanation of the urine coming away in spirts appears to have been, that, each time, I drew off the water which had been secreted and passed into the bladder since the last introduction of the catheter.

My theory of the uvula was, of course, overthrown. We afterwards learnt from his sister, that he had fallen on to a table, and had complained of pain in the stomach.

The case of that woman at Portsmouth, who went on board one of the ships, and was reported to have been ill-treated, seems to have been a very similar case. She had been drinking; her bladder had become distended; she had rolled off the hammock on to the floor, and immediately complained of great pain over the region of the bladder. *Local* peritonitis was set up in this case, and she died. It was found that the bladder had been ruptured.

The history of the boy, last year, was different. He had been riding; his horse had reared, thrown, and then rolled over him. He was brought in, in a state of collapse; complained of excruciating pain; *local* peritonitis ensued, terminating in death, when a similar rupture of the bladder was found to that of the man. The pelvis here, however, was fractured in two or three places.

It is to be remembered, that in these cases it is not the broken bone which ruptures the bladder, for the peritonæum in this case was entire over the seat of the fracture.

ORIGINAL COMMUNICATIONS.

CASES ILLUSTRATIVE OF SOME POINTS CONNECTED WITH THE PATHOLOGY AND TREATMENT OF EPILEPSY.

By EDWARD H. SIEVEKING, M.D.

Fellow of the Royal College of Physicians; Assistant-Physician to St. Mary's Hospital, etc.

[Read before the Harveian Society.]

(Continued from page 209.)

I select the next case because it appears interesting from the manifest influence of a blood poison in the production of the epileptic paroxysm, and because the errors in diagnosis demonstrated by the *post-mortem* examination had for a time been confirmed by the results of treatment diametrically opposite to what would probably have been adopted, had the real corpus delicti been discovered. An instance like this forcibly impresses upon us the necessity of never being satisfied with the statements of patients or partial examinations.

Case 2.—J. M., aged 49, a policeman, came under my care as an out-patient in October, 1853, while I was acting for my friend, Dr. Markham, at St. Mary's. He stated that he had been affected with a paralytic stroke twenty-four years previously, and had recently been an in-patient for rheumatism. A week previously and the day before, he had suffered from epileptic seizures; they were preceded by an aura extending upwards from the thumb, with spasmodic action of the arm; the unconsciousness which followed these symptoms lasted twenty minutes. He complained of constant headache; the tongue was white; the pulse full, 90; the bowels open; the urine copious. It was diagnosed as a case of epilepsy consequent upon a rheumatic attack, and probably connected with intra-cranial mischief, perhaps of rheumatic origin, and therefore affecting the dura mater as the fibrous envelope of the brain. The patient assigned his affection to weakness. He was ordered a blister to the nape, a grain of calomel three times daily (six pills), and a small dose of Epsom salts in the morning. Dr. Markham saw him three days after on the 22nd, and, finding that the patient stated himself to be easier, and that there had been no return of the fits, ordered a repetition of the pills. On the 26th he stated himself to be much better and free from pain. Being salivated, Dr. Markham ordered all medicine to be discontinued. Oct. 29.—He stated himself to be getting quite strong, and was ordered the mist. ferri co.

On November 5, patient complained of a return of the headache, and, as Dr. Markham has since informed me, he regarded the relation between the cessation of the disease and the mercurial action as so manifest, that he resumed the mercury, but in the milder form of pil. hydrargyri, with a purgative mixture. Violent salivation supervened, for which bark and nitric acid and other remedies were administered. A large carbuncle now appeared on the right temporal muscle, and, having been made an in-patient under Mr. Ure, he died, apparently from ex-

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haustion, on November 22. The urine had not been analysed throughout; there had, however, been no symptoms indicating renal disease; there had been no œdema, ascites, derangement of the urinary secretion, pain in the renal region, and the like. All the symptoms had pointed to the head. The cadaveric inspection demonstrated nothing in the brain to account for the morbid phenomena; the membranes were healthy, the cerebral tissues of normal consistency; the grey matter well defined and dark; the white matter seemed to me less white than in a perfectly healthy brain, and of a somewhat yellowish tinge, though this was disputed. The superficial vessels of the meninges were decidedly congested, and there was a slight effusion of serum under the arachnoid on the surface of the hemispheres; there was no serum in the ventricles, and the choroid plexuses were exsanguine; the Pacchionian bodies were much developed, especially on the right side, where they had actually perforated the dura mater; the lungs were universally adherent, but otherwise healthy; the adhesions were old; there were no tubercles; the tricuspid valve was widened, allowing the passage of six fingers; the mitral only admitted three; the heart was otherwise healthy; the kidneys were extremely atrophic, and in the last stage of Bright's disease; the liver was highly congested, and many parts of the peritoneal surface exhibited adhesions.

In reviewing this case we can scarcely avoid connecting the paralytic attack which the patient had experienced in early life with the chronic affection of the kidney, which was the manifest cause of the epileptic seizures, the carbuncle, and the fatal issue. The enlargement of the Pacchionian bodies is a circumstance so frequently met with, unassociated with any symptoms of cerebral lesion, that we can scarcely, in the present instance, connect them with the epileptic paroxysm. Again, it is difficult to determine the exact share that even the kidneys had in the causation either of the epileptic paroxysm or of the final issue; for, although we have no record of the chemical constitution of the urine, we have the positive statement, the day after the second epileptic seizure, that the secretion was copious; so that one element in uræmia, the suppression of urine, was wanting. The occurrence of epileptiform seizures in Bright's disease is one that requires close investigation, in order to determine its true bearing, and in how far there is a causative relation, in how far the relation may be merely coincident. The suppression of urine in cholera collapse is not followed by epileptic attacks; while we meet with many and fatal cases of albuminuria in which there is no paroxysm of the kind from first to last. On the other hand, cases of epilepsy occur, supervening in individuals who have presented no nervous symptom previously, and who, after passing through all the symptoms of severe renal disease, are affected with a succession of epileptiform attacks, and then entirely recover, both in regard to the latter, and, as far as the test-tube shows and the feelings of the patient are concerned, in regard also to the renal affection. A case of this kind is vividly before me at present, because the renal symptoms of the patient, who had been some time under treatment, were very marked and obstinate, and the prognosis, at the time of the epileptic seizure, was so unfavourable as to forbid the hopes of recovery. The albumen entirely disappeared from the urine shortly after the fit, and he has since continued in good health. Nor does the occurrence of epileptiform attacks appear to be in the ratio with the destruction or disorganisation of the renal tissue. We see kidneys converted into mere sacks by idiopathic or secondary inflammation, by which their functions are most seriously interfered with, if not utterly arrested, and no epileptic seizure ensues; and in other cases, though the existing albuminuria is, with good reason, assumed as the main element in the causation of the disease, the actual disorganisation and consequent interference of function is not commensurate with the effect produced. It follows that there is an element in the production of epilepsy dependent on renal disease, which resides in the constitution of some portion or the whole nervous system, whether it be a greater or less tonicity, the greater or less capability of transmitting the nervous power, or the addition or subtraction of some property which we are not at present able to measure, and which is independent of the disease in the kidneys. Whatever this *tertium quid* may be, it is characterised by certain features common to diseases that possess a nervous type; a tendency to the accumulation of the morbid power, ending in discharges that constitute the epileptic paroxysm; a certain periodicity; a comparative obedience to remedies that are regarded as counteracting those states, whether mental and impalpable, or physical and tangible. The drugs that, apart from any indication as to a special cause, are most in vogue in this disease are the neuro-tonics: metallic and other preparations that possess a tonic and sedative influence upon the economy. How they influence the metamorphosis of tissues we know not as yet; but a determination of this point can alone lead to a correct appreciation of their value. This remark leads me to the third case which I propose to submit to you, not so much on account of any peculiar pathological interest that attaches to it, but as it will enable me to make a few concluding remarks on the cotyledon umbilicus,—a remedy that has of late been added to the long list of anti-epileptics.

For a description of the cotyledon umbilicus I may refer to Culpepper's "Herbal," page 101, in proof of its having been long in popular use.

The cotyledon umbilicus was introduced into practice by Mr. Salter, of Poole; it is a remedy that a Dorsetshire lady spoke to me about a considerable number of years ago, as having been employed by an old "wise woman" in her neighbourhood with great success in epileptic disorders. These popular remedies frequently are but the drugs of the ancient Apothecary that have fallen into disuse; but I have been unable to discover any mention of it as a remedy for epilepsy by Medical men previous to that made by Mr. Salter.

Case 3.—A. D., aged 35, the wife of a painter, of spare habit, the mother of a numerous family, had, at the time of her first application to me, been subject to epileptic fits for six years previously. She attributed them to the influence of mental anxiety, and it is probable that the very limited circumstances of the patient had often subjected her to actual want. Sometimes they had occurred at intervals as long as two or three months; recently, they had been more frequent, and during the week preceding her application, she had suffered six attacks. They lasted two hours. During the fits, she was insensible, foamed at the mouth, struggled, and bit her tongue. The fits were preceded by an aura, in the shape of a choking sensation. She felt no other premonitory symptom or aura, except that, for a brief period before the attack, the eyes grew dim, though not of sufficient duration to allow of her taking any precautions against injury. The fits had generally been most frequent and severe during pregnancy. She was not, however, in that condition at the time, but was regularly menstruated. There was no evidence of any hereditary taint. There was no headache. The tongue presented evidence of having been bitten; the pulse was small. The treatment was at once commenced (Feb. 8, 1853) with the juice of cotyledon umbilicus, one drachm three times daily. Feb. 11.—No return of fits. Pergat. Feb. 15.—A slight fit two days ago, which only lasted ten minutes. There is some cough. Repetatur liquor cotyledonis. Pil ipecac. co. urgente tussi, empl. picis thoraci. The same treatment continued without a recurrence of any attack for about three weeks, the intervals having, therefore, been much prolonged. On the 6th of March there was another fit; after that (the cotyledon being taken all the time) there was none up to the 29th of March, when she was discharged. She presented herself again on the 19th of April, the fits having returned in the previous week; they had been less severe than previously, but more frequent, seven fits having occurred in one week. She complained of severe headache. The cotyledon was again given in the same dose as formerly (viz., liq. ℥j. ter die). May 3.—One fit has occurred since last visit. Pergat. May 20.—No fit has occurred during the last fortnight. Pergat. June 11.—There has been one fit since last visit. Pergat. June 24.—No return of fits. Pergat. July 5.—She had one fit in the night, the week before last, from excitement. None since. Electuarium ferri ℥j. ter die. July 25.—There has been one fit. Nitrat. argent. gr. ss., extr. gent. gr. iv. Pilulæ ter die sumendæ. August 2.—Had a fit while at the hospital at the last visit, of short duration, and a slight fit last night. Repet pilul. Aug. 16.—Has had two fits. Rep. liq. cotyledonis umbilici ℥j. ter die. The fits again abated, and there was only one from the date of her resuming the cotyledon to the 23rd September. After this there was no return of fits during the whole period she continued under treatment; she also lost what she called her slight attacks, the *petit mal* of the French, consisting in momentary attacks of vertigo or semi-consciousness, and on the 18th November, after a freedom from the epileptic seizures of nearly two months, she was discharged cured.

I should not, striking as this case appears, have brought it before you, had I not perceived similar effects in other cases of epilepsy, in which I have employed the same remedy. Although in the above instance the cure was not permanent, for the patient has since again been under my care for the same malady, which has again yielded to treatment, still we may, I think, legitimately infer that the cotyledon exerted a decided influence upon the paroxysms. Each time when the remedy was commenced a rapid diminution took place in their severity and frequency;

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and, when in the second series, the steel electuary and the nitrate of silver was substituted, the attacks became more numerous. Nor can it be said that any moral impression influenced the mode of action of the remedy. The patient, who is a very sensible, hard-working, and respectable woman, knew nothing of the details of treatment, and still less of the character of the drugs employed. It can scarcely be said that any other anti-epileptic does much more than to cause an intermission of the attacks of shorter or longer duration;—to destroy the tendency to the seizure, would imply a total change in the constitution of the individual, as impossible, it seems to me, as to eradicate the temperament of the patient. In a paper recently published in the *Medical Times and Gazette*, I have given a summary of seven cases in which the cotyledon was employed, and the inference to which I have been led is, that it exerts a decided influence in retarding and arresting the epileptic paroxysm. That it does not do so in every case would not necessarily impair its value. This is in accordance with what we see in the use of almost every preparation of the Pharmacopœia; and to expect a different result from any remedy employed for epilepsy would be to assert that the epileptic paroxysm is a disease of one uniform character, and involving a typical lesion, the very point that I have combated throughout these remarks. If asked what the indications are for its employment, I am unable to give a precise answer. We know neither the active principle of the cotyledon, nor are we possessed of a sufficiently accurate knowledge of the pathology of the disease to establish a distinct class of cases to which the remedy is specially applicable. But if we have exhausted our rational methods, or if we can detect no special predisposing or exciting cause to grapple with, we are justified in trying remedies recommended by mere empiricism, provided we know how to control their action. In the instance before us, there appears to be no difficulty on this score. The cotyledon in some cases exerts a diuretic effect, though not uniformly so; in no case have I perceived any inconvenience to arise from it. It does not nauseate, it does not purge, it appears to be easy of digestion.

Mr. Salter, to whose papers in the *Medical Times* for 1849 (pages 367 and 832) I may refer you for the medical history of the plant, describes it as about six inches high, with succulent leaves, of peltate form, flowering in June and July, in a long spike of blossoms accumulated on one perpendicular flower-stalk; the corolla is bell-shaped, and of a pale yellow colour; the stem or flower-stalk is somewhat purplish, with a few small hairs at its lower part. The whole plant may be employed to obtain the juice. By the kindness of Mr. Cracknell, of the Edgeware-road, who has supplied St. Mary's Hospital with the extract there employed, I am able to show you a fine dried specimen of the plant and flower, by which the above description is fully corroborated. The extract of the fresh plant which I submit to you, has also been supplied by the kindness of that gentleman.

It appears that in former times the cotyledon enjoyed a considerable reputation. The renowned Nicholas Culpeper, Doctor of Medicine, who flourished just two hundred years ago, gives a very accurate description of it in his herbal. Under the head of "Government and Virtues," he says, "Venus challenges the herb under Libra. The juice or distilled water being drunk, is very effectual for all inflammations and unnatural heats, to cool a fainting, hot stomach, a hot liver, or the bowels; the herb, juice, or distilled water thereof, outwardly applied, heals pimples, St. Anthony's fire, and other outward heats. The said juice or water helps to heal sore kidneys torn or fretted by the stone, or exulcerated within; it also provokes urine, is available for the dropsy, and helps to break the stone," and more of the same character. I apprehend the worshipful Doctor would not gain much credit with the members of the Harveian Society, could he now expound to us his astrological views of the action of medicines; yet it is curious that he recommends the kidney-wort as a diuretic and alterative.

I must now conclude these desultory observations on a few of the points that have suggested themselves to me as worthy of being brought under your notice in connexion with the pathology and treatment of epilepsy.

In the few remarks which I have made I have anxiously endeavoured to avoid dogmatising, and to keep strictly within the limits of clinical observation. Many questions necessarily crowd upon me, as they will upon you, in reference to this intricate and interesting subject. I crave your indulgence for the many imperfections of my essay, and trust to your lenient consideration on account of the perplexing difficulties that surround every inquiry into the natural history of nervous diseases.

AMAUROSIS AND PARALYSIS OCCURRING IN A CASE OF PHTHISIS.

By F. H. PLUMPTRE, Esq., M.R.C.S.L.

Mary O., a young woman, aged 25, in rather indigent circumstances, and presenting a perfect type of the scrofulous diathesis in her appearance, had been suffering for some time from phthisis, which, in its progress up to the middle of June of last year, had not been marked by any unusual symptom or complications. At that time she was in an advanced state of disease: auscultation and percussion evincing that her lungs presented every condition of tubercular change, from the fresh deposited tubercle up to large suppurating cavities in the apices of both lungs. On the 19th of that month, I was requested to see her, on account of the vision of the left eye having become much impaired during the previous day or two, every object being surrounded, as she described it, with a dense mist. She complained of no pain beyond a sense of fatigue round the eye, which might be attributed to her constantly rolling about the eye, and making straining efforts to see. The pupil dilated, and insusceptible to light; the right eye perfectly normal. I did nothing at this visit in the way of treatment, waiting to see what, if any, changes would take place in a day or two.

On seeing her next day, I found, much to my surprise, that both eyes were completely amaurotic, the pupils dilated and immovable. I had recourse to counter-irritation, by repeated small blisters behind the ears for several days, without the least benefit; the constitutional treatment was trivial, fearing lest that, in the very advanced state of disease she was in, any more active treatment might accelerate the fatal termination. She struggled on with extraordinary tenacity of life to the beginning of December, during which time the amaurotic condition of the eyes remained the same, with the exception that once or twice she experienced the sensation of sparks floating before her, and fancied she saw objects in the room; but I believe the latter to have been more the effect of imagination than actual vision.

As regards the cause of this sudden amaurosis, I am somewhat uncertain. She had not suffered to any extent immediately before its accession from diarrhœa or hæmoptysis; the only drain that had increased upon her about this time was great nocturnal diaphoresis. I do not think, therefore, that this case can be considered as one of atonic amaurosis, the probability being that, had it been so, its accession would have been somewhat different, and its permanency not so complete.

I think it may be assumed, as a fair hypothesis, that, in a person of such a strumous constitution, it depended upon the deposition of tubercular matter around the optic nerve, or its ganglia.

I was, unfortunately, not able to make an examination after death, to confirm, or not, this suggestion. There however remains what may be considered as corroborative evidence of the supposition, namely, that paralysis came on some two or three months after the amaurosis. It affected the left side, and its progress was very gradual, affecting first of all only the extensor muscles of the arm; for instance, she was able to hold a book, a cup, or seize any one's hand, but having done so, had no power of relaxing her hold, and was obliged to use her right hand, and move back each finger from the article she was grasping; very shortly after, the flexor muscles became similarly affected, and those of the leg took on the same condition. To the day of her death, she was constantly harassed by attacks of severe jerking of the paralyzed parts, lasting several minutes at a time.

Lyme Regis, Feb. 6, 1855.

Meteorology. — The moon was at the full on 3rd March; the barometer was low (29·358 in. mean of the week); mean temperature of air 40·8°, nearly 1° above the average, 9° above the freezing point of water, and 14° above the mean temperature of previous week; dryness, or excess of temperature above dew-point, 2·1°; wind S.W., and travelled at a daily rate rising from 50 miles on Tuesday to 255 miles on Saturday; sky often overcast, and eight-tenths of an inch of rain fell in seven days; electricity active and positive.

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THE LONDON PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

ACUTE ORCHITIS TREATED BY THE APPLICATION OF ICE.

(Case under the care of Mr. CURLING.)

The following case, which has just occurred, will form an interesting addition to those published last week: as will be seen in it as in them the treatment was very successful. We take its particulars from the notes of Mr. Crossman, the dresser of the patient.

Case 3.—*Gonorrhœal orchitis—Inversion of the testis. Treatment by Ice—Cure in four days.*

John Smith, æt. 18, a healthy young man, was admitted Feb. 20, under Mr. Curling, with swelling of the left testicle.

He had had a slight discharge from the urethra for a fortnight, and three days previously the discharge became less, and the testicle began to swell, and became painful.

On admittance, there was considerable swelling, pain, and induration of the anterior part of the testicle, extending up towards the groin. Tenderness was almost exclusively confined to the anterior part of the gland, from which part the thickened cord could be distinctly traced to the external ring, while the body of the testicle was felt posteriorly, indicating an inverted position of the gland. There was considerable symptomatic fever, with dry tongue—thirst, loss of appetite, and small hard pulse, 104 per min. He was ordered fifteen grains of calomel and jalap, to be taken immediately. A bag of ice to be applied to the scrotum, and changed as often as the ice became melted. The scrotum to be supported by a crutch pad, and his diet to consist of milk and beef tea.

An hour after the ice was applied, the pain began to decrease, and he slept well during the night.

On the 21st the bowels had been freely moved, and he felt better.

Pain much less—but still extreme tenderness and great swelling.

22nd. Much better—swelling and tenderness decreased. He complains of the ice making him feel rather cold.

23rd. Very little tenderness, but still considerable swelling and hardness. His pulse is now 88 per min., he has no thirst, and his appetite is good; his bowels are confined, and he is ordered to repeat the calomel and jalap.

24th. The tenderness has almost disappeared, and the swelling is much less.

The discharge has ceased from the urethra.

The ice is to be omitted, and he is ordered to have a suspensory bandage, and get up.

26th. There is still some thickening about the cord, but the tenderness has subsided.

Tincture of iodine is to be painted over the cord, and the testicle strapped up.

March 1st. The thickening of the cord is very much reduced, and he is almost well. There is still a little discharge from the urethra.

To be discharged on Saturday the 3rd instant.

The right testicle was in its natural position in the scrotum.

Comments.—To the remarks made last week on the ice treatment of orchitis nothing need here be added. There is one feature of peculiarity, however, in the above case, viz., the inversion of the gland, by which the body of testis became turned posteriorly, and the epididymis in front. And here we may take occasion to reply to a query put by a correspondent, in relation to an observation made casually in last week's report, "whether there is anything in the form assumed by the inflamed gland which may assist the diagnosis in respect to the cause of the inflammation?" In a vast majority of instances, the form in gonorrhœal orchitis is that of a flat-sided swelling, whilst in almost all others, the sides are rounded. The reason of this is plain. In gonorrhœal orchitis, although all the parts suffer somewhat, the body of the gland, the tunica vaginalis, and even the cellular tissue of the scrotum, yet the stress falls upon the epididymis; the epididymis swells soonest, and far out of proportion to other parts, and thus the tumour is made long from before backwards, the gland being displaced forwards. The mechanism of inversion of the gland, an occurrence which is very rare, it is not easy to explain; the general form of the swelling, however, undergoes no alteration when it happens. It is only that the harder part, the epididymis comes in front, the flattening of the sides being as marked as in other cases.

ST. BARTHOLOMEW'S HOSPITAL.

TRANSVERSE FRACTURE OF THE STERNUM.—SPONTANEOUS REDUCTION TEN HOURS AFTERWARDS.—RECOVERY.

[Under the Care of Mr. LAWRENCE.]

The subjoined case, and those which follow it, are examples of an accident which is of very rare occurrence, and cannot fail to be of interest to our readers. The first two are from the notes taken by Mr. Morris, Mr. Lawrence's House Surgeon:—

James H., aged 34, a muscular man, by trade a coal-porter, and of temperate habits, was admitted, about 7 o'clock, P.M., on July 6, 1854. He was in a very depressed condition; the countenance anxious; surface of body cold; pulse very small, feeble; and intermitting every fourth beat; breathing short and hurried, causing complaint of sharp pain in the chest. On examination, there was found to be a transverse fracture of the sternum about its middle, the lower fragment being depressed and pushed under the superior one. There was no motion of the broken portions upon each other. No other injury could be detected. The man stated that in driving his waggon from Cloth Fair into Smithfield he was leaning back in order to clear the archway, which he thought was high enough to allow him to pass under with that precaution. He was mistaken, however, in his calculation. Being unable to pull up his horses in time, was dragged beneath the arch, his chest being forced against the stone, and his back pressed on the rail of his seat. He felt something give way in his chest, and immediately became very faint. Some bystanders assisted him from his box, and conveyed him to the Hospital.

He was placed in bed, and warmth having been applied, soon rallied; the pain in his chest, however, continued.

June 7. Has had a pretty good night; condition very much improved; pulse of moderate volume, and not intermittent; respiration easy and natural, causing but little pain. The depression of the lower part of the sternum is now no longer to be detected, the bone being perfectly smooth through the whole of its length. He states, that during the night he on one occasion awoke, and, on turning over on to his side, felt something snap in his chest, after which his breathing at once became more comfortable.

After this date no symptoms of moment occurred—the bone kept in place. A belt was applied to the chest, and, at his own request, he was discharged on June 15, nine days after the accident.

FRACTURE OF THE STERNUM AND RIBS.—RECOVERY, WITH THE DISPLACED BONE UNREDUCED.

[Under the Care of Mr. LAWRENCE.]

Samuel Perry, aged 52, a pale, thin man, by occupation a bricklayer, was admitted into Rahere ward at half-past six in the evening of Sept. 12, 1854. He was very restless and agitated, complaining of great pain in the chest, both in front and at the sides, and describing a sensation "as if something were bubbling" just behind the sternum. There was no hæmoptysis. Countenance, anxious; trunk and extremities, cold; pulse, small and weak; respiration, hurried, with scarcely any motion of the thoracic parietes. On examination, there was seen to be an unevenness of the sternum, there being a depression of a portion of the bone extending from the junction of the lower border of the second costal cartilage to the upper border of the fourth. There was undue projection of the second costal cartilage on each side, especially on the right; and the man complained of severe pain when pressure was made over the junction of the second right cartilage with its rib. There was also fracture of the sixth rib on the right side, the fractured edge of the posterior fragment being very prominent. The accident which had caused these injuries was described as follows:—He was drawing a truck across the street to get out of the way of a cart, when the wheel of the cart caught his truck, and, turning it partly round, made its handle strike him on the chest, and press him up against the wall so firmly, that "he could scarcely draw breath." The horse still advancing, he

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was kept squeezed in this position until the cart cleared the truck, when, the pressure being removed, he fell down insensible, and, according to the statement of those who picked him up, black in the face. He was brought at once to the Hospital. No attempt to reduce the displacement was made, and, to relieve pain, a draught containing 20 minims of laudanum was ordered.

Sept. 13. Has passed rather a restless night, but feels easier this morning. Pulse stronger, and respiration more natural; still complains of severe pain in the chest. A belt has been applied, which, at first, seemed to give relief; but after half-an-hour it had to be removed, on account of the pain caused.

18. Has gradually improved since last date. Sleeps pretty well; pain much less, and appetite returning.

28. Much improved. Sleeps well, and now feels pain only on drawing a deep breath, or coughing. The deformity of the chest does not appear so much as it was, the prominence of the fractured sixth rib not being so great.

Oct. 17. He is discharged to-day. The only remaining symptom is a little pain in the chest on coughing. The depression of the sternum is still visible, but not to so great an extent as at first. The projection of the second costal cartilage has almost disappeared, and the rough ridge caused by the fractured sixth rib is not distinguishable.

TRANSVERSE FRACTURE OF THE STERNUM WITHOUT DISPLACEMENT. — DEATH FROM OTHER INJURIES.

[Under the Care of Mr. LLOYD.]

John Burch, a stout, heavy bricklayer's labourer, aged about 44, was brought into St. Bartholomew's Hospital on July 16, 1852. He was perfectly sensible, but in a state of extreme prostration, his pulse being scarcely perceptible. Extensive injuries to the pelvis were apparent, but there was nothing to attract attention to the thorax, and his condition was such as to preclude any attempt at examination. Nothing more was known of his accident than that he had fallen from a ladder on to some bricks, a great height. When taken up he was unconscious, and lying on his back. Death took place about an hour after admission. At the autopsy, in addition to separation of the pubic symphisis, of the sacro-iliac synchrondrosis and comminuted fracture of the ossa pubis, there was found a transverse fracture of the sternum, just above the third rib. The bone was broke completely through, and the fragments were quite loose: they were, however, in exact apposition, and the anterior and posterior ligaments had not been torn. A little blood had been extravasated about the fractured part. It did not appear that there had had ever been any displacement, but rather as if, from the force of the blow being expended just when the bone broke, the injury had been only a mere snap. Had the patient lived, no doubt but that the parts would have united without difficulty. It should be stated that there was also a fracture of the second rib on the left side, with very little of displacement.

Remarks on the treatment of Fracture of the Sternum.—If, in a case of fracture of the sternum, with displacement, mere manipulation failed to restore the fragments to their proper position, the only further expedient to be tried would be the bending of the patient backwards. In cases of extreme collapse, it might not be safe to resort to this procedure; but in all others it has certainly sufficient promise of benefit to claim a trial. Chelius speaks of cutting down upon the fracture, and using the elevator, or even the saw, in cases which are attended by serious symptoms, and in which reduction has been found impracticable by other means. It is doubtful whether cases ever occur in which such expedients would be, in the least degree, warrantable. The assumption upon which the recommendation is partly grounded, that permanent ill consequences will ensue if the parts be left unreduced, we have seen to be a fallacy. On this point, indeed, the cases now recorded are very instructive. In the first spontaneous reduction occurred, and in the second the patient got quite well, although the parts remained displaced. Another illustration of the latter occurrence we are about to cite. With such facts in favour of the practice of letting things alone, the Surgeon would certainly be a rash one who should venture, in the hope of restoring the natural condition of parts, to run the risk of exciting pleurisy, abscess in the mediastinum, and one knows not what, by converting the injury into a compound fracture. Fracture of the sternum, if uncomplicated, would not, indeed, appear to be an injury attended by much danger of ill consequences. The probability that the lungs have been lacerated is far less than in the ordinary fractures of the ribs; and, unless these or the heart have suffered, there is nothing from which to expect serious symptoms. Of course, the nature of the accident which could cause such a lesion will always suffice to explain a considerable degree of disturbance and irritation during the first few hours.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

THE YORK COUNTY HOSPITAL.

FRACTURE OF THE STERNUM, AND DISLOCATION OF THREE RIBS.—RECOVERY, WITH PERMANENT DISPLACEMENT.

Alexander Johnson, aged 15, a tall, spare, delicate lad, the subject of habitual cough, was admitted into the York County Hospital at midnight, on March 5, 1851. About two hours previously, he had been run into by a gig, the shaft of which struck him on the breast-bone, and knocked him down, after which the wheel passed over him. Mr. Hornby, the Surgeon who had been called to the place where the accident happened, accompanied him to the Hospital. He stated, that he had found the sternum fractured across its middle, the lower part riding over the superior one; in addition to which, the cartilages of the fourth, fifth, and sixth ribs, on the left side, were detached from the sternum, and pushed under it. The deformity was great, and a hollow existed by the left side of the sternum, in which a finger might easily be laid. By pushing the sternum over to the right, Mr. Hornby had succeeded, without much difficulty, in reducing the displacement of the ribs, but that of the sternum remained as it was. The chest had been bandaged up, in order to permit of the lad's removal. There was extreme collapse after the accident, and it was necessary to administer brandy freely. When admitted, the patient was excited, and appeared to be in great pain. Pulse, feeble and rapid; respirations abdominal, short, and catching. It was deemed best not to disturb the bandages, or to make any further examination. Twenty minims of tincture of opium were administered.

March 6. Has passed a restless night, and complains of much pain in the chest. Tongue, dry, furred, and brown; skin, hot; face, congested. Towards afternoon, the lips assumed a purple hue, and the dyspnœa increased. A saline antimonial draught was ordered, together with repeated doses of mercury and opium. Eight leeches were applied to the chest. The bandage had, excepting one or two rolls, been cut, but some broad strips of sticking plaster, over the injured part, were allowed to remain.

7. He experienced great relief from the leeches, and is to-day much better. The lips are less livid, and the breathing easier. Tongue still furred, but not so dry. Slept somewhat during the night.

From the last date the patient made steady improvement. The chest symptoms gradually subsided, and the respiration became more easy of performance. The lad left the Hospital about two months after the accident, the displacement of the fractured portions of the sternum still existing unreduced.

During the time that he was under treatment, there had been constantly a degree of tenderness on pressing the sternum, which led to the suspicion of an abscess being in course of formation behind it. No suppuration, however, occurred. A year or more afterwards, he was again under care, suffering from all the symptoms of phthisis. For this he was treated in the usual way, and after a time was lost sight of. Probably this had little or no connexion with the accident; as he had, prior to it, been liable to cough.

For the particulars respecting the termination of this case we are indebted to Mr. Hall, late House Surgeon to the York Hospital. The first part of it is from the notes taken by Mr. Hutchinson, who was in office at the time of the lad's admission.

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THE WINCHESTER HOSPITAL.

HYDATIDS EXPELLED THROUGH THE URETHRA.

[Communicated by Mr. JARDINE.]

The following are some further particulars of a case which we briefly alluded to some weeks ago. (Case No. 54 *Medical Times and Gazette* for Feb. 17, 1855).

William Seward, age 26, admitted February 25th, 1852. He stated that he occasionally had difficulty in making water; the stream suddenly stopping, and that then he passed with the urine "something like a piece of skin," after which there was no more difficulty for the time. This had happened every two or three weeks for the last three months. He had no pain at all, and said he had nothing to complain of beyond the occasional inconvenience. A full sized sound was passed, but there was no stricture, nor could anything be felt in the bladder.

The prostate was of natural size, and there was no symptom of irritation in either bladder, ureters, or kidneys.

On the second day after admission, whilst passing water, the stream suddenly stopped, and then after some straining there came away per urethram, what seemed to be a ruptured hydatid. It had been apparently about ⅔ inch in diameter. Its coats were ¼ a line in thickness, and when magnified, they presented that almost infinite divisibility into layers, which is said to be characteristic of hydatids. The separate layers appeared even under a power of 350 diameters to be quite structureless.

The man passed no more while in the Hospital, but went out on March 2nd, being frightened by hearing of a case of lithotomy which occurred in the Hospital at the time.

Medical Times & Gazette.

SATURDAY, MARCH 10.

THE HEALTH OF THE ARMY IN THE EAST.

During the last few years the science of health has made rapid strides. The laws that regulate the severity of epidemics and that determine the prevalence of endemic diseases are, to a considerable extent, defined. Let a large body of men be placed in given circumstances, and we know the diseases from which they will suffer. We use the term "diseases of the army," but by that term we mean only the diseases which arise from the conditions in which an army is liable to be situated. There are no diseases proper to an army, in the sense in which there are diseases proper to certain localities and certain periods of life. It is a matter of interest, then, to ask, What are the conditions to which our Army in the East has been subjected? What might have been predicted of its health under those conditions? And what may we anticipate as to its health in the spring and summer, should it continue to hold its present position?

The soldiers have been exposed to all the hardships of a winter campaign.

"I have observed," Sir John Pringle writes, "that the last fortnight of a campaign, if protracted till the beginning of November, will be attended with more sickness than the first two months of the encampment.

"If, therefore, campaigns are to last six months, it imports much, as to health, whether they begin early or late; for, though one would believe it safer for troops to delay encamping till the beginning of May, and to stay out till the end of October, yet experience shows it is more conducive to health to go out a fortnight sooner, in order to return so much the earlier into winter quarters."

However, the same distinguished author observes, that winter expeditions, though severe in appearance, are attended with little sickness, if the men have good shoes, quarters, fuel, and provisions. But our soldiers have had bad shoes, miserable quarters, a scanty supply of fuel, and provisions of very indifferent quality. They have been exposed to a very low temperature overworked, and underfed. Under these circumstances, the mortality has been exactly what might have been anticipated, and has moreover occurred, as might also have been predicted, among the class of soldiers most obnoxious to these unfavourable hygienic conditions, viz., the privates. More officers than privates, in proportion to the numbers present, fell at Alma, Balaklava, and Inkermann, because they afforded more conspicuous marks to the Russian riflemen; more privates than officers sunk under disease in the camp, because they were placed under conditions that made them, if we may so say, more conspicuous marks for the shaft of death.

It is *known*, that if men be fed for a considerable time on a diet from which fresh vegetables are excluded, even though that diet, in other respects, be abundant, that scurvy will prevail among them. It is *known*, that if men be exposed to the effluvia arising from decaying animal matter, and drink water in which putrid flesh has been steeped, that they will suffer from dysentery.

The soldiers in the Crimea were deprived of fresh vegetables, while living on a scanty supply of indigestible salt meat; they were exposed to the exhalations from animal matter, in all stages of putrefaction; and even the water from which many of them drank was impregnated with the most disgusting filth; for it seems that almost the only water used for drinking in the vicinity of Balaklava is that of a small stream which flows from the adjacent mountains, and in its whole course receives the remains of dead horses, the offal of the slaughtered oxen, and even sometimes bodies of dead men.

It is *known*, that human flesh, if exposed for any length of time to a low temperature, will freeze, and that the frost-bitten parts will subsequently slough; it is *known*, that cold and wet will induce rheumatism, and that alternations of temperature will lead to thoracic inflammations. The men in the army before Sebastopol have been exposed for many hours consecutively, in a moist atmosphere, to a temperature many degrees below 32°, with scarcely the remains of a shoe on their feet, and rags only to cover them.

It is *known*, that if men suffering from severe wounds be crowded in Hospital, that gangrene will become endemic, that erysipelas and pyæmia will prevail; it is *known*, that if men sick or healthy be closely packed in buildings where the ventilation is imperfect, and without the capability of frequently passing into the open air, that fevers of a malignant type will spring up among them and rapidly spread by contagion. The wounded and sick have been thus over-crowded in the badly-ventilated Hospitals at Scutari.

The diseases from which our men have died by thousands are precisely those from which it might have been said beforehand they would die if placed in the conditions in which they have been placed. They have died of diarrhœa, dysentery, scurvy, fever, rheumatism, thoracic inflammations, and frost-bites. And now as to the future. What may we expect will be the consequence of the return of that war + weather for which it appears every one before Sebastopol, from Commander-in-Chief to drummer-boy, is longing? Six months will the Army have been encamped *on the same ground* ere the warm weather can commence. During those six months we should probably be considerably under the mark if we said that thirty thousand of the Allied armies have died and been buried within a short distance of the camp and Balaklava. Within the same space are buried, not to mention the remains of the enemy killed at Inkermann and Balaklava, the carcases of many thousand horses and mules, if it can be said that such things are buried when placed only a foot or two below the surface of the earth. On the same spot are rotting the non-edible portions

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of all the animals that have been slaughtered for the use of the army. The pits used as privies for the men are just in front or rear of the camp; after remaining open for three weeks, these collections of filth are lightly earthed in, no deodorising or disinfecting agents being employed. Little care even is taken to compel the men to use these privies; and the consequence is, as we were informed in a letter the other day, that "filth lies about in all directions in the camp," and "men in grotesque attitudes face you at every turn." "Large numbers of dead horses in a state of decay," says the same gentleman, in a letter dated February 9, "are freely scattered over the ground." It is needless to say that no care is taken in reference to minor details. In answer to some questions we forwarded to a Surgeon in the Crimea, he says, "The water in which our food has been boiled is thrown on the ground through and around the camp, and the portions of food which cannot be eaten are cast away with the dirty water." "We urinate," says a second, "in all directions." "What appears most neglected now," says another, "are sanitary measures; this department is altogether uncared for." The harbour of Balaklava is crowded with shipping, and has been so since the army took possession of that place. So long ago as last October, we were informed by a Surgeon quartered in the town of Balaklava, that the stench from the harbour was intolerable, and, he believed, the cause of the prevalence of cholera in Balaklava when none existed in the camp. The filth and rubbish from every ship in the harbour is, and has been for six months, thrown overboard directly into the water. There is no tide to carry it away; so that *by this time the harbour of Balaklava must be a vast cesspool.* Those quartered in Balaklava retire only to the hill-sides to perform nature's necessary acts. Not far from the town is now established a colony of the most dirty and dissolute wretches that can be conceived. Let these things continue till the temperature is sufficiently high to favour decomposition, and then, as surely as gunpowder explodes when the spark falls on to it, will plague, cholera, diarrhœa, dysentery, and fever, burst forth and prevail to an extent of which, at the present moment, even "Our Own Correspondents" little dream. Unless Sebastopol fall quickly, no English army will witness its capture.

Attention to sanitary measures may be an occupation altogether unworthy of a nobleman in Lord Raglan's position. He and his Staff would, we doubt not, smile at the idea of its being their duty to regulate and superintend the dirty work of nightmen, scavengers, and undertakers. But Lord Raglan may be assured, that, if he allow matters to continue in their present condition, though he may continue to be Commander-in-Chief of the Army in the East, it will be of an army quartered in the wards of the hospitals of Scutari and Smyrna,—it will be of an army of invalids, worn down by diarrhœa and dysentery, covered with the fatal spots of plague, or raving in the delirium of fever.

THE POOR LAW BOARD AND THE MEDICAL PROFESSION.

As we have frequently had occasion to notice the injustice perpetrated by the Poor Law Board against the Medical Profession, we are happy to announce a small instalment of common fairness towards us, which has lately been granted by the Authorities at Whitehall. It is known but too well to many of our brethren who hold office under Boards of Guardians, that not only are they dependent upon those Boards for their appointments, but that they are liable to be dismissed by them, sometimes at the shortest notice, if they happen to offend the prejudices of their despotic employers. Appeals to the Poor Law Board are in vain; for, although by the Act of Parliament from which they derive their authority, the Board are expressly invested with the power of controlling all local Poor Law Boards whatsoever, yet they have never interfered when such trifling matters as the honour and the interests of the Medical Profession were concerned. If the Master of a Workhouse, or a Relieving Overseer, is dismissed for misconduct, he forthwith appeals to the Poor Law Board, and a solemn investigation then takes place for the purpose of enabling the official to clear himself, if he is able to do so, in the eyes of the public; but the members of the Medical Profession may be cheated, insulted, and dismissed by the local Boards of Guardians with perfect impunity.

Again: it is pretty well known that, in the case of the Masters of Workhouses, Relieving Overseers, and other subordinates of that class, the Poor Law Board have already made such offices permanent during good conduct; but in the case of the Medical Officers, they have hitherto been liable to dismissal at any time, or have been appointed only for short periods.

We are, therefore, the more happy in now recording the promulgation of a new Poor Law Order, by which the tenure of office of the Poor Law Medical Officer is made to depend upon his good conduct, and not upon the caprice of the Guardians. The appointments of the Medical Officers are now, consequently, made for life, and can only be annulled by the commission of gross misconduct (which must, moreover, be proved to the satisfaction of the Poor Law Board), or by certain necessary and legal disqualifications.

We are sure that this boon will be hailed with satisfaction throughout the country; but we would warn our professional brethren that the concession now made is still a very small one, and that it can only be regarded as the introduction of the thin end of the wedge, which may eventually achieve something more important.

For it must be observed, in the first place, that although, as we have just remarked, the Poor Law Amendment Act gives absolute power over all the local Boards, yet the Poor Law Board have hitherto only exercised that power in a limited degree, and that some of the largest parishes in and about London and elsewhere openly defy the authority of the superior Board. It is true that these parishes are occasionally visited by the Poor Law Inspectors, but this visitation is little else than a mere form; for if any of the Officers of the local Boards point out abuses in the local management, they are liable to dismissal by their employers, and there is no appeal to the Poor Law Board, who make use of the information to the detriment of the informant.

In certain cases, however, the Poor Law Board have reduced the local Boards to subjection, and in some of the Unions which are so subject, the Poor Law Board have, by their recent order, made the office of Poor Law Surgeon permanent. We do not yet know in how many Unions this order has been made imperative; and, knowing the scanty measure in which Poor Law justice is doled out to the Profession, we must be cautious in being too grateful for small favours. We should rather consider the present step as one which is likely hereafter to prove beneficial to the *whole* of the Poor Law Surgeons, and should by no means relax, but rather redouble our efforts, to promote so desirable a consummation.

Although we are not averse to the principles of local government, yet we are strongly of opinion that the Medical Officer ought not to be subject to the absolute control of the local Boards. It is often impossible that he should perform his duties with satisfaction to his own conscience, and also to his employers; and a due attention to the wants of the sick and suffering poor is often incompatible with the coarse ideas of vulgar and tyrannical Guardians, and of niggardly and litigious rate-payers. It is, therefore, indispensable to the proper performance of his arduous and responsible functions, that a superior power should throw over him the shield of

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protection, so long as his conduct is guided by honesty and uprightness. We have no desire to defend incapacity, or to save delinquents, even of our own calling, from punishment; but knowing, as we all unhappily do, that kindness and attention to the sick poor, on the part of the Medical Officer, is often one of the greatest crimes in the eyes of the local Guardians, we earnestly hope that he may be made so far independent of that control as to exercise his duties in a manner becoming the character of a good physician and a Christian man.

The Poor Law Board have the full power of introducing this salutary measure into all the Unions and parishes throughout England and Wales; and if they choose to exert their authority in this respect, many of the grievances so justly deplored will be removed, and incalculable benefit will accrue to the Profession and to the suffering poor. We perceive that the present step on the part of the Poor Law Board has been taken in consequence of a recommendation of a Committee of the House of Commons; and small and partial as the benefit still is, we have reason to be grateful even for that, and to hope for better things to come.

In connection with the subject of Poor Law treatment of the Profession, we would direct the reader's attention to a Letter contained in another column from a Guardian of the City of London Union. Would that the liberal spirit it manifests were more common among Guardians of the poor.

THE WEEK.

The Royal Medico-Chirurgical Society is loudly promising an amended life. On all hands it is admitted that there is much room for improvement. The last session has been characterized by scanty meetings, dry papers on Dentistry, &c., and utter failures in the way of discussion. We have no wish to be censorious, however; especially under the present more hopeful appearances. The council just elected is certainly a good one. Such names as Cæsar Hawkins, Baly, Busk, Curling, Peacock, Bence Jones, West, Arnott, Erichsen, and Simon, are material guarantees for improvement. The Society must, however, if it wish to be really successful, extend its labours and enlarge its sphere. It will not do to go on simply receiving such communications as its members may incline to send in—it must undertake a more responsible office. Let it constitute itself a tribunal for the investigation of debated questions; let it appoint committees for the collection of evidence on some of the many subjects which have proved too large for individual grasp. Its rolls include the names of all the best men who hold appointments in our Hospitals—men who are most anxious to co-operate with each other for the advancement of professional science, and who wait only for some system which shall co-ordinate their labours. It is for the Medico-Chirurgical Society to supply such a system. The plan now adopted, of reading, often without any previous announcement, papers on various and different subjects, and committing the consideration of them to such members as may chance to be present, will always fail. Discussion under such circumstances will ever be a farce. Previous knowledge of the matters to be debated is absolutely necessary, if discussions are to be worth the name. In making these remarks we scarcely speak for ourselves, but rather simply record what every one is saying.

The excitement which has prevailed respecting the Smyrna Hospital is declining, it being known that the appointments in it are now filled. The question, "Are you going to Smyrna?" which, among the junior holders of Hospital appointments, must have been asked many hundred times during the past three weeks, is being replaced by inquiries as to the prospect of other establishments of like nature being opened. A Hospital at Constantinople is said to be in progress, and another at Mitylene is thought not improbable. The replies to the circulars which were issued to the London Hospitals, asking for the nomination of gentlemen qualified to act as Physicians, Surgeons, &c., have, we understand, furnished a long list of approved applicants for employment. Mr. Grainger, with whom the home superintendence of the affair rests, has therefore before him names from which to select at a moment's notice. But one opinion prevails as to the choice of those already appointed.

The vigorous agitation now going on among the Students of our Metropolitan Hospitals, in respect to the grievances of the Naval Assistant-Surgeons, furnishes matter of instructive comment. It may, at first sight, seem an ungracious thing for a class of gentlemen, at the very moment when their services are most needed, to be passing resolutions binding themselves not to enter Her Majesty's service. But, in truth, no milder measure would be successful. Remonstrance has proved all but vain; and great praise is due to those who, under such circumstances, at the risk of misinterpretation of their actions, venture on decided steps. It is the Students who are seeking the real interests of the service, while the obstinacy of the Admiralty is doing, and has done, all it can to impair them. The measure now being adopted is one, which, if universal, must gain its end. The supplies being refused under the old terms, there will be no option but to offer better.

Disapprobation is felt, in certain quarters, in respect to the way in which the Managing Committees of some Hospitals, whose Officers have left for the East, have provided for the performance of their duties. Instead of dividing the duties so left among others of the Staff, or of electing additional Officers, temporary Appointments have been privately made. It is felt, that, by these private selections, a certain injustice is inflicted on those who, were a vacancy publicly announced, might become candidates. Those who have undertaken duties under the present circumstances will naturally, in the event of a vacancy occurring, appear to have some sort of claim on the Governors. There is, of course, no doubt as to the propriety of keeping open the Appointments of those who have left on public service; but it is very much to be desired, that, in providing for the performance of the duties vacated by them, no advantage be taken of the occasion, to fill by private interest, posts which should always be subjected to the most open competition.

It is thought, in professional circles, that there is nothing, *per se*, at all improbable in the account given forth of the last illness of the Emperor Nicholas. On all hands it has been remarked, that, during the past winter, unexpected deaths after short illnesses have been more than ordinarily common. In not a few instances, the occurrence of severe pulmonary complications during influenza has proved rapidly fatal. Such complications require, as is well known, resort to vigorous measures, and these, as the Czar's physician is a Homœopath, were probably omitted. Most of our readers will have seen Dr. Granville's letter in the *Times* on this subject. It is a clever letter; but the Dr.'s claims of credit for prognosis cannot be considered so great as he appears to deem them. There is an important difference between death from madness or apoplexy, and death from influenza.

In the election of Mr. Prescott Hewett to its Professorship

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of Surgery, the Council of the College of Surgeons is generally esteemed to have shown great discrimination. Mr. Hewett's talents and ability have long been proved, and are widely recognized, and his reputation will, doubtless, be yet further advanced by the lectures which he is about to deliver from his professional chair. The subject chosen—"Injuries and Diseases of the Head,"—is one to which he has for long been devoting attention.

The announcement, in our Obituary of this week of the death of Mr. Avery, will be received with pain by all who had the privilege of his acquaintance. He was a zealous, skilful, and experienced Surgeon, and, what is more, a man of most upright and amiable character. His unassuming disposition, and entire freedom from anything like desire of popularity, have prevented the recognition of his merits from being so wide as it otherwise would have been, whilst they heightened the estimation in which his friends held him. Mr. Avery was the author of several papers on surgical subjects: to him we are also indebted for important improvements in the operation of Hafligoraphy, in which deformity he had operated extensively, and with unusual success. For two years past he has been an invalid, suffering from symptoms of organic disease of the stomach, which have repeatedly been aggravated to such an extent as to necessitate prolonged periods of retirement from public duties. By his death, a Surgeoncy to the Charing Cross Hospital is left vacant.

THE EAST INDIA COMPANY'S MEDICAL SERVICE.

In our advertising columns for last week are the new Regulations of their Medical Service, which have just been issued by the Authorities of the India House. They differ very little from those already made known in the autumn of last year. Experience seems to have proved that little could be either added or taken away.

The chief addition is the requirement of a certificate of moral character; a measure which can do no harm, though we doubt whether it can do much good. Some books on zoology and botany are also named, from which the Candidates can learn as much as is required to be known of these subjects.

We have already stated that in July no less than fifty of these valuable appointments will be conferred by public and unrestricted competition. The degree of competition must depend on the competitors; but we warn those who are interested in this excellent scheme of Sir Charles Wood not to expect that even East Indian appointments can, at present, call forth a great number of candidates. In fact, the men to compete are not now in England; for the drain on our Profession during the last year has been enormous; and, at present, many public appointments which would have been eagerly grasped at three years ago, are going begging. The system of open competition now in force for the Company's Service will, therefore, require time to attain its full development; but it is the only right system, and must triumph.

It will be observed, from the Regulations, that it is not required of Candidates that they should attend any other Lectures than those appointed by the Licensing Bodies. So that every Student who has gone through an ordinary Medical education can compete. If he be successful, he is then required to attend to Lunacy and Ophthalmic practice before proceeding to India; but attendance on these subjects is not required before he is sure of his Commission. This is a just and wise measure.

We hope the Examiners will not fail to develop still more the clinical and practical part of their examination; they made a good beginning in January; and, as they must be fully persuaded of the importance of testing men at the bedside, we have little doubt they will make this part of their examination as searching as it can be made.

REVIEWS.

Traité d'Anatomie Pathologique Générale et Spéciale, ou Description et Iconographie Pathologique des Alterations Morbides tant Liquides que Solides Observées dans le Corps Humain. Par le Docteur H. Lebert, Professeur de Clinque Médicale à l'Université de Zurich. Chevalier de la Légion d'Honneur, etc., etc. Fol. Baillière. Paris. 1855.

When finished this promises to be by far the best illustrated work on Pathological Anatomy extant. It is to be completed in about forty parts, each containing five coloured plates, and from thirty to forty pages of letter-press. At present two parts only are published. The subjects treated of in the text, are hyperæmia and inflammation, ulceration and gangrene, hæmorrhage and atrophy—the ten plates illustrate the same subjects, and contain not only drawings of the appearances presented to the unaided eye by the various morbid specimens, but also capital engravings of the microscopal elements of the same structure. This great work cannot fail to raise greatly M. Lebert's already very high reputation as a pathologist. It ought to be in every medical library in the kingdom.

Atlas der Mikroskopischen Pathologischen Anatomie gezeichnet und bearbeitet, Von Dr. August Foerster, Professor an der Universitaet zu Goettingen. Leipzig. Leopold Voss. 4to. 1854.

Dr. Foerster is known in this country by his very excellent Manual of Pathological Anatomy. This Atlas contains eighteen plates. On each plate are from three to fourteen figures. The descriptions of these figures occupy eighty-seven pages of letter-press. The plates are very well executed, and afford good representations of the more common morbid structures; at the same time we must remark that the outlines are much sharper than are those of any morbid product we have ever seen by the aid of the miscroscope.

These plates will be found useful guides to students of pathological anatomy. Dr. Foerster is a pupil and exponent of the opinions of Virchow.

A few Remarks on the Mode of Administering Chloroform. By J. Chitty Clendon, M.R.C.S. Surgeon-dentist to Westminster Hospital.

Mr. Clendon's one object in the pamphlet before us is to show his claim to having for long taught the doctrine now advanced by the Edinburgh school, that the symptoms of danger during the inhalation of chloroform are all referable to the breathing. "*Watch the breathing*" is his single injunction; he has long believed it an "unerring guide," and is glad to find his views now supported by so eminent an authority as Professor Syme. Now, seriously, we cannot but regard as great folly these attempts to exaggerate the importance of one indication, and induce disregard for others. Let us glance at the possible modes in which chloroform may kill. The fluid circulates in the blood, it is carried to the brain, there paralyzes the cerebrum, and anæsthesia results; so far, well; but it may do more; it may paralyze the medulla oblongata in addition to the brain, and then would follow arrest of the vital function of respiration. Here is one possible mode; but the same blood which produced these effects has, meanwhile, chloroform saturated, been passing through the chambers of the heart by the coronary arteries, it has been supplied to the muscular structure of that organ, and by other vessels also to the nerves composing the cardiac plexus. By direct action on the muscular fibres, or by indirect influence on the nerves supplying them, it is plainly possible that the heart itself might become paralyzed. A local anæsthesia might be produced, and the function of the organ might thus be arrested. We write cautiously *might be*, and the possibility must be admitted by all. Now taking individual peculiarities into consideration, is it not further within the range of possibility that in some subjects, the function of the medulla oblongata might be suspended first, and in others that of the heart. It clearly does not follow that because in one instance, the one happens,

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that it should do so also in all others. From *à priori* reasoning, then, death by cardiac syncope is possible to those under the influence of chloroform, and the question must now be referred to experience, does it ever occur? But to whose experience shall we refer? shall it be to that of such fortunate men as Mr. Clendon and Mr. Syme, one of whom boasts to have never witnessed symptoms which gave him a moment's uneasiness, or shall we ask those to whom casualties have occurred? Plainly, it is alone from an investigation of fatal, and of almost fatal cases, that a reply to the question can be expected. Yet here the gentlemen we have named appear singularly at fault, and incur, in our own humble judgment, most serious responsibilities. They authoritatively advise the neglect of a symptom declared by others to be of the utmost importance, and yet decline to investigate the evidence upon which the value of that symptom is asserted. A fatal case occurs within the walls of the Edinburgh Infirmary, and Mr. Syme, instead of investigating the conditions under which it happened, declares that for aught it concerns him, "it might as well have been in Kamschatka." What can be hoped from such a logician! In the meantime, however, our readers will not be misled. The opinions of those who have seen fatal cases are of far more value than of those who have not. Numerous instances are on record in which both breathing and pulse were watched, and in which those who had the best opportunity of knowing, declare that the pulse was the first to fail. There are cases, which to every candid inquirer must prove the occasional occurrence of death, beginning at the heart; and such being the fact, we can only regard the recommendation to neglect the pulse as dangerous in the extreme. In the administration of chloroform, watch with the utmost closeness the movements of your patient's chest, but, meanwhile, never take your finger from his wrist.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE APPLICATION OF PROTOSULPHATE OF IRON IN ERYSIPELAS.

By M. VELPEAU.

M. VELPEAU observes, that true erysipelas is constantly confounded with other inflammations (viz., phlebitis, diffuse phlegmon of the cellular tissue, and angioleucitis), which differ from it in their causes, seat, progress, danger, and treatment. A prolonged consideration of the nature of the affection has led him to lay down the following propositions.

1. Erysipelas, taken in its surgical sense, has its predisposing cause much oftener in external atmospheric, or meteorological, influences than in the state of health, or general constitution of the patient. 2. The determining or occasional cause is, almost always, a wound, scabs, or some irritation of the integument. 3. Its efficient cause is, matters proceeding from without, or altered tissues, which mingle primarily or secondarily with the fluids of the part affected. 4. The fluids so affected induce general and local phenomena. The first occur before the second when there is, at the beginning, a passage of the fluids into the general current of the circulation. The order of occurrence is reversed when the change only takes place through imbibition. 5. The fluids in the inflamed skin, altered by the morbific element, only seem to circulate, or advance, by endosmosis,—the erysipelas still, however, spreading itself along the dermis like oil upon a plain surface. 6. A large proportion of the morbific matter remains to the end under the epidermis, or in the cutaneous tissue, mingled with the blood in the inflamed part. 7. The totality of an erysipelas is almost constantly formed of several small successive erysipelases. 8. An isolated patch of erysipelas ordinarily disappears, of its own accord, in six or eight days. 9. The duration of the entire disease is very variable, according to the number of erysipelas patches that may succeed or combine with each other. 10. The remedies employed, whether external or internal, to be capable of dissipating such a disease, should especially possess the power of modifying the condition of the blood.

M. Velpeau furnishes us with the results of the different forms of *treatment* he has employed in above 1000 cases, in 400 of which he has kept exact notes. In 25 patients, *compression* by bandages was resorted to, with no advantage. In 33, *flying blisters* were applied, without diminishing the mean duration of the disease; these proving advantageous only in certain cases of phlegmonous erysipelas and angioleucitis. No satisfactory result followed the employment of *nitrate of silver* in 30 cases. In 200 cases, *mercurial ointment* was resorted to, with the effect of sometimes diminishing the duration of the affection by a day or two, and rendering it a little less painful. It is, however, very repugnant to the patient, spoils the linen, and sometimes induces salivation. *Lard*, employed in 23 cases, although not causing these inconveniences, was found even less efficacious. A variety of other substances have been tried by M. Velpeau, but, as he found them useless or injurious, we need not advert to them.

Calling to mind the modifications which the preparations of iron produce in the blood, it seemed to him that a disease so superficially placed, and one in which the inflamed tissues are so imbibed with altered fluids, was well calculated to be influenced by ferruginous preparations. He employed the *protosulphate of iron* in the proportion of 30 *grammes* to the *litre* of water (ʒ vii. ſs. ad ʒ xxxv.), or 8 parts to 30 of lard. In forty cases in which this was tried the erysipelas yielded in from twenty-four to forty-eight hours. It is, however, remarkable, that when thus extinguished at its point of departure, it will still spread beyond this, along parts already imbibed with the iron. Whether the inflammation, in order to undergo modification, requires to become fully developed, and whether the remedy is merely curative without being preventive, further researches must show. More easily employed to some parts, the ointment would be preferable; but it is somewhat less efficacious than the lotion. When used, it should be applied three times a-day to the erysipelatous patch, and some way beyond its margin. The lotion should be applied by means of compresses, which are to be kept on with bandages, and wetted every few hours, so as to keep the skin always moistened. Thus far the remedy has never failed in cutting short the erysipelas: but it has a disadvantage in iron-moulding the linen.—*Bulletin de Thérapeutique*, 1855, vol. 48, p. 15.

EXPERIMENTS WITH THE VENOM OF THE TOAD.

By M. VULPIAN.

IN his experiments with the *woorara* poison, M. Vulpian ascertained, that the mucous membrane of the alimentary canal of the batrachians does not enjoy the same immunity as that of the other vertebrata. The poison is rapidly absorbed, and the animal dies almost as speedily when the poison is introduced into the mouth or stomach, as when it is inserted under the skin. The venom of the common toad (the lactescent fluid contained in the cutaneous pustules) acts in a similar manner. In his experiments with this substance, he found, as MM. Gratiolet and Cloez had already done, that, when inserted in a subcutaneous wound, it kills dogs and guinea-pigs in a space of time varying from thirty to ninety minutes. A period of excitement is followed by one of prostration, and vomiting, or attempts to vomit. In the guinea-pig, death is ushered in by convulsions, but these are absent in the dog, who exhibits a kind of drunkenness for a minute or two before expiring. Frogs inoculated with the venom also perish in an hour or so; but the venom exerts no influence upon toads themselves.

Introduced into the stomach of dogs, no ill effect is produced by the venom; but frogs are invariably killed, whether it is introduced by the mouth or the skin, a somewhat longer period being required in the former case. On examining the stomach of frogs so killed, no trace of erosion or irritation is discernible, and even the paper in which the venom has been inclosed may be found untorn.

On examining animals killed by the venom, muscular irritability is found uninjured, and the sciatic nerves, when pricked or galvanized, determine manifest muscular contractions. The hearts of dogs, examined immediately after death, are found motionless; their cavities are filled with blood, the auricles and venæ cavæ being especially distended. The liver is much congested, and the lungs are exsanguineous. On pricking the walls of the heart, incomplete contractions can be excited. The effect of the poison on the heart is, however, best exhibited in the frog, an animal in which its pulsations, when in the normal condition, may be prolonged for more than twenty-four hours after death. When poisoned by the

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venom of the toad, the motions of the heart are observed to cease about ten minutes prior to death; and on opening the cavities, they are found filled with black blood, the action of the air exciting some feeble contractions of the parietes. If the heart be not exposed until the animal is quite dead, no contraction is usually observed. The ventricle is then generally found contracted in itself, empty, and pale, while the auricles and venæ cavæ are distended with black blood. This arrest of the cardiac movements is not produced by the abolition of irritability, as we can usually excite contractions by means of galvanism. It is also probably the cause of the congestions of the nervous centres noticed by MM. Gratiolet and Cloez.—*Gazette Médicale*, 1855. No. 4.

REPORT ON AN EXPERIMENTAL INQUIRY CONCERNING ACCIDENTS BY THE INHALATION OF CHLOROFORM.

By M. L. LALLEMAND.

The *Société d'Emulation* of Paris appointed a Committee for the above purpose, which met forty times to conduct a series of 150 experiments upon different classes of animals. The results of their labours are detailed by M. L. Lallemand in the present Report; but we must confine ourselves to reproducing his conclusions.

1. The action of chloroform upon the economy takes place with a rapidity directly proportionate to the amount of concentration of the inhaled vapour—the phenomena being, however, always manifested in the same order, and with the same characteristics. 2. The excito-motory properties of the nervous centres, the sensibility and motricity of the cerebro-spinal nerves are suspended by chloroform: but the excitability of the medulla, and the motricity of the nerves continue to be manifested under the electric current. 3. Chloroform possesses an especial elective affinity for the nervous centres, in the substance of which it becomes accumulated during inhalation, and is there found after death in a much larger proportion than in other organs. 4. The respiratory movements cease before the action of the heart. 5. After the respiratory movements are suspended, the animal, if left to itself, dies. 6. Chloroform is rapidly eliminated from the economy, the pulmonary surface being the principal agent of elimination. 7. In the majority of cases, the suspended vital functions can be re-established by means of the insufflation of air, or oxygen gas, even after all apparent circulatory movements are abolished. 8. In order to succeed, it must be resorted to immediately after the suspension occurs, and be steadily persevered in until the normal actions are completely re-established. 9. Artificial respiration, produced by the faradisation of the phrenic nerves, may likewise re-establish the suspended vital functions. 10. Electricity, employed as a general stimulus of the nervous system, is powerless, and it rapidly exhausts the nervous excitability of animals in the last stage of chloroform intoxication. 11. Insufflation acts by stimulating the excitability of the nervous system, and inducing elimination of the chloroform by the pulmonary surface. 12. Death ensuing on the inhalation of chloroform takes place from the abolition of the action of the nervous system, and not from asphyxia or paralysis of the motions of the heart. 13. The dilution of the vapour of chloroform with a considerable and constant proportion of air, will, if not entirely prevent, very much retard, the danger of intoxication.

Applying these results to the human subject, the Reporter feels convinced that insufflation of air, effected by means of a tube passed through the mouth into the trachea, and connected with a bellows, if commenced at once on the development of accidents, and continued with perseverance, will, in the majority of cases, prove perfectly successful. Local faridisation of the phrenic nerves is only of secondary importance, compared with insufflation. By the latter, as much air as is desired can be introduced, the energies of the circulation becoming aroused, and the elimination of the poison favoured; while, under the employment of electricity, the excitability of the nervous system is apt to become exhausted.

In a *preventive* point of view, it is to be observed, that in all the experiments the respiratory movements first ceased; so that such suspension becomes the signal of the intense poisonous influence exerted on the economy, and the imminence of death. These movements, therefore, require especially to be watched during the administration. The chloroform, too, should be employed only when diluted with air, and care be taken not to administer large additional doses when the effect is commencing to take place. Owing to their density, the atmosphere near the patient remains charged with the vapours, which may easily thus become inspired in greater concentration than is supposed.

The Reporter furnishes a drawing of a new apparatus, contrived by M. Duroy, for the purpose of administering a diluted chloroform, which he terms an *Anæsthesimeter*.—

L'Union Médicale, 1855, No. 13.

ON THE EFFECTS OF POSITION IN CERTAIN GASTRIC AND ENTERIC AFFECTIONS.

By Dr. COALE.

Dr. Coale, from repeated observation, is convinced that persons suffering from irritability of the stomach are much less liable to vomit when they lie on the *right side*, than when they recline in any other position, and especially on the left side. While lying on the right side, contractions of the stomach need not much affect its solid contents; but when on the left, the contents being near the cardiac orifice, any contraction will force them, more or less, through this—the difference being, simple eructation in the first, and vomiting in the second case. In treating flatulent or cramp colic, this position has also been found beneficial, by favouring the escape of gas contained in the transverse or ascending colon. If the relaxation of the spasm occur while the patient is on the left side, the gas is still kept behind the affected spot, the distended intestine not being possessed of sufficient expulsive power. If the patient lie on the right side, the gas ascends, and passes to an unaffected part of the canal, and its escape is facilitated. Whether this explanation be the true one or not, Dr. Coale is certain of the advantage derivable from attending to the point.

Amer. Journ. Med. Science. 1855. Vol. xxix. p. 49.

CASE OF MUMPS OCCURRING IN A MOTHER AND INFANT.

By Dr. HOMANS.

Mrs. S., about 25 years of age, had reached the end of the eighth month of her pregnancy, in good health, when she was seized with severe pain in the jaws, and slight fever. The pain and swelling of the neck continued to increase for two days, when premature labour pains came on, and a healthy infant was born. The swelling and tenderness of the parotid region increased for some time, but then diminished; not entirely disappearing, however, until after a fortnight subsequent to delivery. No translation to the mammæ took place. On the day after its birth, the infant was observed to cry in gaping, and the left parotid was found swollen. Its size increased for two days, when the tumour subsided.

Amer. Journ. Med. Science. 1855. Vol. xxix. p. 56.

ON THE TREATMENT OF SYPHILITIC PHAGADÆNA.

By M. VIDAL.

Phagadæna may complicate chancre under three forms. 1. It may appear as ordinary gangrene, usually arising from excess of inflammation. It may then be called *gangrenous phagadænic chancre*, and occurs far more frequently in men than in women, as an undue narrowness of the prepuce constitutes a very frequent organic predisposition, such cases being commonly observed in persons having a natural phymosis, or a prepuce abnormally long. 2. At other times, it is hospital-gangrene, true "*pourriture*," that constitutes the complication; the chancre then receiving the epithet of *pultaceous* or *diphtheric chancre*. It occurs, usually, in feeble subjects who are advanced in age, or in young persons who have been placed in bad hygienic conditions, and debilitated by bad regimen, or an ill-directed mercurial course. The ravages of these two forms spread from the centre, which constitutes their point of departure, their progress being centrifugal, and observing a certain amount of regularity. 3. There is, however, another form in which the nature of the local complication is unknown, and the mode of progress is singular; it describes circles and semicircles, which festoon the part attacked; while at one point the ulceration heals up, it invades another, separation taking place perhaps at the centre, while destruction is going on at the circumference, producing, in the middle, an always augmenting disc of inodular tissue, the edges of which are burrowing and increasing in size. This is the *serpiginous phagadænic chancre*; and it is met with especially in persons manifesting the scrofulous and herpetic dia-

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theses. The serpiginous not infrequently succeeds the pulpy, or diptheric chancre.

In treating this affection, we must pay great attention to the temperament of the individual, the hygienic conditions amidst which he exists, the treatment he has undergone, and the diseases which complicate the venereal affection. It is principally the scrofulous condition of the system that impedes all specific treatment. In regard to hygienic measures, the shifting the patient is of the greatest importance, for he should never be left in the place where his chancre began to assume the phagadænic character, and especially the pulpy or hospital-gangrene variety of this. In the general treatment, we must *at first* be very distrustful of mercury; but, although this is necessary for a certain period, we must not entirely abandon its use, for, in some cases, it may prove truly efficacious. It is as great an error to forswear its use in all cases, as its indiscriminate employment in phagadæna formerly was; but, whenever we find it is not successful, we must again suspend it for awhile. Ferruginous preparations, small doses of iodine, and cod-liver oil, then, are usually the best medicines.

In the *gangrenous phagadæna*, produced by excess of inflammation, we must neglect all specific treatment until this complication is subdued; and when this condition is due to general debility, mercury must be still more cautiously abstained from, while tonics and cordials are given, and the chlorides applied topically.

Considering the *pulpy phagadænic chancre*, as chancre complicated by hospital-gangrene, M. Vidal treats it with monohydrated *nitric acid*, the entire diphtheric surface being covered with little balls of charpie, dipped in this, and placed side by side, applying over them a layer of charpie, and a bandage, so as to produce a little compression. The dressing is renewed twice a day, the wound being washed with wine, in which walnut-leaves, and the petals of the Provence rose, have been infused. In the less severe cases, the charpie is dipped, at first, in equal parts of *tinct. iodin.* and water, and then in the undiluted tincture. The *actual cautery* has been employed by M. Vidal with very varying results. The *Vienna caustic* is of great utility in some cases, exactly limiting the parts to be removed, protecting, by an eschar, the new borders of the wound from too rapid an inoculation, and inducing a kind of vital reaction, the absence of which, in some cases, seems the principal cause of the progress of the ulceration.

In the treatment of the *serpiginous chancre*, M. Vidal has found great advantage to result from the application of long, narrow strips of *emplastrum e Vigo*, renewing these every second or third day. Indeed, from a case or two he relates, this would seem to be also sometimes applicable to cases of the pulpy form. It acts locally, by inducing a certain amount of compression, and modifies the diseased condition of the economy, by means of the mercury it contains, in a notable quantity, as is shown by the salivation sometimes induced when it is largely employed in cutaneous affections. This fact confirms the correctness of the practice of those, who, admitting that mercury is often injurious, by depressing powers it should be our object to raise, yet, when other means have been tried in vain, and especially if it has not been already given, or given without method, cautiously resort to it, preferring the endermic mode of employment. The *emplastrum e Vigo* may be regarded as an endermic mode, and by its agency, a certain quantity can be introduced into the economy with much less inconvenience than when given by the mouth.—*Bulletin de Thérap.* 1855. Tom. 48, p. 63.

FOREIGN CORRESPONDENCE.

MEDICINE IN HOLLAND.

(Continued from page 119.)

Dr. Landre has made some interesting observations on fatty liver in newly-born infants, a disease endemic in the colony of Surinam.

The disease treated of by the author is usually considered in the colony to be a chronic inflammation of the liver, and is treated by local bleedings, calomel, hydrargyrum cum creta, etc. It principally attacks the children of Europeans and people of colour, and seems to be hereditary. Scrofula, syphilis, or arthritis may, in by far the majority of cases, be discovered in the parents. Increased formation of fat, combined with poverty of blood, appears to be the origin of the disease. The children in whom this affection of the liver becomes developed, soon after birth exhibit a general morbidly fat condition; then the face is bloated and puffy, the cheeks are pendulous; the skin forms thick folds on the neck, the buttocks, and the thighs; it is pale, dry, and cool (chlorosis gigantea). Nutrition is imperfect; there is œdema of the feet and hands. To the touch, and on percussion, the liver presents itself as a hard, resisting tumour, subsequently becoming tender; its circumference sometimes increases so much that it appears to be continuous with the spleen, which is always hypertrophied. The author did not observe either icteric discoloration or fever. Often in the beginning of the affection there was a considerable miliary eruption on the chest and abdomen; desquamation of the cuticle, with the secretion of a viscid fluid, also took place. In no case was abdominal fluctuation observed. The patient sank from general exhaustion. The single *post-mortem* which the author had an opportunity of making exhibited only œdema of the hands and feet, more than ordinary accumulation under the skin in general, serum in the pericardium, and enlargement of the liver. The latter was hard, pale, and of a yellow colour. On section, it was yellow, dry, homogeneous; its vessels contained but little blood; there was little change of tissue perceptible to the naked eye. No trace of previous inflammation existed (fatty liver?) As to treatment, the preparations of iodine and iron (particularly the syrup of iodide of iron) combined with a nitrogenous diet, were the only remedies the use of which was attended with any favourable result. The author, in conclusion, relates a case in which, under this treatment, recovery took place, although the disease had already made considerable progress.

Dr. J. W. R. Tilanus reports a case of cysts with skin, fat, and hairs, and cartilaginous and bony formations in the testis.

He alludes to the great analogy the testes and ovary present, in many respects, to one another, while, in others, they possess quite opposite properties. Thus, inflammation and cancer are very common in both; while tuberculosis, which often occurs in the testicle, is very rare in the ovary, (Dr. Tilanus once found tubercles in the ovary of a phthisical girl;) and, on the other hand, cysts, which are very often formed in the ovary, are seldom found in the testes,—particularly those with hair, fat, bone, etc., of which but a single example is known to the author. Dr. Tilanus's case is that of a young man, aged 20, otherwise in good health, whose left testicle, even at the earliest period of life, appears to have been larger than the right; along with this, hydrocele existed. The testicle gradually increased in circumference, and, a fortnight before the date of the observation, had, after a fatiguing walk, become much larger and more painful. An explorative puncture having been made, about six ounces of a milky fluid were discharged. The testicle was now twelve inches in length and six in width; posteriorly and inferiorly, it was firm and hard; anteriorly, it was indistinctly fluctuating; the spermatic cord, inguinal glands, and skin of the scrotum, were healthy. A congenital, fibroid cyst was diagnosed. Extirpation was successfully performed under chloroform by Heer de Waal Malefyt. The testicle, which was still entirely surrounded by the tunica vaginalis, filled with a sanguineous fluid, consisted of two cavities, separated by a firm partition of one inch in diameter, towards which the cord ran. The lower cavity contained six ounces of a thin, milky, flaky fluid; its wall, which consisted of areolar tissue, was covered on the inside with epithelium; the other contained a small quantity of fat, and was filled with a ball of hair as large as a man's fist, with fat (crystals of margarin and oil globules); the hairs were long, well formed, and furnished with bulbs. The wall was in parts covered with epithelium and smooth, in others it was rough with deep depressions, out of many of which long hairs arose. The others were the openings of empty hair follicles. This part consisted of well-formed skin, with layers of epithelium, corium and adipose membrane, in which last lay numerous sudoriparous and very large well-filled sebaceous glandulæ. The wall further consisted of layers of fibrous tissue. On the partition between the two cavities was a crest-like projection, formed of cartilage, with large and small cartilage cells and transparent intervening substance. Lastly, in several places were very thin laminæ of bone, in which lay scattered bony corpuscles of irregular form. No trace of the substance of the gland was to be found.

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GENERAL CORRESPONDENCE.

THE OPERATING THEATRE.

[To the Editor of the Medical Times and Gazette.]

Sir,—You have, on many occasions, most ably advocated the importance of clinical teaching, and ever shown yourself the real friend of the Student. Now, there is one great deficiency in the Hospital at which I am a pupil, to the remedying of which I desire to ask your aid. I allude to the neglect of teaching in the Operating Theatre. As you will be aware, we have operations every week; and the theatre is, on such occasions, always full. Now it is not, I would submit, to be expected that every one there should be familiar with the previous history of the patient, nor is it to be assumed that all will be successful in getting a good sight of the various steps of the operation. Our Surgeons, however, almost always take these for granted; and very rarely indeed do they vouchsafe us a word of explanation. Could you not urge upon them the importance of short clinical lectures on these occasions? They might be given without in the least interfering with the operations, as a little time is always vacant between cases. As it is, the hours spent in the Operative Theatre are, to most of us, quite wasted, whereas they might be most instructive.

I enclose my card, but beg you will not publish my name.

I am, Sir, yours, &c.,

A Borough Student.

COMPLAINT OF A GUARDIAN.—ILLIBERALITY OF THE POOR LAW BOARD.

[To the Editor of the Medical Times and Gazette.]

Sir,—At the present time, when Medical assistance is so much needed for our suffering soldiers in the Crimea, and when Medical men, of standing and Professional character, have already proceeded thither, on tempting offers at the instance of Government, it may not be inappropriate to express a hope, that the services of Medical men at home may be estimated upon a more liberal scale, than that which appears to govern the Poor Law Board in their decisions.

I now instance a case, within my own personal knowledge, of their niggardly and contemptible spirit:—In 1849, the City of London Union elected a Medical Officer to their workhouse at Bow, at a salary of £150 per annum; and very nearly at the same time a Dispenser was appointed, at a salary of £30 per annum, with residence and board, and both were approved by the Commissioners. However, circumstances afterwards occurred, which caused the resignation of the Dispenser. The Board of Guardians thereupon requested the Poor Law Board's sanction to another being appointed, which they declined to grant; and thus the Medical Officer had thrown upon him the additional duty of the Dispenser. Subsequently, the Guardians requested, that therefore the salary might be increased; this also was objected to. More recently, however, the Board unanimously resolved to grant an increase of £50 per annum; and this, also, the Poor Law Board declined to allow. The Guardians, however, unanimously renewed their application, and requested a reconsideration; the result of which was the sanction, by the Poor Law Board, of the magnificent increase of £25 per annum!

And this parsimonious conduct was exhibited to a Professional man, against whom there has never been the whisper of a complaint from any of the Poor committed to his care; although his duty is to superintend the health of 800 adult inmates in the House, of whom 333 are on the sick-list; 36 diseases requiring daily attendance; 60 every other day; 120 twice a-week; and 130 once a-week. The prescriptions, in each case, are written, and placed at the head of each bed, and are dispensed by himself. In addition, he has to keep a Medical Relief Book, for the inspection of the Guardians, containing the names, diseases, &c., of each separate Patient, and to attend at the Workhouse at all times, when sent for by the Master; the time required, on the average, for these Professional duties being from five to six hours, at the least, daily, and for the efficient performance of which services to the sick Poor of the City of London, the gentlemen of the Poor Law Board consider that the salary of £150 per annum is a sufficient compensation. Would they be satisfied to abide by the same rule of remuneration for themselves?—I fancy not. So much for the Poor Law Board's sense of justice.

I am, Sir, yours respectfully,

February 27, 1855, A Guardian.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

This Society held its Annual Meeting, a brief notice of which was given in our last week's impression, on Thursday, March 1st, Dr. Copland, President, in the Chair.

The Secretary read the Auditor's report; and several questions were asked and answered relative to the various items in the year's expenses.

The following is an abstract of receipts and payments from March, 1854, to March 1st, 1855:—

Receipts.

	£	s.	d.	£	s.	d.
304 Annual Subscriptions				957	12	0
21 Admission Fees				132	6	0
Two Composition Fees, Transactions				12	12	9
Two ditto in lieu of further payment				10	10	0
Fines				0	19	0
From Messrs. Longman and Co. for Volumes of Transactions sold by them				99	1	6
House—Rent of stable	35	0	0			
,, from Society of Widows, &c., of Medical Men, (one year)	52	10	0			
				87	10	0
Interest on Stock (£2592 6s. 10d., 3 per Cent. Reduced)				74	7	4
				£1374	17	10

Payments.

House	198	5	6
Lighting, &c.	42	6	7
Repairs	23	17	1
Stationery and Accountant	37	13	11
Refreshments and Sundries	79	9	7
Sub-Librarian's Salary	140	0	0
Page	55	10	6
Library	143	8	2
Transactions—Vol. XXXVII.	175	7	2
Making Catalogue of Library (in part Payment)	40	0	0
Law Charges	23	5	6
	£959	4	0
Balance in Treasurer's hands	415	13	10
	£1374	17	10

Mr. Charles Hawkins inquired if any arrangement had been made with reference to the parochial rates, as there was good reason to believe that the society was not liable to be rated.

Dr. Moore said he had communicated with Mr. Tidd Pratt on the subject; but there had been some unavoidable delays. The matter, however, was at present under consideration.

Dr. Webster alluded to an adverse judgment lately given by Lord Campbell.

Mr. Quain said he wrote to the secretary, Dr. Basham, at the beginning of the year, calling his attention to Lord Campbell's decision; and it appeared to him (Mr. Quain) quite clear, that if the officers of the society had acted with ordinary zeal, they might have got rid of the taxes (hear, hear). He received a reply from Dr. Basham, which seemed to indicate that the writer was not at all acquainted with the subject (laughter)—that he had decided that the society should not be free from taxes upon his own opinion, rather than upon Lord Campbell's. He (Mr. Quain) was much disappointed with the answer, and had come to the meeting, at considerable inconvenience, to call attention to the subject.

After some further discussion, the Auditor's report was adopted.

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As the Secretary was about to read the annual report of the council,

Mr. De Morgan moved—"That the reading of the report is not provided for in the by-laws, and that, therefore, it should not be read." He said he had a short time since sent to the council a notice of an amendment, which he was about to propose upon the reading of the report; and the answer he received was, that the meeting was limited to the election of officers and other members of the council, and the consideration of the subject of the alteration of old by-laws, of which proper notice had been given. The reading of the report of the council was neither one nor the other of these, and therefore, on the principle laid down by the council, ought not to be read. But if it could be read, he (Mr. De Morgan) was clearly entitled to move an amendment upon it. The society had evidently a right to make any comment, or pass any motion in reference to a report laid before them. With regard to the present report, it might or might not contain allusions to circumstances that had taken place in the last year. If it did not, it was, in his opinion, defective; and he should be prepared to move an amendment referring to that subject (hear, hear). He would ask whether permission would be granted to him to move an amendment, if the report was read. If not, he should persist in moving, that the report should not be read at all. He had given notice of the amendment he wished to propose; and he believed he was perfectly in order.

Dr. Barker seconded the motion, and said, it was clear that there was no provision in the by-laws for the reading of the annual report; the meeting being called simply to receive the auditor's report, to elect Fellows of the council, and to receive two new by-laws.

Mr. Ansell opposed the motion, expressing his opinion, however, that any member had a perfect right to propose an amendment to the reception of the report, or to comment on any matter to which the report referred. If this were not the case, he said, the proposal with reference to the retiring allowance of Mr. Williams, could not then be entertained.

Mr. Arnott thought it was utter absurdity to suppose that any body should not receive an annual report, whether the reading of it was provided for in the by-laws or not; and he would, therefore, move at once, as an amendment, that the report be read.

Mr. De Morgan again asked whether his amendment would be admitted.

The President: I shall rule—and I believe it is in my power to do so—that no amendment be admitted, if it pertains to a subject that has been already adjudged ("Oh! Oh!" and a laugh). I believe that no one can move an amendment upon a matter that is not mentioned in the report.

The amendment for the reading of the report, was then carried by a considerable majority.

The annual report was accordingly read. It congratulated the society on the state of its finances and its general prosperity; and after referring to various matters of business of a formal nature, stated that the council had determined to recommend the society to allow Mr. Williams the sum of £80 a-year, as a retiring allowance, during the society's pleasure.

Mr. Ansell asked whether the sums of money, stated to be expended by the council, included any payments for the *Lancet* (hear, hear, and laughter). He asked this question, in order that it might be clearly understood whether the Fellows could comment upon any matter contained in the report.

Mr. Dixon said he had received the bookseller's bill, but had not examined every item. He believed, however, that the *Lancet* was paid for, like all other publications.

Dr. Cursham moved the adoption of the report.

Dr. Hennen seconded the motion.

Mr. De Morgan handed up to the Chair an amendment which he said he was desirous of proposing, and was about to make some observations, when

The President said, — Mr. De Morgan, as a friend I am sorry to interrupt you in your motion. I consider this is only another way of mooting a subject which has been already discussed by the society, and which has been referred to the council, and sent to the society for adjudication. It was considered by myself, and other Fellows of the society, that to allow such a question to be discussed at this meeting, would be the means of causing dissension in the society and injuring its prosperity; inasmuch as it was intended merely for the advancement of Medical and Chirurgical knowledge, and not for the discussion of Medico-political subjects. Sir, when the subject was referred back to the general meeting, that general meeting almost unanimously conceded that the subject was one not for their consideration, but entirely a matter for the consideration of the council. (Hear hear, and no no.) On the motion of Sir Benjamin Brodie, seconded by Dr. Webster, it was sent back to the council for their decision; and they considered that it would be best for the interests of the society that no change should take place in the journals that were usually taken in. The matter, therefore, having been under the consideration of a special general meeting, and decided by the council cannot be again mooted by this meeting, and I will not put from the chair any motion of the kind. I believe it is not competent for this meeting to consider it as it is, a *res adjudicata*. We are not to make this society the arena for discussing the merits of opposite journals, and fighting their battles. For myself I have never contributed a line to any of the journals, I have no favour for either of them, and no disfavour; I consider them all alike; and I think if you were to expel one, it would be better to expel all.

Mr. De Morgan asked if a question once settled by the council, was never to be reconsidered by the society. He maintained that the council had not acted in such a way as to oblige the Fellows to remain quiet under their decision; and he was prepared to move, that the meeting be not satisfied with the decision of the council.

The President said that Mr. De Morgan, and those who thought with him, had their remedy; for they might appeal to the new president and council, who would no doubt grant a special meeting for the consideration of the subject (a laugh).

Mr. De Morgan said he could not compel the President to put the motion, but he was sure the society would not be satisfied with the decision.

Dr. Webster said that he seconded the proposal made by Sir Benjamin Brodie on a former occasion; Mr. De Morgan was also anxious to second it; and the effect of the motion was, to leave the question entirely to the decision of the council. He mantained, therefore, that the matter was at an end.

Mr. Ancell said the report did not contain a fair statement of the transactions of the society, and the meeting should not, therefore, acquiesce in it. He begged to move as an amendment, "That the Report is defective in essential particulars relating to the transactions of the Society, and accordingly cannot be received."

Mr. Bowden seconded the amendment.

Mr. De Morgan then detailed the circumstances relating to the fate of the amendment proposed by him, and adopted at the previous annual meeting. He complained that the council had not acted in accordance with the general wishes of the society, as expressed at the public meeting called by a very numerously signed requisition. He also complained, that on the receipt of the requisition, the council did not, as required by the by-laws, summon a special meeting to take into consideration, but came to a decision on the same day that the requisition was received. He thought, under the circumstances, that he was perfectly in order in again mooting the subject; and he believed that the Fellows generally would be more than ever annoyed, if not disgusted, at the course which had been taken to avoid any expression of opinion on a subject which interested them so much. (Hear, hear.) He believed that the society would be more agitated at the course which had been adopted, than it could have been by any discussion which might have arisen upon his (Mr. De Morgan's) motion; and he would not be deterred from doing what he conceived to be a duty to the society, by any personalities which might be directed against him. (Hear hear.) Instead of throwing oil upon the waters, the council had thrown oil upon the fire, stirring up a feeling amongst the Fellows, which would never have existed had a proper course been adopted.

Mr. Travers said he was convinced that the spirit that gave birth to the society was directly adverse to that which had been manifested in connexion with the subject under consideration. (Hear, hear.) For himself, he was directly opposed to the spirit of small periodical journalism: it was not a boon, but a curse. It had introduced more mischief than it was capable of doing good. At the same time, he should as soon think of stopping prostitution in the public streets, as putting an end to periodical journalism; and as to drawing distinctions between A, B, and C, the thing was impossible.

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The best way, he thought, would be to compromise the matter: to let bygones be bygones, and to put an end to all further discussion on the subject.

Mr. Quain asked whether it was really true, as stated by Mr. De Morgan, that the Council had not acted in accordance with its own by-laws. He wished to know the date of the Special General Meeting, and that of the subsequent Meeting of Council, at which the matter was adjudicated.

Dr. Basham said that the date of the first meeting was the 24th of March, and that of the second the 28th of March.

Mr. Quain: In the interval of four days was proper notice given as required by the by-laws?

Dr. Basham said, the notices were not issued by him, but by Mr. Williams, and he could not himself answer Mr. Quain's question.

Mr. Rowden, after criticising the conduct of the President, briefly stated the reasons which had induced him to second Mr. Ancell's amendment.

The amendment was then put from the Chair, and was rejected by a majority of 59 against 24.

The original motion for the adoption of the report, was then carried.

Mr. Charles Hawkins, then moved the new by-law,

"That no resolution carried by way of original motion, or as an amendment, at the annual general meeting (except resolutions with respect to the election of the council, and other prescribed matters, and usual business of such meeting) or any other general meeting, of which notice shall not have been given in the circular summoning such meeting, shall be binding on the society or council, until such resolution shall be confirmed by a special general meeting, to be convened within fifteen days of the meeting, at which such resolution shall have been carried, by notice from the council, stating the object of such meeting, and the resolution or resolutions to be proposed for confirmation, and such notice shall be sent to all the Fellows at least five days previous to such meeting, and no question shall be discussed at such meeting, of which notice shall not have been given in the summons."

Dr. E. Meryon seconded the motion.

Dr. E. Smith, thought it would be better to pass a by-law requiring notice to be given of every subject to be brought before the society.

After a short discussion, the motion was carried, 64 Fellows out of 76 voting in its favour.

Mr. Hawkins next moved the by-law (2),

"Upon the requisition of twenty or more Fellows, such requisition to be signed by the Fellows making the same, and to contain the motion or motions intended to be proposed at such meeting as next hereinafter mentioned, the council shall, within twenty days after the delivery of such requisition, convene a Special General Meeting of the Society, for the purpose of considering and adopting or rejecting such motion or motions, by notice to be sent to all the Fellows seven days at the least before such meeting, stating the object of such meeting, and the motion or motions intended to be proposed, and no other question shall be discussed at such meeting, or at any adjournment of such meeting which shall not have been distinctly stated in the requisition for the general meeting; and any motion which shall have been adopted or carried at such general meeting shall be binding on the society without any further confirmation."

Dr. Webster suggested that the requisition should be signed by twenty "resident" Fellows.

Mr. Arnott opposed the by-law on the ground that it would give encouragement to a few discontented members to bring any kind of motion before the society.

The motion was rejected, only 30 out of 70 hands being held up in its favour.

On the motion of Dr. Dickson, it was resolved by a large majority, that a retiring pension of £80 a year, should be granted to Mr. Williams, the librarian, during the society's pleasure.

The Chairman then delivered a closing address, in which he gave brief biographical notices of the members who had died during the past year.

The meeting then separated.

Tuesday, Feb. 27.

James Copland, Esq., M.D., in the chair.

A paper was read by Dr. E. Smith, on

THE PRIMARY OR ESSENTIAL SEAT OF CHOLERA; WITH AN APPENDIX ON THE RELATION OF TEMPERATURE AND CHOLERA.

The aim of the author, in this communication, was to establish the doctrine that the essential seat of cholera was the organic or sympathetic system of nerves. A very elaborate argument was based on the following grounds:—As neither the symptoms nor the post-mortem evidences indicate the presence of any diseased organic action proceeding within any separate tissue or any organ, and as the whole system is affected at about the same period, there must have been some general cause acting anterior to any local manifestations. Therefore it must be either the blood or the nervous system; and of these two, the former is excluded on the ground that in health it is more under the control of the nervous system than the previous system is under its influence; and in disease, that there is no proof whatever of the existence of any poisonous body in any of the ingesta, or in the blood, or any other part of the internal system. It is not the cerebral system, for that remains intact, except that it is lessened in activity; nor the cerebro-spinal system, for in many, and perhaps the typical cases, that is not manifestly involved, and in all cases there is a period of the disease prior to its manifestation; nor in the reflex system or function; nor in the respiratory system or function; and, consequently, that it must be, so far as our present knowledge guides us, in the vital organic nervous system. And, lastly, the leading symptoms of the disease may be explained by this key, and by no other at present known: such as the early, continued, and extreme prostration, the lessened respiration, cardiac action, secretion, absorption, production of animal heat; also the pallor, listlessness, and general inactivity of mind, absence of pain, etc. etc. The author's inferences, with regard to treatment, were as follows: That it is unphilosophical in cholera to attempt to arrest the flux,—to supply fluid to the circulating system by injection,—to excite the power of endosmose, as by mercury,—or to overcome the spasm by large doses of opium; since all these aim at the removal of results, or secondary conditions, and not the essential, anterior and superior acting condition. To do all these things may be proper, but not in themselves, only in the expectation that the remedies used for that purpose will have a yet anterior effect, that of removing the conditions which preceded them. Our aim must be to produce not a local, but a general effect, as there is no evidence of a cholera poison, its neutralization or elimination should not be attempted. He (Dr. Smith) thought it probable, that on the theory of this communication, pure stimulants would be found the most appropriate remedies. By pure stimulants he meant, not those which were followed by secondary effects—such as spirituous stimulants, and opium—but such as capsicum, ginger, turpentine, the moxa and the actual cautery.

The paper was accompanied by an Appendix, with some Diagrams, exhibiting the relation of the epidemic cholera of 1849 and 1854, with the general mortality, and with the various questions in respect of temperature.

Dr. Snow said there was one feature of cholera of which he had no doubt, namely, that it was a disease communicated from person to person; and he could not comprehend how a disease could be so communicated without the presence of a morbid material. Some diseases were no doubt communicated through the mind; but this was not the case with cholera, as it affected children. Dr. Smith assumed that the organic system of nerves presided over secretion, digestion, respiration, and other functions; of that, however, there was no proof, nutrition and secretion going on in plants, which had no nerves. Many secretions depended upon epithelial cells, lining the various glands and ducts. Cholera, he believed, commenced in the alimentary canal, purging being usually its first symptom. The blood was thick, and circulated with great difficulty, as might be seen from the result of an injection of the veins, which produced a remarkable effect at the time—an effect which could not be produced if the organic system had lost its power, and if the blood were poisoned. Cholera was chiefly communicated in crowded dwellings, by

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means of evacuations, contamination of food, and the like. The mining districts suffered excessively in this way. The men took their food into the coal pits, and ate it with unwashed hands; and owing, doubtless, to their want of cleanliness cholera spread rapidly amongst them, for he had seen men brought up from the pits in a state of collapse. He believed water to be one great agent in the spread of cholera. In those parts of Lambeth and Southwark that were supplied with water from Thames Ditton the inhabitants were as free from cholera as those of almost any district in London. He did not think that in the attacks of 1849 and 1854 ill-fed and ill-clad people suffered more than others; indeed, it had been observed, that costermongers and men of a similar class enjoyed a greater immunity than most others.

Dr. Webster remarked, that the cholera had been usually most severe in England when the temperature was high; and the same condition, he said, was observed during the attack at Messina, a town with a population of 80,000 inhabitants, nearly half of whom left the place, while 13,000 of those who remained died. At the end of August thirteen or fourteen hundred persons died in one day. A heavy shower of rain followed early in December, and cooled the atmosphere, after which very few cases occurred. In 1832 the cholera was very prevalent in St. Giles's; and he remembered speaking to an old woman in that neighbourhood, who told him that the disease had made no progress after the occurrence of a thunder-storm and a heavy shower of rain. Dr. Webster then mentioned the case of a new lunatic asylum in France, in which, in 1849, only two patients out of a hundred died; while in an adjoining old building, in which the rooms were small and ill-ventilated, nineteen died out of one hundred and thirty. In 1854 the new building contained all the patients, four hundred in number, only two or three of whom died; and they, it had been proved, had drunk of some impure water from the garden. The cholera was much more fatal in 1854 in Paris than in London. In Messina the authorities did all they could to keep the matter quiet—going so far as to keep one medical man in prison during the whole period of the attack, on account of his having mentioned it to others.

Dr. O'Connor believed, with Dr. Smith, that in cholera an impression was produced somewhere or other upon the organic system of nerves,—a view which was adopted and advanced many years ago by the late Dr. Griffin, and subsequently dwelt upon by Dr. Bell, of Manchester. Dr. O'Connor mentioned a case which he had successfully treated with emetics, doses of calomel, and an internal and external application of turpentine.

The President stated, that the ganglionic doctrine of the disease was espoused by him in the *Foreign Quarterly Review* in 1830, and subsequently in his Dictionary; and he felt much obliged to Dr. Smith for having so ably developed his opinion. Dr. Smith's treatment corresponded with his own, —cayenne pepper, camphor, turpentine, and the like.

The Author then briefly replied, and the Society adjourned.

THE PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEB. 20.

Dr. BENCE JONES, Vice-President, in the Chair.

DR. BRISTOWE reported, on behalf of Mr. Simon and himself, that they had examined Dr. Habershon's specimen of

MALIGNANT DISEASE OF THE CRANIUM.

Both tables of the skull were destroyed in various parts, and replaced by a diseased structure, apparently springing from the dura mater. Under the microscope, the growth showed the characteristic appearances of epithelial cancer.

Dr. Snow Beck reported on Dr. Van Der Byl's specimen of

NEUROMA,

That he had carefully dissected the tumours, and found them, as stated, to be in direct connexion with the nerve tubules. In the smallest specimens, which appeared to show the primary stage, there was a distinct deposit of granules immediately around the outer surface of the tubes. The tubules, where they had been pressed upon by the tumours, were atrophied, flattened, and almost transparent.

Dr. Habershon next exhibited specimens from a case of

SECONDARY CANCER OF THE CRANIUM, AND OTHER PARTS.

M. R., aged 32, a single woman, who had twice been admitted into Guy's, under Mr. Birkett's care.

One year and ten months before death, she perceived a tumour in the breast, and in the axilla. These were removed; in three months the cicatrix appeared carcinomatous, and was also removed. A short time before death, two soft nodules were observed on the head. Urgent dyspnœa came on, and she gradually sank.

The frontal and parietal bones presented several growths, slightly raised, yielding to the touch, and destroying the whole of the bony structure. On the cranial surface, the bone was carious, irregular, and replaced by a reddish material, composed of well-marked carcinomatous cells. These diseased portions varied much in size, from a quarter of an inch to two inches in diameter. The corresponding parts of the dura mater presented raised growths, fitting into the irregular sinuosities of the bone. These growths were composed of cancer cells and fibrous tissue. A small nodule, about a quarter of a inch in circumference, projected upon the arachnoid surface of the brain. The brain itself appeared healthy. The outer portion of the left clavicle was destroyed by carcinomatous infiltration. The left humerus was fractured, about three inches from its head. Its medullary cavity was filled with cancerous deposit, destroying the cancellated bone tissue in the shaft, and involving nearly the whole of the head of the bone, but leaving the articular cartilage unaffected.

The first, second, and third ribs, on the same side, were involved, and the brachial plexus and vessels surrounded by similar firm, yellowish, cancerous, deposit. Several tubercles of similar description were observed on the pleura of the same side, but there was no serous effusion. The cervical and bronchial glands were infiltrated, and the latter had somewhat compressed the bronchus. The right mamma was healthy; but the left presented an irregular, hard cicatrix, extending into the axilla. In the liver were several carcinomatous tubera.

Dr. Habershon also exhibited an example of

IMPERFECT VALVULÆ CONNIVENTES.

The specimen was removed from a man, aged 44, who died from pyæmia, after compound fracture of the thigh. At the lower part of the ileum, for about two feet, the valvulæ conniventes were replaced by small processes, from a quarter to half an inch in length, and about two lines in diameter. There were three or four of these processes in each parallel line. They were covered with villi on both sides, and in their centre an artery, veins, and lacteals, were found to extend. Peyer's glands were distinct.

Dr. Gibb gave the particulars of a case of

PHTHISIS, WITH DILATED BRONCHIAL TUBES.

The patient, a little girl aged 5½, had died, after an illness of about four months, suffering from chest symptoms, consequent on measles and hooping-cough. In various parts of the right lung were numerous cavities, about the size of peas, which consisted of dilated bronchial tubes, and contained pus. In the inferior portion of the lower lobe was a cavity the size of a marble, like the others, produced by dilatation of a tube. The left lung had also numerous cavities, some of which were by dilatation, and others evidently tubercular. The jejunum was in parts very much contracted, and at three spots there was invagination of small portions.

Dr. Bristowe exhibited a specimen of

TUBERCULOUS DEPOSIT IN THE OVARY AND UTERUS.

The patient, a woman, aged 25, had died of phthisis. The mucous lining of the uterus was ulcerated, and, in its tissue, tuberculous matter was deposited. The left ovary also contained tubercle. Dr. Bristowe adverted to the supposed rarity of tubercle in the female organs of generation, alluding to the opinion of Rokitanski, and others.

Mr. Wood observed that, in several instances, in the post-mortem room of King's College Hospital, he had observed turbercles in the ovaries.

Dr. Wilks exhibited specimens illustrating

A PECULIAR DISEASE OF THE KIDNEY.

A woman, aged 35, was admitted, under Dr. Barlow's care, into Guy's Hospital, on January 24, 1855. She had had a

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very large family, and of late had been much impoverished. Four months before admission, she was seized with a copious hæmorrhage from the uterus, so that she fainted, and did not recover her health for some time. In a few days, this occurred again, since which time there had been more or less bleeding, accompanied by watery discharge. About two weeks, she had observed her abdomen and legs swollen. On admission, she presented the usual appearance of a person with acute dropsy, or Bright's disease, being very anæmic, and universally anasarcous. A tympanitic bruit was heard over the whole præcordial region. The urine passed in the twenty-four hours amounted to about 12 ounces, was of a specific gravity of 1012, and contained no albumen. An examination, per vaginam, discovered a carcinomatous fungus of the uterus. The patient continued much in the same condition; the dropsy being very great; the urine, presenting no remarkable appearance to the naked eye, was scanty, of a low specific gravity, and contained not a trace of albumen. No further hæmorrhage occurred from the uterus. A few days before death, which occurred a fortnight after admission, the urine became less in quantity, and, for the last four days, none could be obtained. There were no cerebral symptoms, but constant sickness.

The post-mortem examination discovered cancer of the uterus, which had destroyed all the lower part of that organ, and had involved the outer walls of the bladder and rectum. The cancer had infiltrated, and thickened the ureters for a short distance, but the lining membrane was intact, and the passage free. The heart was healthy. The kidneys were very large and pale, and weighed 17 ounces. They, at first sight, appeared structurally healthy, but a closer examination of them showed the secreting substance scattered all over with white dots, like grains of sand. These were the Malpighian bodies, filled with opaque deposit. There was none of the usual mottling seen on the kidneys of acute Bright's disease. The microscope merely revealed, on an enlarged scale, what the eye had already discovered, an universal disease of the Malpighian bodies, with a comparatively healthy state of the secreting tubes. The Malpighian bodies were filled with the ordinary mulberry masses, or fatty glomeruli, but the tubes were free. After a short period, another examination showed the Malpighian tufts had shrunken, leaving a space between them and the capsule, and showing how the exudation occurred from the former. Some of the straight tubes of the cones had become diseased, the epithelium being removed, and the tube containing fatty granules. The condition of the kidneys was remarkable, as being very different from what is usually found in acute disease of the organ, the most common appearance being a disease of the tubes, with a comparatively healthy state of the Malpighian bodies. Here, however, the reverse was the case; and associated with this was the total absence of albumen in the urine. As the case was complicated with cancer and loss of blood, it would be hazarding too much to say that the dropsy was dependent upon the condition of the kidney, otherwise it might have been considered as a new form of Bright's disease, with out absence of albumen in the urine.

Dr. Wilks also showed an example of

ULCERATIVE COMMUNICATION BETWEEN THE ŒSOPHAGUS AND TRACHEA.

A woman, aged 24, married, no history of syphilis, was admitted, under Dr. Barlow's care, into Guy's Hospital, on December 13, 1854.

About six months before admission, she felt some enlargement of the throat, with difficulty of deglutition, pain in the chest, and shortness of breath. She thus continued until the time of admission, the difficulty of swallowing, however, having become much greater. On entering the Hospital, she presented the appearance of a person far advanced in phthisis. It was found, however, that her lungs and other organs were sound, her only symptom being the difficulty of swallowing. She had then ceased for some time to take solids, and only fluids by allowing a little to trickle slowly down the throat. There was no disease or swelling of any kind visible in the throat or neck externally. The voice was perfect. Mr. Hilton passed an elastic tube down the œsophagus, and, when in, desired the patient to breathe; air immediately escaped from the open end, by which it was proved that an opening existed between the œsophagus and trachea. The 25th of December was the last day on which she took any food. After this she was wholly supported by injections composed of beef-tea, wine, arrow-root, and eggs. She lived thus for six weeks. Mr. Hilton was again consulted as to the propriety of opening the œsophagus, but, deeming this imprudent, he performed tracheotomy, which gave some temporary relief to the breathing. She lingered until February 6, when she died.

The post-mortem examination showed the body much wasted, and it was then discovered that two ulcerated surfaces existed on the scalp. The trachea and œsophagus were found extensively diseased and partly destroyed, for the space of 3 inches downwards from the cricoid cartilage, and three large openings existed, by which the two tubes freely communicated. The surfaces of the diseased parts were covered with a thin layer of mucus, and did not present the usual appearance of the walls of an abscess. The edges of the diseased structures had the aspect of simple ulceration; not the slightest thickening, induration, or deposit, were apparent to the eye. The microscope also failed in discovering any morbid material in these or the surrounding textures, and there was no disease in any other organ. There was thus great obscurity hanging over the pathology of the case, whether it was the result of an abscess caused by any previous injury of the œsophagus, or whether it was allied to a cancerous process. There was no cancerous product, but such an eminent pathologist as Lebert admits, under his term "cancroid," cases of malignant ulceration where no morbid material can be detected.

Dr. Taylor next showed, on behalf of Dr. Kirk (of Edinburgh),

AN OSSEOUS DEPOSIT FROM THE EYE.

The mass had been removed from a disorganized eye, which had been lost for upwards of thirty years. It had been deposited in connexion with the choroid. Under the microscope it showed evidences of possessing the corpuscles of true bone.

Dr. Taylor also exhibited drawings of

AMYLACEOUS BODIES FOUND IN THE EYE.

The bodies had been taken from the eye of an elderly person, and resembled those found in the brain, which have been described as starch granules. They were found both beneath the capsule, and in the substance of the crystalline lens.

The President expressed a doubt as to the amylaceous character of the bodies described.

Mr. Hulme showed a specimen of

ULCERATED LARYNX.

The patient, a man, had been repeatedly under care, suffering from chronic laryngitis, in an attack of which he had ultimately died. The specimen showed a deep ulcer in the under surface of the epiglottis, extending to the aryteno-epiglottidean folds. The arytenoid and cricoid cartilages were also ulcerated. The vocal chords were much thickened. There was no history of syphilis in the case.

NORTH LONDON MEDICAL SOCIETY.

FEBRUARY 14, 1855.

Mr. QUAIN, President, in the Chair.

THE following Gentlemen were elected to fill the Offices of the Society for the ensuing year:—President, C. J. Hare, M.D.; Vice-Presidents, R. Quain, Esq., Dr. Jenner, Dr. Greenhalgh, H. B. Norman, Esq.; Treasurer, Donald Fraser, M.D; Trustees, N. H. Clifton, Esq., J. Part, Esq., S. Sandys, Esq.; Hon. Secretaries, E. Cousins, Esq., J. Z. Lawrence, Esq.; Council, W. Adams, Esq., Dr. Ballard, J. Erichsen, Esq., W. Filliter, Esq., J. Hainworth, Esq., C. J. Lord, Esq., P. Magenis, Esq., J. Marshall, Esq., Dr. Miller, W. Sedgwick, Esq.

Several Pathological specimens were presented; after which Dr. Ballard delivered the Annual Oration.

A vote of thanks to Dr. Ballard was passed unanimously, and the Oration was ordered to be printed and circulated.

The next meeting of the Society has been postponed from Wednesday, February 28, to the next day, March 1 (the former day being that fixed upon for the dinner of the Medical Benevolent College), when Mr. Norman will read a communication "on a recent case of Gun-shot wound."

Mr. J. Z. Lawrence read the particulars of a case of

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CANCER OF THE THYROID BODY.

A woman, at 63, was admitted into the Middlesex Hospital January 30, 1855, under Dr. Stewart. She was suffering from thoracic disease, from which she soon died; and had, in addition, an enlargement of the thyroid gland, which she stated she had had upwards of thirty years, the tumour having begun the size of a hazel-nut, and progressively increased up to about a year ago, when it had begun to decrease. The tumour of the thyroid gland, when removed from the body, weighed half-a-pound, and measured four inches long, and two inches thick, and had an oblong, somewhat lobed form. It had no connexion with the hyoid bone, and adhered but slightly to the right upper ala of the thyroid cartilage, which was there denuded of its perichondrium, and somewhat ossified. The trachea had been displaced laterally by it, but not compressed. From the upper anterior aspect of the tumour projected a small secondary outgrowth. The whole was enclosed in a thin, but firm, cyst, which was connected by cellular adhesions to a second equally firm pseudo-cyst. A longitudinal section of the tumour brought into view the following elements:—1. Irregular patches of a yellowish-white, opaque, firm substance. This "phymatoid" substance constituted by far the greatest portion of the cut surface. It contained no cells or nuclei, but had, under the microscope, a loculated appearance, and was studded with large multitudes of fine bright-yellow globules, which ether rendered less distinct, but over which acetic acid had no effect. 2. Here and there a few veins, of a hard, translucent, opalescent material, agreeing in its minute structure with (1), excepting that the loculi were distincter, the oil globules, contrà, much less abundant. 3. The section of the "secondary outgrowth" differed from the two preceding elements in being very much more vascular and softer, and was separated forcibly from (1) and (2) by the large quantity of cancer nuclei it contained, with well defined largish nucleoli, and here and there an indistinct cell-wall. Another element observed was, a tolerable quantity of fibres; it showed but a slight appearance of loculation. In the lower end of the tumour, approaching very near to its surface, was a plate of "bone," one square inch in area, half that dimension in thickness. It was extremely hard and compact, and had a translucent, bee's-wax colour. Treated with a mineral acid, it evolved large quantities of bubbles; a nitric-acid solution of its ash gave, with the ammonia-nitrate of silver, a lemon-yellow precipitate, soluble in an excess of acid or ammonia, which latter then threw down a white amorphous precipitate. Hence, the probable composition of this substance was carbonate and phosphate of lime. It was proved to be a new formation from the following considerations:—1. That it was not situate near the connexion of the tumour with the thyroid cartilage. 2. That it was isolated from any surrounding tissues by the unbroken cyst over it. Fine sections of it, treated with or without hydrochloric acid showed an irregular, somewhat fibrous structure, and small red-branched canals, about one quarter of the width of a blood corpuscle. No structure of true bone was perceptible, after repeated examinations. About this earthly plate were some friable, granular, cretaceous deposits. In the thorax, a bronchial gland was found, enlarged to the size of a horse-chesnut, and filled with a creamy hæmorrhagic, soft tissue. The heart was dilated, and hypertrophied. There were several matters of pathological interest in the above details, on which Mr. Laurence for the present refrained from making any remarks, further than dawing the attention of the Society to the singularly indolent course the tumour had taken, and the rarity of primary cancerous deposits in the thyroid gland.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, Friday, March 2.

HOSPITAL SURGEONS.

Colonel Smyth asked whether any arrangement had been made to send either to Scutari, or to the camp in the Crimea, those surgeons of militia regiments who had volunteered their services in accordance to a circular addressed to them from the War-office; or, whether any arrangements had been made to send out the civil practitioners who had offered their services?

Mr. Peel said, circulars were sent from the War-office to surgeons of militia regiments, requesting to know whether they would proceed to the East. That circular had only been sent out a week or ten days, and no offers, in answer, had yet been made. It was intended to send out 10 civil practitioners for employment, either in the hospitals before Sebastopol, or the hospitals at Scutari, in addition to about 20 surgeons, who were going out to the hospital at Smyrna.

THE HOSPITAL AT SMYRNA.

Colonel Dunne asked whether the Government had determined to establish an hospital at Smyrna, or whether they had made inquiry about the unhealthiness of the spot?

Mr. Peel admitted that Smyrna had been represented as an unsuitable place for the establishment of a hospital; at the same time, he thought everything depended on internal arrangements and cleanliness.

HOUSE OF COMMONS, Monday, March 5.

THE COMMISSION TO THE EAST.

Lord Palmerston, in reply to questions by Mr. Layard, said, the Government had received no official intelligence of any such orders, though they had been informed by private correspondence some such had been issued. He could only assume that they must have been to the effect that the medical officers were not to place themselves in communication with the commission without authority, for he could not conceive that the orders could have gone to the extent of interfering with the functions of the commission, so as to prevent it obtaining the information necessary for the performance of its duties. His noble friend at the head of the War Department would inquire into the circumstance.

Mr. Peel, in reply to the second question, said, that Dr. Lawson had been directed to proceed to the hospital at Scutari, and place himself under the orders of Dr. Cumming. There was no intention on the part of the Government to place him in charge of any department.

Mr. Percy, inquired of the Government, whether it was true that a German gentleman, named Dr. Meyer, had been appointed to a post in connexion with the proposed civil hospital at Smyrna, though he had no connexion with any of the hospitals, and was, he believed, only noted for an assiduous attendance at the levees of Prince Albert?

Mr. S. Herbert said, there was not a word of truth in the statement. Dr. Meyer was an Englishman, born at Norwood, educated at Hammersmith and Eton, studied the medical profession at Guy's Hospital, passed an examination at the College of Surgeons, had been employed at large establishments at Norfolk Island, Van Diemen's Land, was well and favourably known at the Colonial-office, and never, he believed, saw Prince Albert's face in his life. (Laughter.)

COMMITTEE OF INQUIRY.

STATE OF THE ARMY BEFORE SEBASTOPOL.

This Committee met for the first time on Monday, the investigation being quite public. The following are some of the points brought out in evidence:—

Mr. G. Dundas, M.P.—Arrived at Balaklava Dec. 17, and left it on the 29th. As to the state of the men, their uniforms were all in rags, and they seemed to be in a state of extreme dirt and misery. Rations very short. He had also understood that the nature of the rations was not calculated to keep the soldier in health. The state of the hospital was better than it had been before he arrived. He had been told there was a want of medicine, particularly of opium. The sick at the camp were merely rolled up in their blankets; they had neither stretchers nor mattrasses. The deaths were 700 a-week, or a daily average of 100. Principal diseases—diarrhœa, dysentery, and gelatio. He had repeated evidence of short rations having been issued. Fresh beef very rarely given.

General Sir de Lacy Evans.—The troops were not sickly before they went there, nor did they become so till some time afterwards. Between the 18th and 20th of September, they were without tents or shelter of any kind, and probably remained so till about the 29th or 30th. They suffered severely for want of fuel. Heard a good deal of charcoal being served out, but did not know that they got any; always heard more of it than they saw. The commissariat officers sent to him

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were very incompetent. After many conflicts with the commissary-general, he did get an efficient deputy-commissary. The main cause of the sickness, was the overworking the men. The horses of his staff were kept without food almost a whole day, because somebody was not on the proper spot to sign some document in an official manner. The not getting fresh meat, certainly contributed to the sickness. The ambulance corps was most unsatisfactory. He believed the war was commenced under the impression that there would be no wounds at all. Up to the date of his departure, they had not used French means of conveyance for their sick and wounded. The French mode of conveying the wounded, by mules alone, did well enough in a rough, hilly country; but in serious cases he should imagine that mode was not a good one. As to the men remaining for a long period without change of clothing, that was the case with officers as well as men; he had himself only one coat. The hospital tents were the best that could be got. They were large; and if tents were necessarily used for hospitals, they were very fair; they had the advantage of good ventilation. The bedding was very insufficient and unsatisfactory. Unfortunately, these tents were often inconveniently crowded, but he did not think the men were always absolutely on the bare ground. The complaints he had made of the Commissariat Department, were all addressed to the Commander of the Forces, not to Mr. Filder; any complaint to Mr. Filder, affecting Mr. Filder's duties, would not probably have produced any great result. (A laugh.) He thought some of the Treasury regulations proved very inconvenient. Though the Commissariat was under the control of the Commander, yet it was closely connected also with the Treasury, and the officers must have had the impression that laying out the money required was extravagance. That was his conviction. In reply to questions as to the sanitary state of the camp, witness said it was the business of the staff to look after it; if they did not do all that was necessary, it was the duty of the Commander to make them. He saw no occasion for the appointment of a sanitary officer. He thought it would be inconvenient. He recollected the French making them a present of 20,000 rations of bread. The supply of rice by the Commissariat was not sufficient; he had applied for a ration of four ounces per man, but only two ounces were given, and that did not always come. Compared with other armies, he thought the provisions were not bad; they had some advantages not always possessed by other armies before; but with their full command of the sea, their supplies might have been unlimited. There ought to have been no difficulty in conveying stores from the port to the camps. He did not always report these deficiencies to the Commander-in-Chief; it would have been like reporting that the sun was bright at noon day; they were well known to everybody in the army, from the General to the drummer. The clothing of the soldier might have been materially improved, considering all that science had done in the last forty years; but no light waterproof coats or sheets had been distributed.

Mr. Dundas, M.P., recalled, referred to the state of the sick on board the Timor, the steamer in which witness came from Balaklava to Scutari. There were 299 sick soldiers on board, for whom no preparation had been made. They were laid on the bare deck, with only their greatcoats or one or two blankets, and their knapsacks for their pillows. There were only three medical men on board, and two of them became ill. The air between decks was very offensive, and aggravated the diseases. On arriving at Scutari it was seven days before all the men could be landed. Had there been hospital accommodation they might have been landed in one day. In all there were 33 deaths on the voyage. He had visited the hospitals at Scutari, and was disposed to give all credit to the medical men, but the work was too much for them. The attendance of orderlies was extremely bad; they were soldiers taken at random, often of indifferent character. An officer had heard one of them say it was a bad day when two orderlies did not get three bottles of port wine between them. He believed each medical man had to attend on 90 sick.

General Bentinck, Commander of the Brigade of Guards.—Could not attribute the sickness that occurred to any one specific cause. The natives of the country said that sickness always broke out at that time of year, and expressed surprise at our landing there. Out of 2,500, they lost 100 men. The wounded were collected on the field by working parties, and sent off to the ships in boats: the wounded were carried on stretchers. They were all taken off the ground by noon on the following day. There were six medical men attached to his brigade, but two were invalided. There was not a sufficient provision of medical men. The troops suffered more from hard work than from anything else. In general, the opinion of a medical man is not taken as to the fitness of a place for an encampment. The ordinary winter clothing was not sufficient for such a climate.

Mr. Stephen Owen, the only surviving officer of the *Resolute*, one of the vessels wrecked.—We could have landed our cargo during the time we were outside the harbour. The *Prince* could have entered the harbour; though she was nearly 3000 tons, and longer than the *Agamemnon*, she could have got in.

Captain Wrottesley, Royal Engineers.—The Commissariat ought not to be charged with the transport of the army; it was the chief cause of the inefficiency of the department. Three medical men were attached to his division after it left Scutari, and they were all very efficient men. There was great difficulty in getting forage before Sebastopol, on account of the receipts and vouchers required by the commissariat. Some of the receipts were sent back because they were signed half an inch too low down on the paper. He landed at Varna with 2,500 men, and from disease and death they were not more than 2,000 strong when they landed in the Crimea.

Dr. Vaux, surgeon of the Harbinger.—After disembarking the troops, he was sent with his ship to Constantinople for vegetables, and returned with a cargo which cost £2000. The cargo was not disposed of until four or five days after the arrival of the vessel. The cargo consisted of celery, cabbages, potatoes, and pumpkins, all of which on being landed were in a very bad state, so much so, indeed, that half of it was lost. He remembered the arrival of the Jason with horses. Those animals, however were in such a bad condition that they were only fit for the knackers. A supply of hay was brought out by the Lion steamer, but the major part of it was unfit for use. The clothing of the soldiers was filthy in the extreme, and very ragged. The vessel in which he was engaged took back to Scutari about 120 sick and wounded men, and they were in a very emaciated state. On the passage twenty-six men died. The vessel remained off Scutari eight or nine days before the sick were landed. During that time the men were only supplied with provisions three times. During those eight or nine days, four of the men died. While at Balaklava he was constantly on shore, and saw the burial-ground there. He considered it very badly adapted for the purpose. As many as eight bodies were interred in the same grave, and the effluvium arising therefrom was highly offensive and prejudicial to health. At Scutari there was no difficulty in landing the sick, and therefore no necessity existed for their being detained on board the *Harbinger* so long as eight or nine days. General Filder had charge of the commissariat department, and he sometimes went on board the *Harbinger*. He saw a large quantity of provisions and hay rotting in the harbour of Balaklava. The streets of that town were in a very filthy condition. Medicines were supplied to the sick on board once on his return home.

THE NEW POOR-LAW ORDER.

To the Guardians of the Poor of the several Unions named in the Schedules hereunto annexed; to the Clerk or Clerks to the Justices of the Petty Sessions held for the Division or Divisions in which the said several Unions are respectively situate; and to all others whom it may concern:—

Whereas by a General Order of the Poor-law Commissioners, bearing date the 24th day of July, 1847, and addressed to the guardians of the poor of the several Unions named in the First Schedule hereunto annexed, and by divers other orders, the dates whereof are respectively set forth in the Second Schedule hereunto annexed, addressed to the guardians of the poor of the several Unions therein named, certain regulations were made with reference to the qualification of medical officers, and their tenure of office.

And whereas, amongst other regulations in the said general order

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and in the said other orders, it is provided that every medical officer duly appointed shall, unless the period for which he is appointed be entered on the minutes of the guardians at the time of making such appointment, or be acknowledged in writing by such medical officer, continue in office until he may die, or resign, or become legally disqualified to hold such office, or be removed therefrom by the Poor-law Commissioners.

And whereas it is expedient that the said regulation should be rescinded in respect of medical officers to be appointed after the 25th day of March next.

Now therefore we, the Poor-law Board, in pursuance of the powers given in and by the statutes in that behalf made and provided, do hereby, with respect to the several Unions in the said schedules mentioned, and with respect to every medical officer to be appointed therein, after the 25th day of March next, rescind so much of the said general order, and of the said other orders as contains the provision above recited.

And we do further order and direct, with respect to every appointment of a medical officer to be made, after the said 25th day of March next, in any of the said Unions in the said schedules mentioned, as follows :—

ART. 1.—Every medical officer of a workhouse duly qualified according to the regulations of the Poor-law Board in force at the time of such appointment, and every district medical officer duly qualified as aforesaid, and residing within the district in which he is appointed to to act, shall hold his office untill he shall die, or resign, or be proved to be insane by evidence which the Poor-law Board shall deem sufficient, or become legally disqualified to hold such office, or be removed by the Poor-law Board.

ART. 2.—Provided always, that if it be impracticable, consistently with the proper attendance on the sick poor, for the guardians to procure a person so duly qualified and residing within the district in which he is to act, or if the only person or persons resident within such district, and so duly qualified, shall be deemed by the guardians to be unfit or incompetent to hold the office of medical officer, then and in such case the guardians shall cause a special minute to be made and entered on the usual record of their proceedings, stating the reasons which in their opinion make it necessary to employ a person not so duly qualified or not so residing within the district in which he is to act, and shall forthwith transmit a copy of such minute to the Poor-law Board for their consideration, and the Poor-law Board may, for such time as they may approve, consent to the employment by such guardians of any person duly licensed to practise as a medical man, although such person be not so duly qualified or not so residing in the district in which he is to act as such medical officer.

ART. 3.—Provided also that nothing herein contained shall prevent the guardians, in any case of emergency, or under any special circumstances, from appointing one or more medical officers to act temporarily for such time and upon such terms as the Poor-law Board shall approve.

Poor-law Board, Whitehall, 15th February, 1855.

SIR,—I am directed by the Poor-law Board to remind the guardians that in the last session of Parliament a select committee was appointed by the House of Commons "to inquire into the mode in which medical relief is now administered in the different Unions in England and Wales." The committee, after a careful investigation, adopted by a very large majority the following resolution, which they subsequently reported to the House :—

"Your committee recommend that every medical officer to be appointed after the 25th of March 1855, should continue in office until he may die, resign, or become legally disqualified to hold such office, or be removed therefrom by the Poor-law Board."

With a view of giving effect to this resolution, the Poor-law Board have thought it their duty to issue the accompanying order. The guardians will see that it has the effect of placing the Union medical officer, with regard to the tenure of his office, upon exactly the same footing as that upon which every other Union officer is already placed; an arrangement so natural in itself, that it has for some years past been adopted voluntarily in more than half the Unions throughout the country, not only without practical inconvenience, but, as the Board believe, with real advantage to the administration of the Poor-law in those Unions. The Board direct me to express their confident hope that in the Unions where a different arrangement has hitherto prevailed, the effect of the new order will be found equally satisfactory.

I am, Sir, your obedient servant,
COURTENAY, Secretary.

The Clerk to the Guardians.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners, on the 2nd inst. :—Messrs.

ALDERSEY, WILLIAM HUGH, Puckeridge, Herts.
DALLAS, ALEXANDER MORISON, Kingston, Jamaica.
DEW, HENRY ROBBINS, Army.
EDSALL, HORATIO, Army.
HORNER, THOMAS, De Beauvoir-square, Kingsland.
HUSBAND, JOHN BAKE, Army.
MARSTON, CHARLES HENRY, Kentish Town.
MORRIS, MATTHEW, New Zealand.
ORMEROD, WILLIAM, Portland-square, Bristol.
PICKEN, SAMUEL, Army.
POWELL, ROBERT GEORGE, Liverpool, and
SHIPTON, JOHN NOBLE, Army.

The following gentlemen were admitted members on the 6th inst. :—Messrs.

ALLINGHAM, WILLIAM, London.
BADER, CHARLES, Bunhill-row, Finsbury-square.
BALY, GEORGE, Army.
HEWARD, JOHN MITCHELL, Army.
KIALLMARK, HENRY WALTER, Army.
LUMSDEN, CHARLES GEORGE, Army.
NEWSAM, THOMAS HENRY, Leeds.
TUCKER, THOMAS JOHN, Salisbury.
TURNER, ROBERT, Army.
TURTLE, FREDERICK, Manchester, and
WATTS, JOSEPH, Army.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 1st March, 1855 :—

ARNOLD, RICHARD, Dawlish, Devon.
BOULTON, WILLIAM WHYTEHEAD, Beverley, Yorkshire.
FAWCUS, JAMES, North Shields.
GRANT, ALEXANDER, Aberdeen.
HARVEY, JOSEPH, Sutcliff.
LAW, THOMAS CHARLES, Accrington, Lancashire.

APPOINTMENT.

ROYAL COLLEGE OF SURGEONS.—Dr. Henry R. Silvester has been appointed to the Studentship of Human and Comparative Anatomy at the Royal College of Surgeons.

DEATHS.

AVERY.—March 5, at Queen-street, Mayfair, John Avery, Esq., Surgeon, aged 48. F.R.C.S. (nominated) 1843; M.R.C.S.E. 1829; M.D. Paris, 1831; Surgeon to the Charing Cross Hospital; inventor of an apparatus for exploring the internal cavities of the body, which gained the silver medal of the Society of Arts; ex-Surgeon Major 5th Polish Ambulance. Contributor of paper—"Illustrations of the Successful Treatment of Cleft Palate by the Division of the Levator Palati and Palato-pharingens Muscles."

BLACK.—Feb. 19, after a short illness, greatly esteemed and respected, George Thomas Black, Esq., Surgeon, Clare-street, Bristol.

BERWICK.—February 27, at Liberty Elie, Fife, John Fleming Berwick, Esq., M.D., aged 42.

CAMPBELL.—Feb. 26, at Woolwich, Edward Willis Campbell, Esq., Assistant-Surgeon Royal Artillery, in his 24th year.

GRABHAM.—Feb. 16, at Scutari, of malignant fever, contracted in the zealous discharge of his duties in the General Hospital, John Grabham, Esq., B.A., Assistant-Surgeon 71st Regiment of Foot, aged 24.

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LAMONT.—Jan. 5, before Sebastopol, of fever, in his 23rd year, James Lamont, M.D., 41st Regiment.

LEWIS.—Feb. 18, George Lewis, Esq., Surgeon, Wrexham, North Wales, aged 65. M.R.C.S.E. 1812; Senior-Surgeon to the Wrexham Infirmary and Dispensary. Mr. Lewis had been engaged in the active duties of the profession for more than forty years.

MACKLIN.—Feb. 25, at Buntingford, George James Macklin, Esq., Surgeon, in his 37th year. M.R.C.S.E. and L.S.A. 1845; Medical Officer to the Buntingford Union and Union-house.

MARSHALL.—Feb. 10, at the Hospital, at Kululee, to which place he had been invalided from the Crimea, Staff-Surgeon, first-class, John Marshall, Esq., Senior Medical Officer in charge of the Second Division of the British Army before Sebastopol.

STANHOPE, EARL OF.—On Saturday, the 3rd of March, at his residence, Chevening, near Sevenoaks, Kent, the Right Hon. Lord Stanhope, fourth President of the Royal Medico-Botanical Society of London, aged 74. His father caused his children to be taught trades or professions, so that whatever social changes might take place, his offspring might be able to maintain themselves. The late earl, it is said, was apprenticed to a surgeon-apothecary in Canterbury, and it is probable that to this circumstance may be attributed the great interest he, for many years of his life, manifested in the progress of medicine, as a science and an art. He succeeded Sir James M'Grigor, the late Director-General of the Army Medical Board, as President of the Royal Medico-Botanical Society, and in that capacity delivered several annual orations, consisting chiefly of a review of the doings of the society during the previous year, and of the papers read at the meetings. The society, although rejoicing in an extensive patronage by the royalty and aristocracy of Great Britain, ultimately ceased to exist. During the later portion of his life, Earl Stanhope lent his energies to the support and propagation of the mesmeric delusion, and was, we believe, one of the vice-presidents of the mesmeric infirmary.

ROYAL INSTITUTION OF GREAT BRITAIN.—At the General Monthly Meeting, held March 5, Frederick Pollock, Esq., M.A., Vice-President, in the Chair, the following were *elected* Members:—

J. RICHARD ANDREWS.
JOHN BAILY, Esq., Q.C.
CHARLES BEEVOR, Esq., F.R.C.S.
HENRY BRADBURY, Esq.
HENRY NEWNHAM DAVIS, Esq.
JOHN DICKINSON, Esq., F.R.S. and G.S.
JOHN VIRET GOOCH, Esq., F.S.A.
Rev. GEORGE DALGARNO HILL, M.A.
EDWARD JAMES, Esq., Q.C.
ROBERT LEE, M.D., F.R.S.
WALTER M'GRIGOR, Esq.
LEOPOLD REDPATH, Esq.

and the following were *admitted* Members:—

G. J. LYONS,
E. MACRORY, and
J. W. WEBB, Esqs.

The Secretary reported, that the following arrangements had been made for the Lectures after Easter:—

Eight Lectures on Voltaic Electricity, by Professor TYNDALL.
Eight Lectures on Christian Art, by G. SCHARF, Esq., jun.
Eight Lectures on Electro-Physiology, by Dr. DU BOIS-REYMOND.

TESTIMONIAL.—Wm. Coates, Esq., M.D., on occasion of relinquishing his practice at Wrington, Somerset, has been presented with a set of three richly chased silver salvers, in testimony of his patients' "warm personal regard, and regret at the loss of the benefit of his Professional skill." On Wednesday, Captain Valpy, R.N., of Combe Lodge, Blagdon, on behalf of himself and other donors, several of whom were present as a deputation, presented him with the large and small salvers, with a most gratifying address, to which Dr. Coates responded with much feeling.

THE CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.—The anniversary festival of this hospital was held on Wednesday last, at the London Tavern. His Excellency the Earl of Carlisle, Lord Lieutenant of Ireland, presided, and was supported by a large and influential company. The Hospital is just complete, and is to be opened immediately. The Chairman announced during the evening, that it was the intention of H.R.H. Prince Albert (who laid the first stone) to pay a private visit of inspection, prior to its being opened. We understand that the arrangements of the house have been made very perfect, more especially as it regards the apparatus for warming and ventilating. In consequence of the liberal scale on which all matters concerning the welfare of the patients have been treated, the Institution will, we regret to say, open under considerable pecuniary liabilities. It is proposed, in order to meet these, that a sum of £10,000 be raised in contributions of £100 each; and already 2,000 have been thus subscribed. Exclusive of this sum, which is given provisionally, the amount announced as collected at the dinner was £1,600. The management of the festival did great credit to the stewards. The dinner—the speeches, and the music, were all excellent.

PUBLIC HEALTH AND NUISANCE REMOVAL BILLS.—The Select Committee on these bills, introduced by Sir Benjamin Hall, sat on Thursday. Sir Benjamin Hall in the chair.

A number of witnesses were examined, consisting of manufacturers in various trades at Manchester affected by the provisions of the proposed bills. Much alarm and great dissatisfaction appear to have been excited amongst manufacturers by the stringent provisions of the proposed measures.

MEDICAL STAFF OF THE SMYRNA HOSPITAL.—The following is an official list; several of the gentlemen have, however, not as yet left England:—

Medical Superintendent.	John Meyer, M.D.
Physicians.	Arthur Leared, M.D.
	John Barclay, M.D.
	Septimus Gibbon, M.D.
Surgeons.	T. Spencer Wells.
	Holmes Coote.
	J. Cawood Wordsworth.
	—— M'Leod.
	Carston Holthouse.
Assistant-Physicians.	Charles T. Coote, M.D.
	Robert Martin, M.D.
	Barnes Wood, M.D.
	William Henry Cullen, M.D.
	Richard Wilkinson, M.D.
	George Rolleston, M.D.
Assistant-Surgeons.	John Falconer.
	John Whittaker Hulke.
	John Fremlyn Streatfield.
	Edmund Atkinson.
	—— Eddowes.
	Thomas King Hornidge.
	Robert M'Donnell.
	Edward John Complin.
	James Henry Lakin.
	John L. Jardine.
Resident Medical Officer.	Henry Ranke, M.D.
Secretary.	Charles Goolden, M.A.
Head Dispenser.	William T. Fewtrell.
Dispensers.	Alfred Court Trotman.
	Alfred Parry James.
	James Edmonds.
Civil Engineer.	John Brunton.

PROCURING ABORTION.—At the Leicester Assizes, on the 6th inst., Cornelius Asher was tried upon a charge of employing means to procure the miscarriage of one Elizabeth Fletcher, who died in consequence of the internal injuries inflicted upon her by the means resorted to by the prisoner. The deceased was a married woman, whose husband was absent in America, and had been so for about two years. She was to join him there in the month of April; and, finding that she was in the family-way, in January last, she applied to the prisoner, who was a herb doctor, to relieve her from the difficulty in which she was placed, by procuring abortion. The offence was clearly proved, and the prisoner found guilty. Sentence: fourteen years' transportation.

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COMPARATIVE INFLUENCE ON LIFE OF CHOLERA AND COLD WEATHER.—The deaths in the last seven weeks have exceeded the average by 2,288. The cholera in six weeks of 1854 was four times as fatal as the cold in 1855; and although its fatality increased as age advanced, it will be found to have followed a different law, as exemplified in the following table:—

AGES.	1854 (Cholera). Excess of Deaths in 6 weeks when Cholera was at its height.	1854 (Cholera). Deaths by Cholera to 100,000 living at each Age.	1855 (Cold). Excess of Deaths by Cold in 6 weeks.	1855 (Cold). Deaths by Cold to 100,000 living at each Age.
All Ages ..	8221	327	1968	77
0 to 20....	3320	322	419	40
20 to 40....	2142	241	200	22
40 to 60....	1743	393	392	87
60 to 80....	929	645	752	512
80& upwards	87	897	205	2073

DEATHS IN PUBLIC INSTITUTIONS for the Week ending March 3:—

	Males.	Females.	Total.
Workhouses	113	131	244
Prisons	..	..	..
Military and Naval Asylums ..	11	..	11
General Hospitals	24	18	42
Hospitals for Special Diseases ..	3	3	6
Lying-in Hospitals	1	1	2
Military and Naval Hospitals ..	16	..	16
Hospitals for Foreigners, etc. ..	2	1	3
Lunatic Asylums	3	6	9
Total	173	160	333

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, March 3, 1855.*

CAUSES OF DEATH.	In the week ending Saturday, March 3, 1855. Deaths of Persons. AT ALL AGES. Mean Temp.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	40·8						40·4
ALL CAUSES	1560	638	199	261	362	78	1093·7
SPECIFIED CAUSES	1536	638	199	261	360	78	1086·9
DISEASES:—							
1. Zymotic Class	263	207	22	18	14	2	203·1
2. Dropsy, Cancer, and others of uncertain seat	43	5	8	10	18	2	49·3
3. Tubercular Class	234	91	77	53	12	1	181·9
4. Of Brain, Nerves, etc. ..	151	55	17	24	49	6	129·5
5. Of Heart, etc.	63	6	11	19	26	1	41·5
6. Of Respiratory Organs ..	433	141	36	99	143	14	250·3
7. Of Digestive Organs ..	83	33	11	18	20	1	63·6
8. Of Kidneys, etc.	18	1	4	7	4	2	13·1
9. Of Uterus; viz. — Puerperal Disease, etc. ..	10	1	4	4	..	1	9·5
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	7	3	1	2	1	..	7·7
11. Of Skin, etc.	3	2	..	..	1	..	1·7
12. Malformations	1	1	..	..	..	..	3·2
13. Debility from Premature Birth, etc.	34	34	..	..	..	..	25·4
14. Atrophy	50	37	..	1	12	..	25·0
15. Age	92	..	..	..	45	47	58·3
16. Sudden	11	4	1	2	4	..	0·6
17. Violence, Privation, etc...	40	17	7	4	11	1	29·2

THE SMYRNA HOSPITAL.—The *Times* of the 6th states that from advices received from Smyrna, 1,000 English sick had arrived at the Hospital there established. If this be so, the evils of over-crowding are to be reproduced there also, since the arrangements have been made for the reception of a considerably smaller number.

WEST INDIES.—A few deaths from yellow fever are reported at St. Thomas's, but they occurred principally among the shipping.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	3	1	4	18	4	4
North	490,396	7	1	11	12	4	2
Central ..	393,256	0	3	5	6	3	7
East.....	485,522	4	10	8	13	5	11
South	616,635	3	8	8	22	16	13
Total..	2,362,236	17	23	36	71	32	37

BIRTHS.—The births of 838 boys, and 888 girls, 1726 children, were registered; average, 1551.

THE ROYAL MEDICAL COLLEGE.—The "Bill" for incorporating this much-needed institution, was read a second time on Monday night, in the House of Commons, preparatory to its doors being thrown open (by Royalty it is hoped) in June next, for twenty pensioners and one hundred scholars. At the festival, on the 28th ult., the Treasurer read to the meeting the following letters, which produced the most enthusiastic applause:—"Buckingham Palace, Feb. 27th, 1855.—Dear Sir,—I have had the honour to submit to Her Majesty the Queen, the purport of the conversation which I had with you this morning, with respect to the Medical Benevelent College, and I have the pleasure to inform you that Her Majesty has been pleased to grant her patronage to the College, and to approve of the alteration of its designation, to that of the Royal Medical College (cheers). Yours truly, C. B. PHIPPS."—"To John Propert, Esq."—"23, Ely Place, 24th Feb., 1855.—Dear Sir,—"I am sorry to inform you that my lamented friend Ralph Howitt, Esq., departed this life on the 14th inst., at Ventnor, but you will pleased to hear that he has remembered the Medical Benevolent College in his will, and has left that charity a legacy of £500. Sir F. Thesiger, myself, and Mr. Hood are the executors, and the will will be proved in due time. I have the honour to be, dear sir, faithfully yours, Charles Hyde." "To John Propert, Esq." Also, one from Dr. Samuel Taylor Chadwick, of Bolton-le-moors, in which he says:—"With my best wishes for the success of the undertaking, and in proof of my sincerity, I beg to forward you the sum of one hundred pounds."

BALAKLAVA, Feb. 17.—Fine and temperate. Thermometer 46°. Nearly all the regiments are now fully provided with hospital huts.

BOOKS RECEIVED.

The Government Regulations respecting the Appointments to the Civil Service of the East India Company. Stamford.

The Veterinarian. No. 3. Fourth Series.

Chemistry, Practical, Theoretical, and Analytical, as applied to the Arts and Manufactures. Part XIII. By Dr. Sheridan Muspratt.

The Micrographic Dictionary. Part VIII. By J. W. Griffith, M.D., and Arthur Henfrey, F.R.S.

The Ferns of Great Britain (Illustrated). By John E. Sowerby, with Descriptions, etc., by Charles Johnson, Lecturer on Botany at Guy's Hospital. Pp. 84. London: John E. Sowerby.

Brodhurst on Lateral Curvature of the Spine (Illustrated). Pp. 67. London: John Churchill.

TO CORRESPONDENTS.

One who dislikes Jobs.—1. It is not true, as a contemporary states, that the wife of one of the medical men gone to Smyrna is to act as matron, with a salary of £300 per annum. We believe the matron is a lady in nowise related to any of the medical staff. 2. Our contemporary has been misinformed as to the size of the Hospital at Smyrna. It is calculated to contain 850 beds, and not 1200.

An Army Surgeon.—Sir George Ballingall's letter was addressed to the Secretary-at-War, and is dated Dec. 30, 1854. The main proposals advocated are—1. Compulsory attendance on a course of Lectures on Military Surgery, Military Hygiene, and Tropical Disease. 2nd. That by an increase in retiring pension, the retirement of those long in service

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should be encouraged, and thus room made for the promotion of younger men. 3rd. That those temporarily on half-pay should, in case of being called to service, have the alternative presented them of either resuming duty or reverting to the half-pay of an inferior grade, *i.e.*, to that of assistant-surgeons, if surgeons. Thus the half-pay of each superior rank would fall to be looked upon as a retaining fee, and the half-pay of the rank immediately below as a reward for past services. 4th. That the amount of retiring pay allowed for short periods of service should be very small, so as to make it to the advantage of assistant-surgeons to remain until promoted. Sir George is naturally very anxious to secure the retirement of all "superannuated surgeons," and to induce the efficient to remain, and in this direction the reforms he proposes would undoubtedly tend; they are not, however, nearly so comprehensive as is desirable.

Dr. Wray.—Many thanks for your information.

Inquirer will find his question answered in our Hospital Reports for this week, page .

Medicus.—The "Bristol Mirror" has not come to hand.

Knife Swallowing.—We have received from several quarters answers to the question put by "R. C." in our last; among others, from Dr. Wilkes, Guy's Hospital, and Mr. Wood, of Gloucester. The details of the case alluded to may be found at page 53 of Vol. xii. of the Medico-Chirurgical Transactions. They are given by Dr. Marcet, and not by Sir Astley Cooper himself. The knives, the injured parts, and the manuscript narrative of the case, in the patient's own writing, are preserved in the Museum of Guy's Hospital. Our correspondent may find another case of knife swallowing, (that of Dempster, the juggler,) given in a pamphlet by Mr. Hadfield, which is in the Library of the College of Surgeons. A third case, that of Don John Antonio de Aranda, was recorded by Le Dran.

An Assistant-Surgeon.—The peculiarity of "Mr. Wormald's prostate catheter" consists in its being flattened laterally for a few inches at its extremity. It was supposed that, as in cases of enlarged prostate, the urethra becomes so much increased in depth, while its sides are pushed together,—a flat instrument would just meet the difficulty. The real obstacle in enlarged prostate is not, however, the smallness of the canal in any of its diameters, but the projection of the third lobe. The urethra is, take it altogether, always much larger than natural, and although the opposed sides of the prostate may often bulge until they touch, yet they are not sufficiently unyielding to oppose any serious obstacle. Mr. Wormald's instrument, although ingenious, is, we think, made to obviate a difficulty which is only imaginary.

Dr. M.—1. Yes. 2. Exactly so.

One who wishes to know the Truth.—Nothing is easier than to bring general accusations. "Notorious incapacity," "the upholder of a system of terrorism," are words not difficult to write. Englishmen hate injustice; and if anonymous and vague, but most injurious charges, are to be circulated, let us have the facts on which they are based. If such are forthcoming, no wish to spare the feelings or to shield the character of a professional brother, shall induce us to withhold the reprobation due to failure in the performance of duty. That such can be produced we do not however believe. Dr. Andrew Smith is not among those who have avoided inquiry. For months past his one demand has been, "let there be an investigation." That investigation will now take place, and we trust it will be searching. Its result, we doubt not, will be to show that on all the subjects concerning which the public is now so justly indignant, recommendations without number were made and strenuously urged by Dr. Smith, and prevented only from achieving success by the interference of others—by the penny-wise and pound-foolish system under which the war has been conducted.

M.D.—Write to the Peninsular and Oriental Steam Ships Company, Southampton.

Mr. Holl.—Thanks.

Dr. Handfield Jones' Communication on the Curative Treatment of Chronic Bright's Disease shall appear as early as possible.

Investigator's letter shall be published next week.

Dr. Black's Abstract of the Croonian Lectures delivered before the College of Physicians is in the hands of the printer.

Mr. Williams.—We will make inquiries.

Mr. Fisher, Dartington.—The information furnished shall be employed. The newspaper has not reached us.

Dr. McRae, A Subscriber and Constant Reader, Dr. McLeod, Medicus Navalis.—Your inquiries shall receive attention.

M.B. shall receive an answer next week.

THE HOSPITAL AT EUPATORIA.

[To the Editor of the Medical Times and Gazette.]

SIR,—During the last ten days I have received numerous applications for appointments in connexion with the hospital at Eupatoria, from gentlemen who have understood that the duty of Superintendent has been committed to my charge. This has arisen from the fact, which I have Dr. Andrew Smith's authority for stating, that a namesake of mine, "Mr. Fuller, of the Hon. East India Company's service, has been appointed Inspector of Hospitals to the Turkish army at Eupatoria." As the misconception which has thus occurred is not only calculated to do me harm, by leading to the belief that I am about to leave England, but is likely to cause trouble and disappointment, as it has already, to many who may be induced to call on me or to write to me on the subject, I trust you will kindly give insertion to this note in your next number.

I am, Sir, your obedient servant,
HENRY WM. FULLER, M.D.

18, Manchester Square, March 8th, 1855.

Owing to press of matter this week the following, which are already in type, are delayed:—The first of Dr Parkes's Gulstonian Lectures—A Paper by Mr. Chapman on the treatment of Varix—Abstract of Sir B. Hall's Sanitary Bill—The Medical Society of London Anniversary, etc.

COMMUNICATIONS have been received from—

Mr. CURLING; Dr. WRAY; INQUIRER; MEDICUS; Mr. ALLEN, St. Bartholomew's Hospital; Mr. HAYNES WALTON; Mr. FERNIE, Winchester; Dr. RUTHERFORD RUSSELL; Mr. TINSLEY, the Sheffield General Infirmary (with enclosure); Dr. BLACK; Dr. ROULSTON, the Leeds Infirmary (with enclosure); A SUBSCRIBER OF LONG STANDING; Mr WOOD, Gloucester; Mr. ARNOLD, Guy's Hospital; Dr. H. R. (with enclosure); MEDICUS; Mr. RIVERS; Mr. PALEY, the York County Hospital; Dr. GREENHOW; Mr. GUTHRIE; Dr. McRAE, Carlisle; Mr. COULCHER, West Norfolk and Lynn Hospital; Mr. WILLIAMS, Reading; Dr. LAMBERT, Hull; Mr. CLARKE, Bodmin, Cornwall; An ASSISTANT-SURGEON; ONE WHO WISHES TO KNOW THE TRUTH; Dr. M.; The SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; Dr. WILKS, Guy's Hospital; JOHN DIX, the Derby Hospital; MEDICUS NAVALIS; Mr. HOLL; Dr. KAHN; Mr. NELHAM; Mr. LAWRENCE (with enclosure); Mr. CORNER (with enclosure); Mr GAY; Mr. J. ZACHARIAH LAWRENCE (with enclosure); Dr. HANDFIELD JONES; M.D., London; CLERICUS; Mr. GIBBONS, Guy's Hospital (with enclosure); M.D. and L. R. C. P.; INVESTIGATOR; A NORFOLK JUNIOR SURGEON; Mr. PIPER, Darlington; Dr. FULLER; Mr DUFFIN, King's College; Dr. McLEOD, Ben Rhydding; Mr. WILLIAMS; A SUBSCRIBER AND CONSTANT READER; Mr. SLATER.

APPOINTMENTS FOR THE WEEK.

MARCH.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
10. SATURDAY....	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	MEDICAL SOCIETY OF LONDON, 8 p.m. ROYAL INSTITUTION, 3 p.m.: Dr. J. H. Gladstone, "On the Principles of Chemistry." ROYAL BOTANIC SOCIETY, 3½ p.m. PATHOLOGICAL SOCIETY OF DUBLIN, 4 p.m.
12. MONDAY.....		MEDICAL SOCIETY OF LONDON, Physiological Section, 8 p.m.
13. TUESDAY	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at Guy's, 1 p.m.	ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. ROYAL INSTITUTION, 3 p.m.: Professor Tyndall, "On Electricity." ZOOLOGICAL SOCIETY, 9 p.m.
14. WEDNESDAY..	Lectures on Materia Medica at the Royal College of Physicians, 4 p.m.: Dr. Bence Jones, "On Electricity as a Means of Diagnosis and Treatment." Operations at University College Hospital, 2 p.m.; Mr. Quain on his visiting days); St. Mary's, 1 p.m.	HUNTERIAN SOCIETY, 8 p.m.: Mr. Critchett, "On Strabismus, with a New Method of Operating." NORTH LONDON MEDICAL SOCIETY, 7½ p.m. ROYAL SOCIETY OF LITERATURE, 8½ p.m. ETHNOLOGICAL SOCIETY, 8½ p.m.
15. THURSDAY....	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	HARVEIAN SOCIETY, 8 p.m.: Dr. Haro, "On the Pathology and Treatment of Chorea." ROYAL SOCIETY, 8½ p.m. ROYAL INSTITUTION, 3 p.m.: Mr. Donne, "On English Literature." STATISTICAL SOCIETY, 8 p.m.: Anniversary.
16. FRIDAY	Lectures on Materia Medica at the Royal College of Physicians, 4 p.m.: Dr. Bence Jones, "On Electricity as a Means of Diagnosis and Treatment." Operations at the London, 1½: Moorfields Ophthalmic 10 a.m.; Westminster Ophthalmic, 1½ p.m.	WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m. ROYAL INSTITUTION, 3 p.m.: Dr. Wm. Odling, "On the Chemistry of the Hydro-carbons."

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ROYAL MEDICAL BENEVOLENT COLLEGE.

OFFICE, 37, SOHO-SQUARE.

President.

THE RIGHT HONOURABLE THE EARL MANVERS.

Trustees.

JAMES ARTHUR WILSON, M.D. | WILLIAM FERGUSSON, Esq., F.R.S. | BENJAMIN PHILLIPS, Esq.. F.R.S.
ROBERT LEE, F.R.S. | JOHN BACOT, Esq.

Treasurer.

JOHN PROPERT, Esq., 6, New Cavendish-street.

The Council of the ROYAL MEDICAL COLLEGE have infinite satisfaction in announcing the following List of liberal DONATIONS and SUBSCRIPTIONS collected at the Third Anniversary of the Institution, held on the 28th ult., under the Presidency of THE RIGHT HONOURABLE THE EARL OF CARLISLE. The Council, in recording their warm acknowledgment to the different benefactors, take the opportunity of assuring the Profession and the non-Medical friends of the College, that no effort on their part will be wanting to secure the early opening of the Pensioners' residences and the School; at the same time they are obliged to remind their friends that unremitting exertions on their part will also be required to ensure complete success, and to realize the full benefits of the Institution to the unfortunate members of the Profession for whom it is intended. The number of applicants for admission already far exceeds the number of vacancies, and several thousand pounds are still wanting to discharge the expenses that have yet necessarily to be incurred.

	£	s.	d.
AMOUNT PREVIOUSLY ADVERTISED	25,700	0	0
THE RIGHT HONOURABLE THE EARL MANVERS (FIFTH DONATION)	21	0	0
THE RIGHT HONOURABLE THE EARL OF CARLISLE, K.G., F.R.S.	15	0	0
BEQUEST OF THE LATE RALPH HOWITT, Esq., LINCOLN	500	0	0
REV. EDWARD PENNY, GREAT MOUGHAM RECTORY, NEAR DEAL	1	0	0
SAMUEL TAYLOR CHADWICK, M.D., BOLTON-LE-MOORS	100	0	0

	£	s.	d.
Alliston, George, Esq., Warneford-court	5	5	0
Allarton, G., Esq., Kirkdale, Upper Sydenham ... ... annual	1	1	0
A Widow's Mite, per Dr. Duke, Rugby	0	10	0
A Friend, Cambridge, per Rev. T. F. Salmon	0	10	0
Two Patients, per Charles Higham, Esq.	2	0	0
Astell, John Harvey, Esq., East India House	5	0	0
A Thank Offering, per H. Tracey, Esq., Dartford	5	0	0
Audland, John, Esq., Tintern, Chepstow... ... ... annual	0	10	6
A Friend, per Dr. N. Grant	1	0	0
Baxendale, J., Esq., Woodside, Whetstone ... ... 2nd donation	52	10	0
Boughton, J. H., Esq, Louth, per W. Blathwayt, Esq. ... ... annual	1	1	0
Blundell, Miss, Ormskirk, per Dr. Dickinson ... ... annual	2	2	0
Brooker, Miss, Tubbendens, Farnborough, per Dr. Price ... annual	1	1	0
Bond, E T., Esq , Stoke Newington, an.	1	1	0
Bosthby, Rev. Evelyn, Whitwell, Derby, per G. Fincham ... ... annual	1	1	0
Burlton, Thos. Esq., Leominster ...	12	0	0
Burton, K., Esq., Wainfleet annual	1	1	0
Bryam, J., M.D., Northampton, annual	1	1	0
Bryant, Walter G., Esq., Bathurst-st., Hyde park	10	10	0
Bedwell, Jas. R., Esq., Northleach an.	1	1	0
Beckett, Thomas, Esq., Russell-place, 2nd donation	10	0	0
Beck, T. Bateman, Esq., Needham Market	1	1	0
Burt, George, Esq., Crescent-place, New Bridge-street ... ... annual	1	1	0
Bentley. James, Esq., late Treasurer of St. Bartholomew's Hospital, 2nd don.	10	10	0
Bateman, Hugh, Esq., Bath, per R. W. Brown, Esq.	2	2	0
Bartlett, Wm., Esq., Ladbroke Lodge, Notting-hill ... ... annual	1	1	0
Blackburne, Rev. T., Bygrove, near Baldock ... ... annual	1	1	0
Bloxham, Chas. H., Esq., Hales Owen annual	1	1	0
Birkett, J., Esq., Wellington-street, Southwark ... ... annual	1	1	0
Bradon, Charles, Esq., Upton-on Severn, per Dr. Davis, Pershore annual	1	1	0
Burnaby, Miss, Leicester ... annual	1	1	0
Cathrow, Wm., Esq., Weymouth-street, 2nd donation	5	5	0
Clifton, Nathl., Esq., Islington, 5th don.	5	5	0
Clark, Willington, Esq., Sutton, annual	1	1	0
Clark, Mrs. W., Sutton ... annual	1	1	0
Church, James, Esq., Church-street, Sittingbourne ... ... annual	1	1	0
Cattlin, Wm. N., Esq., Sebbon's Buildings, Islington, per N. H. Clifton, Esq. ... ... 2nd donation	8	6	0
Chitty, A., Esq., Were, Wilts, per J. W. Eastment, Esq. ... ... annual	1	1	0
Corbould, Henry H., Esq., Barnsbury-pl., Islington, per J. Roberts, Esq. ann.	1	1	0
Christopher, J. C., Esq., York-street, Portman-square	10	10	0
Cotton, John, Esq., Westbourne-terrace, 2nd donation	10	10	0
Callaway, Thos., Esq., Willington-street, Southwark ... ... 2nd donation	5	5	0
Cooke, C. T., Esq., Cheltenham annual	1	1	0
Crossley, H. E., M.D., Ewbank House, Accrington	1	1	0
Davies, Mrs. Albert, Havant	5	5	0
Day, Dr., Acton, per J. Goodchild, Esq.	1	1	0
Day, Horatio, Esq., Isleworth 3rd don.	1	1	0
Daniell, Miss, Newport Pagnel annual	1	1	0
Dudding, John, Esq., Lincoln annual	1	1	0
Deakin, Henry, Esq., Curtain-road ann.	1	1	0
Donald, J. R., Esq., Paradise-terrace, Holloway	1	1	0
Doxat, Miss, Leyton, per Dr. N. Grant	5	5	0
Dixon, James, Esq., Green-street, Grosvenor-square ... ... annual	1	1	0
Elsdale, Robinson, Esq., Moulton, Northampton ... ... annual	1	1	0
Engledue, W. C., Esq., Southsea ...	10	10	0
Ellis, R. S , Esq , Swavesay, Hunts, ann.	1	1	0
Ewer, Walter, Esq., Portland-place ...	5	5	0
Ditto ... ... annual	1	1	0
Evans, E , Esq., Chester, collected by ...	1	2	6
Evershed, T. E., Esq., Billingshurst ...	1	1	0
Ellis, Dr., Howland-street ... annual	1	1	0
Fletcher, Dr. Bell, Birmingham, per O. Pemberton, Esq. ... ... annual	1	1	0
Freeman, Mrs. Sarah, per Grove Berry, Esq., Harrowgate	10	10	0
Fletcher, Captain, Chertsey ... annual	1	1	0
Freer and Son, Messrs., Stowbridge, ann.	1	10	0
Farre, Arthur, M.D., Hertford-street, Mayfair	5	5	0
Forster, John Cooper, Esq., Wellington-street, Southwark ... 2nd donation	8	8	0
Goolden, Francis, Esq., Maidenhead, annual	1	1	0
Guthrie, D. C., Esq., Portland place ...	2	2	0
Gull, W. W., M.D., Finsbury square ...	10	10	0
Giles, Henry, Esq., Coggleshall, Essex, annual	1	1	0
Goodchild, Mrs., senr., Ealing, collected on Card	2	15	0
Greenwood, T., Esq., Horsleydown lane, annual	1	1	0
Holding, Chas., Esq., New Bridge street 3rd donation	5	5	0
Hawkins, Cæsar, Esq., Grosvenor street	10	10	0
Howitt, Thos., Esq., Lancaster, 2nd don.	1	1	0
Hunt, F. B., M.D., Farningham, annual	1	1	0
Hoare, W. P., Esq., Faversham, per E. Garraway, Esq. ... ... annual	1	1	0
Higham, Chas., Esq., Davies street, Berkeley-square ... 2nd donation	5	0	0
Harvey, Richard S., Esq., Lincoln ...	10	10	0
Hammond, George, Esq., Lithlingbard, annual	1	1	0
Hogg, Jabez, Esq., Gower street, 3rd don.	1	1	0
Hassell, Richard, M.D., Richmond green, per F. Chapman, Esq , annual	1	1	0
Hunter, John, Esq., Stamford hill, 2nd donation	5	5	0
Halford, E., Esq., Hammersmith ann.	3	3	0
Headland, Fredk., M.D., Guildford st.	10	10	0
Hamer, Miss, College-crescent, Finchley road, per C. F. Lord, Esq. ...2nd don.	1	1	0
Harvey, John, junr., Esq., Haverford-west, per J. L. Noot, Esq. ... annual	1	1	0
Hildyard, J. G., Esq., Louth, per W. Blathwayt, Esq. ... ... annual	1	1	0
Hemming, J. H., Esq., Kimbolton, per L. Newton, Esq. ... ... annual	1	1	0
Harris, Miss H. J., Penkilly, per J. Brown, Esq.	0	5	0
Hancock, Mrs., Harley street	5	5	0
Hewitt, Wm., Esq., Radnor place, Gloucester square ... ... annual	1	1	0
Hollis, Wm., Esq., Northampton, per W. M. Hewitt, Esq. ... annual	1	1	0
Hood, Peter, Esq., Lower Seymour st. 2nd donation	5	5	0
Ingle, Matthew, Esq., Ashby de la Zouch, per S. Thomson, Esq. ... annual	1	1	0
Jerrard, J. C., Esq., Honiton annual	1	1	0
Jackson, Matthew, Esq., Market Weighton ... ... annual	1	1	0
Johnson, J. E., Esq., Bridewell Hospital	10	10	0
Johnson, J. S., Esq., Croydon, per G. Bottomley, Esq. ... ... annual	1	1	0
Jacomb, T., Esq., Ladbroke-terrace, Notting-hill ... ... 2nd donation	5	5	0
Kearsey, F., Esq., Croydon, 2nd donation	5	5	0

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Kingsford, E., Esq., Wellington street, Southwark ... ... annual	1	1	0
Kingsford, Mrs. E., Sunbury annual	1	1	0
Kitson, G., Esq., Bath, per W. Brown, Esq. ... ... annual	1	1	0
Kent, T. J., Esq., Queen Anne street 2nd donation	5	5	0
Lawrence, S. G., Esq., Warwick-square, Kensington ... ... annual	1	1	0
Leslie, A., Esq., Newton Bushell ann.	1	1	0
Langshaw, J. P., Esq., Lancaster ann.	1	1	0
Lomas, H., Esq., Belper, Derby ann.	1	1	0
Lance, J. H., Esq., Holmwood, Dorking	3	0	0
Ditto ... ... annual	1	1	0
Lambert, Wm., Esq., Sowerby, York ...	10	10	0
Lister, Dr., Sandown, Isle of Wight, per H. Phene, Esq. ... ... annual	3	3	0
Ditto ... ... annual	1	1	0
Laundy, — Esq., per Wm. Moon, Esq., Tottenham ... ... annual	1	1	0
Loveless, W. K., Esq., Stockbridge ann.	1	1	0
Lacey, J. P., Esq., Newark	10	10	0
Leete, J. G., Esq., Thrapstone annual	1	1	0
Lloyd, W. W., Esq., Great Russell st. an.	1	1	0
Lowes, F. J., Esq., Anglesey, Gosport annual	1	1	0
Macloud, W., M.D., Ben Rhydding Otley, Yorkshire ... ... annual	5	5	0
Miller, Rev. J. K., Walkeringham, Notts, per D. Mackinder, Esq....	2	2	0
Moore, Mrs. George, Oxford terrace, Hyde Park...	10	10	0
Martin, J. F., M.D., Abingdon	10	10	0
Martin, Thos., Esq., Reigate 2nd don.	5	5	0
Marriott, John, Esq., Kibeworth, Market Harboro' ... ... annual	1	1	0
McNab, D. R., Esq., Epping	5	0	0
Morris, William, Esq., Petworth, per Roger Turner, Esq. ... ... annual	1	1	0
Middleton, W., Esq., Bury Green, Cheshunt ... ... annual	0	10	6
Martin, Dr., Ventnor, per H. B. Tuttiett, Esq.	1	1	0
Merry, J., Esq., Groveby House, Alvechurch	1	0	0
Neville, W. H., Esq., Esher ... annual	2	2	0
Ness, J., Esq., Helmsby, Yorkshire ...	5	0	0
Nicholson, J. F., Esq., Stratford Green annual	1	1	0
Ogle, C. B., Esq., Wimpole street, per Alexander Watkins, Esq.	2	2	0
Pretty, G. W., Esq., Freshingfield, Suffolk ... ... annual	1	1	0
Prichard, J., Leamington ... annual	2	2	0
Phillips, James, Esq., Bethnal House, Bethnal green ... ... 3rd donation	1	1	0
Pollard, Wm., jun., M.D., Torquay ann.	1	1	0
Pilcher, Geo., Esq., Harley-street ann.	1	1	0
Pepys, John, Esq., Lower Berkeley street 2nd donation	5	0	0
Pollard, Mrs. E. W., Brompton square, being the 4th donation by the sale of "The Penshurst Quadrilles" ...	10	10	0
Pritt, Mrs., Rosedale House, Aigburth, near Liverpool	5	5	0
Pout, Henry, Esq., Yalding	10	10	0
Pepys, E., Esq., Upper Harley street ...	5	0	0
Perry, Miss L., Cambridge terrace, Regent's park ... ... annual	1	1	0
Ridsdale, Geo., Esq., Euston sq. 2nd don.	5	5	0
Robinson, Mrs. G., Gower street, Bedford square	1	1	0
Roughton, J. J., Esq., Kettering ann.	1	1	0
Richmond, R. K., Esq., Bermondsey square ... ... annual	1	1	0
Ramsay, R. A., M.D., Fleetwood ...	10	10	0
Reade, Miss, Earl's terrace, Kensington, per R. J. Pollard ... 2nd donation	5	10	0
Rees, R., Esq., Finsbury square ...	10	10	0
Remington, A., Esq., Westbourne ter.	2	2	0
Read, Septimus, Esq., Jewin st. 2nd don.	5	5	0
Roots, Dr., Russell square 2nd donation	5	5	0
Salisbury, J. C., Esq., City road	10	10	0
Samuel Denis, Esq., Sussex place, Regent's park ... ... 3rd donation	5	5	0
Salomons, Mr. Alderman, Great Cumberland place	10	10	0
Sanderson, Jos., Esq., Cockermouth an.	1	1	0
Sandwith, Thomas, M.D., Beverley, an.	1	1	0
Stedman, James R., M.D., Guildford ...	10	10	0
Sister of a Deceased Surgeon, per Wm. Sankey, Esq., Dover	1	1	0
Seagram, Miss Anne, Warminster, per C. Blick, Esq. ... ... annual	1	1	0
Smith, Miss A., per Dr. Duke, Rugby ...	0	10	0
Salmon, Rev. T. F., Waldershare, collected in small sums	0	14	6
Squibb, George James, Esq., Montague place, Bryanston square ... 2nd don.	2	2	0
Summers, Charles, Esq., Euston square 2nd donation	3	0	0
Simon, L. M., Esq., Warneford court, City ... ... annual	1	1	0
Standring, Benjamin, Esq., Forest hill, per A. Holman, Esq. ... annual	1	1	0
Sidebotham, Miss, Lonsdale square, Islington ... ... annual	1	1	0
Stedman, John Buck, Esq., Union street, Southwark ... ... annual	1	1	0
Seymour, The Lady, Portman pl., 2nd don.	10	10	6
Simpson, Edwin, Esq., Long Melford, Suffolk ... ... annual	1	1	0
Taylor, J., Esq., Stokescroft, Bristol ann.	1	1	0
Terry, J., Esq., Leyburn, Yorkshire ...	1	1	0
Trow, Thomas, Esq., St. Peter's, Thanet, annual	1	1	0
Thompson, Leonard, Esq., Sherriff Hutton Park, York ... ... annual	1	1	0
Thompson, Lady Mary, ditto annual	1	1	0
Tuke, Harrington, M.D., Manor House, Chiswick ... ... 2nd donation	5	5	0
Tippetts, Richd., Esq., Dartford, 3rd don.	10	10	0
Tribe, Miss, collected by	2	0	0
Underwood, Mrs., Bedford place, Bedford square	1	1	0
Webster, George, Sussex Gardens, Hyde Park ... ... 3rd donation	5	5	0
Watson, Mrs. William, The Old Hall, Aigburth, near Liverpool	5	5	0
Wade, Mrs., Albany terrace, Regent's park ... ... annual	1	1	0
Wade, Rev. Thomas, ditto ... annual	1	1	0
Wade, Miss, ditto ... ... annual	1	1	0
Wardell, Charles, Esq., Westbourne terrace ... ... annual	1	1	0
Wade, Thomas, Esq., Cambridge annual	2	2	0
Watkins, Alexander, Esq., High street, Marylebone	10	10	0
Wells, J. S., Esq., Carpender's park, Watford, per T. A. Ward, Esq. ...	1	1	0
Williams, Dr., Aberystwith	1	0	0
Wildash, H. C., Esq., Chilham, Canterbury ... ... annual	1	1	0
Walker, G. C., Esq., Doncaster, per C. D. Fenton, Esq.	10	10	0
Wheelwright, T., Esq., Phillimore place, Kensington, per J. Merriman, Esq. ...	1	1	0
Watson, Gordon, Esq., 68th Light Infantry, Fermoy	1	0	0
Whicher, James, Esq., Petersfield, per R. S. Cross, Esq.... ... annual	1	1	0
Williams, E., M.D., Wrexham... annual	1	1	0
Williams, W., Esq., Haverfordwest, per J. Brown, Esq. ... ... annual	0	5	0
W. R., care of Harvey Owen, Esq., Binfield place, Clapham	10	10	0
Wetherfield, J., Esq., and Friend, Henrietta street, Covent Garden	2	2	0
Wright, Edward, Esq., Kennington row	10	10	0
Wright, Charles, Esq., Southsea, annual	1	1	0
Weyer, Van de, Esq., Portland place, annual	1	1	0
Yates, James, Esq., Newcastle-under-Lyne	1	1	0
Young, James Forbes, Esq., Kennington lane ... ... 2nd donation	10	10	0
Zoate, Herman de, Esq., Lee, annual	1	1	0

STEWARDS' CONTRIBUTIONS AND COLLECTIONS.

	£	s.	d.
By S. Chesterman, Esq., Banbury.			
Grimbly, Richard, Esq., Banbury ann.	1	1	0
Wise, R. S., M.D., Banbury	10	10	0
Nelson, Rev. G. M., Bodicott Grange ...	1	1	0
Chesterman, Shearman, Esq., Banbury.	10	10	0
By Henry Wakefield, Esq., Russell-square.			
Smiles, W., M.D., Doughty-street ann.	1	1	0
Wegg, F., Esq., Bedford place	2	2	0
Sherwood, J., Esq., Mecklenburgh square	2	2	0
Bunbury, W., Esq., Bedford place ...	2	2	0
By Edmund Kirby, Esq., The Lawn, Haverstock hill.			
Woodburn, W., Esq., Reform Club ...	21	0	0
Woodburn, Miss, Piccadilly	10	10	0
Hall, Richard, Esq., Devonshire place, Haverstock hill	10	10	0
Kirby, Edmund A., Esq., Haverstock hill ... ... annual	1	1	0
By Wm. Henry Poynder, Esq., Wimpole street.			
Poynder, W. H., Esq. ... 2nd don.	10	0	0
Poynder, T. H. A., Esq.	10	0	0
Poynder, The Misses	5	0	0
Poynder, Edmund, Esq.	5	0	0
Brittenshawe, Mrs., Wateringbury ...	2	2	0
Wood, J. C., Esq., Victoria-street ...	5	5	0
White, Wm. Foster, Esq., Treasurer of St. Bartholomew's Hospital 3rd don.	21	0	0
Bennett, J. R., M.D., Finsbury square	5	5	0
By Charles Mott, Esq., Walton-on-Thames.			
Rawson, Christopher, Esq., Walton-on-Thames	1	1	0
Mott, Charles, Esq., Walton-on-Thames	10	10	0
Ditto ... ... 2nd donation	1	1	0
By Dr. Duesbury, Clapton.			
Crompton, B., Esq., Walthamstow ...	10	10	0
Turner, S., Esq., Lower Clapton ...	10	10	0
Reynolds, Sam., Esq., Stoke Newington annual	1	1	0
Fodsham, Wm., Esq., Chatham place, Hackney ... ... annual	1	1	0
Metcalfe, J. B., Esq., Clapton square .	2	2	0
By Jeremiah Evans, Esq., Clapham.			
Evans, J. C., Esq.	10	10	0
Evans, Jeremiah, Esq., Clapham 2nd donation	1	1	0
By John Bentley, Esq., Portland place.			
Neal, William, Esq., Park crescent ...	10	10	0
Bentley, Mrs., Portland place annual	1	1	0
By William Lobb, M.D., Aldersgate street.			
Morley, Samuel, Esq., 18, Wood street	10	10	0
Candy, C., Esq., Watling street	10	10	0
Lobb, Harry Wm., Esq., Gloucester terrace, Hyde park	10	10	0
Ricardo, Ralph, Esq., Park square east, Regent's park	5	10	0
Maw, S., Esq., 11, Aldersgate street 2nd donation	5	5	0
Hill and Son, Arthur S., Messrs., Little Britain ... ... 2nd don.	5	5	0
Woods, Wm., Esq., Castle and Falcon Hotel	5	0	0
Sheriff, G. W., Esq., 61, Friday street ...	1	1	0
Vickress, T., Esq., Aldersgate street ...	1	1	0
Capellaire, J. S., Esq., New Bridge street annual	1	1	0
Croft, C. Ilderton, Esq.	1	1	0
Croft, Miss	0	10	6
Jauvrin, Herbert, Esq.	0	10	0
By Charles Harris, Esq., Fenchurch street.			
Collins, Miss Louisa, Stamford hill ...	5	5	0
Lay, J. W., Esq., Savage gardens ann.	1	1	0
A Friend	1	1	0
Watson, Mrs. Harrison, 53, Porchester terrace ... ... annual	1	1	0
Evans, W., Esq., Chesham street ...	5	5	0
Powis, The Right Hon. Lord 2nd don.	10	10	0
Toulmin, Francis, Esq., Lower Clapton	5	5	0
Hankey, Thomson, Jun., Esq., M.P., Portland place	5	0	0
Johnson, Henry Charles, Esq., Savile row 2nd donation	10	10	0
Winn, J. M., M.D., Finsbury square annual	1	1	0
Freshfield, Jas. Wm., Esq., M.P. 2nd don.	10	10	0
Symes, Edmund S., M.D., Bourdon house, Davies street, Berkeley square second donation	10	10	0
Lawrence, John, Esq. Brighton, 2nd don.	5	0	0
Du Pre, James, Esq., Portland place second donation	5	5	0
Philipps, J. H., Esq., M.P.	5	5	0
Conolly, John, M.D., Hanwell, 2nd don.	5	5	0
Du Pasquier, Claudius F., Esq., Pall Mall ... ... second donation	10	10	0
Shepherd, Capt., Hon. E. I. C. S. ...	5	0	0
Hastings, Sir Charles, M.D. 2nd don.	1	1	0
Hilton, John, Esq., New Broad street...	10	10	0
Gream, Dr., Upper Brook street, Grosvenor square ... ... second donation	10	10	0
Norman, George, Esq., Bath 2nd don.	2	2	0
Williams, David, M.D., Cheltenham second donation	27	10	0
Jackson, Wm., Esq., Russell square second donation	15	0	0
By Dr. Harcourt, Chertsey.			
Wood, Col., Littleton Max	5	0	0
Crockford, G. M., Esq., Chertsey ann.	1	1	0
Hearsey, Major-Gen. J. B., Chertsey ...	5	0	0
Hearsey, J., Esq., Hon. E.I.C.S., Bengal	1	0	0
Hearsey, The Misses, St. Ann's Hill, Chertsey	0	10	0
Harcourt, Robert, Esq., Weybridge, ann.	1	1	0
Dowse, Mrs., Addlestone, Chertsey ...	0	10	0
Teesdale, Mrs., Addlestone, Chertsey ...	0	10	0
P. B. A., Esq.	1	0	0
By Wm. E. Stewart, Esq., Weymouth street, Portland place.			
Elliott, Charles J., Esq., Sydney villa, St. Paul's road, Camden town annual	1	1	0
Sherratt, Mrs., 24, Soho square annual	1	1	0
Baker, James, Esq., Weymouth street, Portland place ... ... annual	1	1	0
Jones, Robert, Esq.	1	1	0
By Dr. S. Richards, Bedford square.			
Richards, J. S. Crosland, Esq., Bedford square ... ... annual	1	1	0
By W. M. Watts, Esq., Whitecross street.			
W. M. Watts, Esq., Whitecross street second donation	10	10	0
Orridge, B. B., Esq., Bucklersbury ...	1	1	0
Ditto ditto annual	1	1	0

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	£	s.	d.
Lee, Matt. L., Esq., Kensall green ann.	1	1	0
Davis, John, Esq., Cranbrook park, Ilford, Essex	10	10	0
Dunbar, Duncan, Esq., Porchester terrace	10	10	0
Bell, Jacob, Esq., Langham place ...	10	10	0
By George Stilwell, Esq., Epsom.			
Steele, J., Esq., Epsom ... 2nd don.	5	5	0
A Friend	10	0	0
By George Curtis, Esq., Dorking.			
Hope, Jarman, Esq., Dorking annual	1	1	0
Attlee, R., Esq. ditto annual	1	1	0
Paxon, G. K., Esq., late of Cranfield ann.	1	1	0
By F. Flower, Esq., Chilcompton.			
Wallace, Richard, Esq., Hackney road 2nd donation	1	1	0
Flower, F. Esq. 2nd donation	2	0	0
By Major Moore, Portland Place.			
Moore, Major, Portland place	5	5	0
Ditto ditto annual	1	1	0
Warburton, Miss, Twickenham	5	5	0
Hartley, James, Esq., 137, Leadenhall street ... ... annual	1	1	0
By Dr. Cooke, Trinity Square, Tower Hill.			
Bathe, Mr., London Tavern 2nd don.	5	10	0
Martin, George, Esq., ...	10	10	0
Teape, Hananiah, Esq. ... 2nd don.	5	10	0
Cooke, Dr., Trinity square 2nd don.	5	10	0
Sharpey, Dr., Gloucester cres., Regent's park	10	10	0
By David Oldfield, Esq., Bouverie Street.			
Holland, W., Esq., Market Deeping ...	1	1	0
Hooper, W., Esq., Great Russell street...	1	1	0
Cosens, W. F., Esq., Mark lane	1	1	0
Hustresson, J., Esq., Holloway	1	1	0
Morson, T. N., Esq., Southampton row	1	1	0
Oldfield, David, Esq., Bouverie street...	52	10	0
Oldfield, Mrs.	10	10	0
Blandford, W., Esq.	1	1	0
By Charles Locock, M.D., Hertford street, May Fair.			
Reid, Mrs. Rt., 13, Eaton place, Belgrave square ... ...annual	2	2	0
Locock, Chas, M.D., Hertford street third donation	10	10	0
Gregson, Samuel, Esq., M.P. 2nd don.	10	10	0
Ebrington. Viscount, M.P....	10	10	0
Grainger, Richard D., Esq., F.R.S., Hornsey lane ... ... annual	2	2	0
Cotton, Charles, M.D., Lynn, Norfolk second donation	2	2	0
Clarke, Sir Charles Mansfield. M.D. fifth donation	5	5	0
Russell, Hon. G. F. Hamilton, Brancepeth Castle, Durham 2nd don.	10	10	0
Colville, Rt. Hon. the Lord	5	5	0
Staunton, Sir George, Bart. 2nd don.	10	10	0
Baggallay, Richard, Esq, St. Thomas's Hospital ... ... second donation	5	5	0
Todd, Richard B., M.D., Brook street, Grosvenor square second donation	2	2	0
Green, Thomas, Esq., M.P.	1	0	0
Blackstone, Joseph, Esq., Park house, Gloucester gate	10	10	0
Jeafferson, William, Esq., South Audley street ... ... second donation	5	5	0
Babington, B. G., M.D., George street, Hanover square second donation	2	2	0
Copeland, Thomas, Esq., Cavendish square ... second donation	10	10	0
Sutherland, Dr., Richmond terrace, Whitehall ... second donation	10	10	0
Green, Richard, Esq., Blackwall, 2nd dn.	10	10	0
Roots, Ludlow, Esq., Kingston 2nd don.	3	0	0
Hayes, Rev. Sir John Warren, Bart., Aberfield Rectory, Reading 2nd don.	5	5	0

COLLECTED BY HONORARY LOCAL SECRETARIES AND OTHERS.

	£	s.	d.
By Henry Steray, Esq., Bermondsey.			
Amount previously advertised ...	90	0	6
Drew, Berish, Esq., Streatham ...	5	5	0
Paul, James, M.D., Bermondsey ...	10	10	0
Babbage, W., Esq., New Kent road, ann.	1	1	0
Roberts, Daniel, Esq. ... annual	1	1	0
By H. T. Lomax, Esq., Stafford.			
Amount previously advertised ...	27	17	6
Peake, Mrs., Stafford ... annual	1	1	0
Peake, Miss ... ... annual	1	1	0
Peake, Miss F. ... ... annual	1	1	0
Peake, William, Esq. ... annual	1	1	0
Dudley, Mrs. ... ... annual	1	1	0
Hulme, Mrs. ... ... annual	1	1	0
S. T., per H. T. L. ... annual	1	1	0
Buckley, E., Esq., Manchester annual	1	1	0
Masfen, Dr., Stafford ... annual	1	1	0
Hughes, Robert, Esq. ... annual	1	1	0
Waddell, C., Esq. ... ... annual	1	1	0
Harland, Dr. ... ... annual	1	1	0
Lomax, Henry T., Esq. ... annual	1	1	0
By O. Pemberton, Esq., Birmingham.			
Amount previously advertised	35	13	0
Burbury, S. W., Esq., Birmingham ...	1	1	0
Figgins, H., Esq.	1	1	0
Fletcher, Dr. Bell ... ... annual	1	1	0
By W. B. Blathwayt, Esq., Louth.			
Amount previously advertised ...	35	0	0
Boughton, J. H., Esq. ... annual	1	1	0
Hildyard, J. G., Esq. ... annual	1	1	0
By Thos. Herbert Barker, M.D., Bedford.			
Amount previously advertised ...	60	10	0
Fowler, Rev. W., Baldock, Herts. ann.	1	1	0
Gay, George, Esq., Lewes crescent, Brighton ... ... annual	1	1	0
Hawkins, Mrs., Adelaide place, Bedford annual	1	1	0
Porter, Miss Agnes, Bedford terrace annual	1	1	0
By T. Clark, Esq., Wellingborough.			
Amount previously advertised ...	29	3	0
Purdy, Horace, Esq., Wollaston, Northamptonshire ... ... annual	1	1	0
Gibbon, W., Esq., Kettering annual	1	1	0
By Wm. Self, Esq., Commercial road East.			
Amount previously advertised ...	205	15	0
Buchanan, A., Esq., Commercial road East ... ... 4th donation	1	1	0
Colchester, W. M., Esq., Hoxton, Subscriptions for two years	2	2	0
Drew, J., M.D., Colet place, Commercial road East ... ... annual	1	1	0
Hodgson, J., Esq., Church row, Limehouse	1	1	0
By George Young Graham, Esq., Stockport.			
Amount previously advertised	70	6	6
Marsland, Charles, Esq., Brook House, Stockport ... ... annual	1	1	0
Holme, Edward, Esq., St. Peter's Gate, Stockport	1	1	0
Downes, George, Esq., St. Peter's Gate, Stockport ... ... annual	1	1	0
Rayner, John, Esq., Stockport annual	1	1	0
By John Howe, Esq., Marple, Cheshire.			
Amount previously collected	4	13	0
Clayton, David Shaw, Esq., Norbury, Cheshire	2	0	0
By E. Howell, M.D., Swansea.			
Amount previously advertised ...	28	7	0
Llewellyn, J. D., Esq., Pwllergan ...	10	10	0
Greenhill, Pascoe St. Ledger, Esq., Maisteg house, Swansea	2	2	0
Gwyn, Howell, Esq., M.P., Baglan house, Swansea ... ... annual	1	1	0
Powell, J., Esq., Nooth	1	1	0
Howell, E. M. D., Swansea annual	1	1	0
By George C. Jonson, Esq., 12, Eaton place, south, Eaton square.			
Amount previously collected	181	10	0
Lowndes, E. Esq., Preston, 3rd donation	0	10	0
Allen, Jorden, Esq. ... annual	1	1	0
Morris, A., Esq., Carleon, Montgomeryshire ... ... annual	1	1	0
Lamble, Mrs., Lower Seymour street ...	1	1	0
Webb, F., Esq., Chancery lane annual	1	1	0
Du Croz, F., Esq., 3, Warwick villas, Addison road, Kensington	2	2	0
Du Croz, Mrs. F. ditto	6	6	0
Woolmer, Mrs. J., Victoria square ...	1	1	0
Hammerton, T., Esq., Piccadilly ...	1	1	0
Stevenson, Leader Cox, Esq., Upper Avenue road, Regent's park	3	3	0
Wollett, Mrs. Randall, Vale grove, Upper Church street, Chelsea	1	1	0
Simon, J., Esq., Upper Grosvenor street	5	5	0
Wilson, Dr., Dover street, Piccadilly third donation	3	3	0
Two Daughters of a Medical Man, per Dr. Wilson	1	0	0
Tweed, J. J., Esq., Upper Brook street .	1	1	0
Ellery, Jacob, Esq., Crawley, near Guildford	10	10	0
Croly, Rev. Dr., Walbrook	1	1	0
By Dr. Kenny, Canton.			
Amount previously advertised	146	10	0
Skinner, J., Esq., Shanghae	10	10	0
Campbell, A. E. H., Esq., ditto	1	1	0
Howell, W. H., Esq., ditto	2	10	0
Gray, Rev. J. H., Consular Chaplain, Canton	5	0	0
Moore, W., Esq., Canton	5	0	0
Poonjashoy, Dhumsey, Canton	5	0	0
An American Friend	1	10	0
Oakley, Horace, Esq.	1	5	0
Johnson, T. B., Esq.	2	10	0
Gregg, Dr., Whampoa	2	10	0
Rienaecker, R., Esq., Hong Kong, Collected by	10	0	0
Murrow, Lloyd, Esq.	2	10	0
Barton, Dr. G. J. ... ... annual	1	1	0
Murray, Henry, Esq., Canton annual	1	1	0
Piccope, T. Cromner, Esq. annual	1	1	0
Blackhead, Captain ... annual	1	1	0
By Thos. C. Blick, Esq., Islip, Oxon.			
Amount previously advertised	17	15	0
Woodward, H., Esq., Bicester annual	1	1	0
Druce, J., Esq., Eynsham, Oxon annual	1	1	0
Bennett, J. M., Esq., Cowley, Oxford ...	1	1	0
Blick, Mrs., Islip	0	10	0
Alley, E. Esq., Woodeaton, Oxon ...	0	10	0
By T. Marsters Kendall, Esq., Lynn, Norfolk.			
Amount previously collected	4	1	0
Whitwell, H. Esq., Lynn ... annual	1	1	0
Edwards, Henry, Esq., Berkeley square second donation	1	1	0
Hogge, Mrs. ... ... annual	0	10	0
Kendall, T. M., Esq. ... annual	1	1	0
By Wm. Dalton, Esq., Cheltenham.			
Amount previously advertised	235	4	6
Shaw, Mrs., Courttend, Tenby annual	1	1	0
Nicholson, Mrs., Post-office, Cheltenham annual	1	1	0
Williams, Dr. David, Cheltenham 2nd donation	27	10	0
By Mrs. Robinson, Gonville Place, Cambridge.			
Bates, Thomas, Esq., Long Buckby ...	1	1	0
Gotobed, Mrs., Cambridge annual	1	1	0
Hobson, J., Esq., Barton Seagrave, Kettering ... ... annual	1	1	0
Lea, Nat., Esq., Birmingham annual	1	1	0
Lee, Thomas, Esq., Daventry annual	1	1	0
Laugham, J., Esq., Oundle annual	1	1	0
Mawby, William, Esq., Felvore, Weedon ... ... annual	1	1	0
Manton, G., Esq., Eastcheap annual	1	1	0
Robinson, Wm., Esq., Cambridge ann.	1	1	0
Robinson, R. W., Esq. do. annual	1	1	0
Wadsworth, Thomas, Esq., Long Buckby annual	1	1	0
Wallis, Samuel, Esq., Barton Seagrave, Kettering ... ... annual	1	1	0
Gotobed, Miss Ann, Cambridge annual	1	1	0
Briggs, Mrs., Blackburn annual	1	1	0
Green, Thomas, Esq., Cambridge ann.	1	1	0
By Mrs. Nodder, Ashover Rectory, Chesterfield.			
Webster, Mrs., Corporation street, Manchester ... ... annual	1	1	0
Webster, J., Esq., ditto annual	1	1	0
Nodder, Miss, Marsh Green, Ashover annual	1	1	0
Nodder, Mrs., Ashover Rectory annual	1	1	0
Nodder, Rev. J., do. do. annual	1	1	0
By Jukes de Styrap, M.D., Shrewsbury.			
Amount previously advertised	40	4	0
Sandford, Richard, Esq., Wolverhampton ... ... annual	0	10	6
Whitwell, F., Esq., Shrewsbury ann.	1	1	0
By Miss E. Salmon, Buckingham Place, Clifton.			
Herapath, A., Esq., Bristol annual	1	1	0
Woodward, G., Esq., do. annual	1	1	0
Lunell, Miss A., do. annual	1	1	0
Wills, Mrs., do.	1	1	0
Hassell, C., Esq., Clifton annual	1	1	0
Robinson, Miss do. annual	1	1	0
Basevi, Mrs., Cheltenham	1	1	0
Edwards, W. H., Esq., Clifton annual	1	1	0
Shipton, Mrs., Othery, Somerset annual	1	1	0
A Friend, per Miss Salmon annual	1	1	0
Lax, Mrs., Bristol ... annual	1	1	0
Friends at Brislington	2	0	0
Essex, Wm., Esq., Gordon street, Gordon square ... ... annual	1	1	0
Paterson, T. W., Esq., Ashby-de-la-Zouch	0	5	0
Simmons, R. B., Esq., Clifton	1	0	0
Karford, J. S., Esq., Blaize Castle ...	1	0	0
Salmon, Miss S., Clifton	0	10	0
Lyon, The Misses, do.	1	0	0
Swayne, Mrs., Pucklechurch	1	0	0
Swayne, The Misses, do.	0	5	0
Swayne, Mr. and Mrs. S. H., Bristol ...	0	10	0
Salmon, Miss Emma, Clifton	0	10	0
Sums under 5s.	0	8	0
By H. R. Hughes, Esq., Bangor.			
Amount previously advertised	10	8	0
Jones, Robert, Esq., Carnarvon annual	1	1	0
Roberts, H. A., Esq., Bethesda annual	1	1	0
Hughes, H. R., Esq., Bangor annual	1	1	0
By James Dale, Esq., Hanley, Staffordshire.			
Brindley, Thomas, Esq., Coleridge ...	1	1	0
Taite Miss Mary Ann, Douglas, Isle of Man	1	1	0
Dale, James, Esq., Hanley, Stafford-hire annual	1	1	0
By Thomas Turner, Esq., Manchester.			
Amount previously advertised	15	0	0
Wilkinson, Mrs. Susannah, Staleybridge, near Manchester ... ... annual	1	1	0
Peck, E., Esq., Ardwick ... annual	1	1	0
Buckley, Edmund, Esq., Ardwick ann.	1	1	0

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	£	s.	d.
Lees. James, Esq.. Manchester annual	1	1	0
A Friend	1	1	0
By Peter Martin, Esq., Reigate.			
Amount previously advertised	161	17	0
Lockwood, Miss, Betchworth	5	0	0
Lockwood, Miss B., ditto...	5	0	0
Horridge, William, Esq., Chapel terrace, Kilburn ... ... annual	1	1	0
By Thomas Poyser, Esq., Wirksworth.			
Amount previously advertised	27	3	0
Evans, David, Esq., Matlock annual	1	1	0
Walker, C., Esq., Wirksworth	1	1	0
Cantrell and Webb, The Messrs. ann.	1	1	0
By Spencer T. Smyth, M.D., Yarmouth.			
Amount previously advertised	28	0	6
Smith, J. C., Esq., Yarmouth annual	1	1	0
Vores, W., M.D., ditto ... annual	1	1	0
By F. Davis, Esq., Pershore.			
Amount previously advertised	43	17	0
Andrews, J., Esq., Pershore	1	1	0
Roberts, William, Esq., ditto	1	1	0
Porter, Miss, Birlingham	1	1	0
Porter, Miss A., ditto	1	1	0
Gaskell, H. L., Esq., Cracombe	1	1	0
Davies, T., Esq.	0	13	9
Collected in the Parish Church, Pershore, after a Sermon by the Rev. Henry Temple	0	1	3
By Charles Collombell, Esq., Lambeth.			
Amount previously advertised	149	17	0
Collambell, C., Esq. second donation	5	5	0
M. D ... ... second donation	1	1	0
By Stephen Clogg, Esq., East Loo, Cornwall.			
Kerswill, R., Esq., St. Germain's annual	1	1	0
Campbell, E., Esq., Hon. E. I. C annual	1	1	0
Hingston, Andrew, Esq., Liskeard, ann.	1	1	0
Three Ladies...	0	7	6
Clogg, S. Esq., East Looe ... annual	1	1	0
By C. Taylor, M.D., Bethel Place, Camberwell.			
Amount previously advertised	12	1	6
Reeve, Mrs., Thurloe place, Norwood ...	1	1	0
Taylor, C., Esq., Park crescent, Brighton	1	1	0
Taylor, C., Esq., Bethel place 2nd don.	6	6	0
By Jas Goodchild, Esq., Ealing.			
Amount previously advertised	45	2	0
Goodchild, Mrs., Sen., collected on card	2	15	0
Day, Dr.. Acton	1	1	0
By Thomas Turner, Esq., Manchester.			
Amount previously advertised	15	0	0
Wilkinson, Mrs. Turner, Staleybridge, near Manchester ... ... annual	1	1	0
Peck, Edw., Esq., Ardwick annual	1	1	0
Lees. James, Esq., Manchester annual	1	1	0
A Friend	1	1	0
By R. Boyd, M.D., Wells, Somerset.			
Amount previously advertised	10	10	0
Bush, Wm., Maddocks, M.D., Wells ...	10	10	0
Boyd, R. Esq., M. D., Wells 2nd don.	1	1	0
Smith, — Esq., Axbridge. collected by	1	1	0
Tyler, Rev. O. B., North Wooten, Somerset	1	1	0
By Geo. E Staveley, Esq., Nottingham.			
Amount previously advertised	80	4	6
Thompson, J. N., Esq., Nottingham, ann.	1	1	0
Herbert, W., Esq., ditto ... annual	1	1	0
Robertson, T., M.D., Nottingham, annual	1	1	0
Ward, W. S., Esq., Wellow, near Ollerton, Notts. ... ... annual	1	1	0
Ellam, J., Esq., Sandinere, Derby ann.	1	1	0
By H. Powell, M.D., Coventry.			
Amount previously advertised	25	0	0
Peel, Rt. Hon. Wm. Yates, Bazington Hall	10	10	0
Evans, Isaac P., Esq., Griff, near Coventry ... ... annual	1	1	0
Bickwell, Edward, Esq., Coventry ...	8	8	0
Phillips, E., M.D., ditto ... annual	1	1	0
Prowse, John, Esq., Nuneaton annual	1	1	0
Ogilvy, Jas., M.D., Coventry	1	1	0
Dewes, Edward, M.D., ditto ... annual	1	1	0
Adkins, Harry, Esq., Meriden annual	1	1	0
Kingsley, Henry, Esq., Brinclow ann.	1	1	0
Laxon, W., M.D., Coventry ... annual	1	1	0
Troughton, Nat., Esq., ditto ... annual	1	1	0
By Edward Westall, Esq., Croydon.			
Account previously advertised	81	5	6
Rymer, Samuel L., Esq. ... annual	1	1	0
Cleaver. Hv. A.. Esq. ... ... annual	1	1	0
Westall. Edward, Esq. ... 3rd donation	25	0	0
In Small Sums	0	9	0
By William Carr, Esq., Blackheath.			
Amount previously advertised	216	15	0
Kensington, J. F., Esq , Charlton ...	5	5	0
Heseltine and Powell, Messrs., Blackheath park	5	5	0
Morriss, Adam, Esq., do.	2	0	0
Allen, Miss, do. ... ... annual	1	1	0
Slade, Adolphus Frederick, Esq., Kemnal House, Chislehurst ... annual	1	1	0
By Mrs. Dickenson, Wookey, near Wells, Somersetshire.			
Amount previously advertised	23	7	0
Lax, Mrs., Bristol ... ... annual	1	1	0
Lowther, Hon. Colonel, Lowther Castle, Westmoreland	2	0	0
Pearson, Mrs., Brough, Westmoreland...	0	5	0
Turnour, Mrs., do.	0	5	0
Middleton. Mrs., Newark...	1	1	0
Carey, Mrs. W., Shepton Mallett ...	1	0	0
A Friend, per Miss Dickenson	0	5	0
Cumley, Mrs., and Friends, Scorton, Yorkshire	1	3	0
Dickenson, Mrs. ... ... annual	1	1	0
Purnell, Dr. Wells, Somerset annual	1	1	0
By John C. Robins M, Esq., Syston, Leicester.			
Amount previously advertised	2	10	0
Morgan, Rev. N., Rearsby Rectory, near Leicester ... ... annual	1	1	0
Robinson, J. C., Esq . Syston ... annual	1	1	0
By Peter Colston, Esq., Hussand's Bosworth. Welford.			
Makin, W. H., Esq., House Surgeon of the Leicester Infirmary ... annual	1	1	0
Whateley, Miss, Burton-Dassett, Kineton ... ... annual	1	1	0
Harris, Joseph, Esq., West Coates, Leicester ... ... annual	1	1	0
Bolton, J. A., Esq.. Leicester ... annual	1	1	0
Shackleford, G , Esq., Husband's Bosworth ... ... annual	1	1	0
Lineker, E. H., Esq., Balderton, Newark ... ... annual	1	1	0
Carter, Miss, Langton, Market Harborough ... ... annual	0	10	6
Simpkin, J., Esq., Husband's Bosworth annual	1	1	0
Colston, Peter, Esq., do. annual	1	1	0
Colston, Mrs. do. annual	1	1	0
By G. F. B. Harrison, Esq., Devonport.			
Amount previously advertised	46	17	0
Chubb, C. W., Esq., Torpoint ... annual	1	1	0
Solly, Miss, Enfield, per W. C. Chubb, Esq.	1	1	0
Lean, Captain J. S., R.N. ... annual	1	1	0
By J. N. Stevens, Esq., Plymouth.			
Amount previously advertised	58	15	9
Randle, E., Esq., Plymouth ... annual	1	1	0
Soltau, W. B., Esq. do. ... annual	1	1	0
By Wm. Harris, Esq, Worthing.			
Amount previously advertised	66	10	0
Harris, W. J., Esq., Worthing	10	10	0
Harris, G., Esq., ditto	10	10	0
By J. L. Craigie, Esq., Finsbury square.			
Amount previously advertised	176	18	6
Good, Miss. Burton crescent	5	5	0
Whetton, Miss	1	2	6
By Thos. Borton, M.D., New Malton.			
Smith, James, Esq , New Malton ...	2	0	0
Barker, W., Esq., Habton	1	0	0
By Henry Waterworth, Esq., Newport, Isle of Wight.			
Amount previously advertised	8	8	0
Buckell, W., Esq., Newport ... annual	1	1	0
Bloxam, J. C., Esq., do. ... annual	1	1	0
Wilkins, Ernest P., Esq., do. ... annual	1	1	0
Waterworth, Henry, Esq., do. annual	1	1	0
Browning, Benjamin, M.D. annual	1	1	0
By Edward Evans, Esq., Cardiff.			
Amount previously advertised	39	10	0
Cox, Richard Henry, Esq., Llandaff. late of Canton and Macao 2nd donation	10	10	0
By A. B. Dunstan, Esq., Holmes Chapel, Cheshire.			
Holme, Mrs., Lower Peover Parsonage annual	1	1	0
Dunstan, A. D., Esq., Holmes Chapel annual	1	1	0
Dunstan, Mrs., ditto... ... annual	1	1	0
By Richard Turner, Esq., Tunbridge Wells.			
Amount previously advertised	46	1	6
Blaxland, J., Esq., Tunbridge Wells annual	1	1	0
Searnell, S , Esq., Bassall road, North Brixton ... ... annual	1	1	0
Collecting Box, contents of	0	18	6
Lory, Miss, collected in small sums ...	0	12	6
Boyd, A, P., Esq., Tunbridge annual	1	1	0

Donors of Ten Guineas are Life Governors of the College; Subscribers of One Guinea Annually are Governors during the continuance of their Subscription.

Gentlemen desirous of acting as Honorary Local Secretaries in behalf of the College, would oblige by communicating with the Secretaries, at the Office, 37, Soho-square, where Subscriptions are received; and by the Treasurer, John Propert, Esq.; also by the following Bankers:—Goslings and Sharpe, 19, Fleet-street; Coutts and Co., 59, Strand; Drummonds, Charing-cross; Glyn and Co., 67, Lombard-street; Scott and Co., 1, Cavendish-square; Hoare and Co., Fleet-street; the Union Bank of London, Regent-street Branch; Messrs. Williams, Deacon, Labouchere, and Co., Birchin-lane; and by Cunliffe and Co., Manchester.

By order of the Council,

EDWARD HENRY SIEVEKING, M.D., Honorary Secretary.
HERBERT WILLIAMS, Assistant Secretary.

Office, 37, Soho-square, March 7, 1854.

Royal Medical Benevolent College.

—At a MEETING of the COUNCIL, held on the 7th inst., Sir John Forbes, M.D., in the Chair, the following Resolution was unanimously dopted:—

"That Ladies making Donations of Five Guineas to the College, at its opening be constituted Life Governors."

Ladies availing themselves of this privilege, will be enabled to Vote at the ELECTION of PENSIONERS, and FOUNDATION SCHOLARS, which is appointed to take place on Thursday, the 19th of July next.

By order of the Council.

EDWARD HENRY SIEVEKING, M.D.,
Hon. Secretary.

HERBERT WILLIAMS, Assistant Secretary.

Office: 37, Soho-square, 8th March, 1855.

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6 oz., any shape, plain or graduated .. .. 10s. per gross.
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ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farina of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

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SURGICAL, ANATOMICAL, and ORTHOPÆDIC INSTRUMENTS, 43, LAMB'S CONDUIT-STREET, FOUNDLING HOSPITAL. Every kind of Apparatus for the Cure and Relief of Bodily Deformities, from the simplest splint up to the finest application of the rack and pinion power (the agent in modern Orthopædy), including the principles of the spring, lever, etc., etc., may be obtained at the above Establishment, as well as every kind of Elastic Bandages, Belts, Trusses, Artificial Legs, Arms, and Hands, Crutches, etc., etc.

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Surgical Instruments Made to Order, and Kept in Repair.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

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in the PURCHASE of
NEW WHITE MOULDED VIALS.

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½ oz., 1 oz., 10 dr. and 1½ oz.	per Gross,	6s.
14 dr., and 2 oz.	,,	7s.
3 oz.	,,	8s.
4 oz.	,,	10s.
6 oz.	,,	15s.
8 oz.	,,	18s.
4½ oz. graduated in 3 doses,	,,	12s. 6d.

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.

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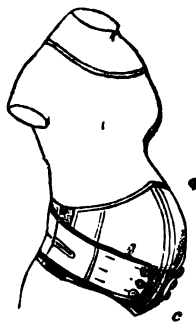

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March 5th, 1855.

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ORIGINAL LECTURES.

THE GULSTONIAN LECTURES.

ON PYREXIA.

By E. A. PARKES, M.D.,
Professor of Clinical Medicine in University College, and Physician to University College Hospital.

Lecture I.

Sir.—When I was honoured by your request to deliver the Gulstonian Lectures, it was not without hesitation that I selected the subject of Pyrexia. I could scarcely hope efficiently to discuss a topic which has been the theme of genius, and the chosen ground of speculation, in almost every age. Yet, I had a strong desire to see if the progress of science, and the powers of modern research, had at all cleared away the mystery which covers the most common morbid condition of the frame. The result has shown me to how great a degree I must throw myself on the kindness and consideration of my auditors. I can scarcely, indeed, touch any part of the subject, without feeling how imperfect my statements must seem to those who have bestowed on the phenomena of fever a profounder investigation and maturer thought.

Yet so great is the importance of this subject, and so interesting are some of the facts which recent inquiries have brought to light, that I trust an attempt to arrange these facts in order will not be harshly regarded. It is true that I shall have to allude to inexplicable phenomena, to vast spaces still unfilled by solid facts, to spots unknown to observation, and to regions lighted only by the dim and treacherous ray of speculation. But of what subject may not this be said? and what other theme can be selected, which has not equally its depths, into which the eye of man has not yet penetrated?

Were I to attempt an enumeration of the authors who have written on fever, I should have to commence from the days of Hippocrates. The knowledge of every age, the power, as well as the fantasy of genius, scholastic dogmas, modern experiments, have been brought to bear on it. Far be it from me to condemn as untrue this long record of opinions, and to discard as meaningless the numerous phrases with which our predecessors sought to express the phenomena they grasped. We may not, indeed, quite echo the words of Chaucer:

> "For out of this old ground, as men saith,
> Cometh all this new corn from year to year;
> And out of these old books, in good faith,
> Cometh all the learning which men lere."

But I run no risk of contradiction when I say, that those who despise the wisdom of our fathers, and ridicule a phrase which may be simply an antique embodiment of what they consider a modern truth, do injustice to those old combatants with disease, who, with few appliances, and little aid from science, won those outposts which have enabled us to push forward our trenches and parallels nearer to the walls of the citadel. Too often, indeed, we have abandoned positions already won by them, and the progress of science has sometimes left behind it truths essential to its completeness and its efficiency.

An historical retrospect, however, would be, with my present audience, unnecessary and misplaced. I will merely remark, before proceeding to an enumeration of modern opinions and of recent facts, that the early investigators of disease more perfectly comprehended fever than its later cultivators. In seeking for the older views, which approach most nearly to their own, the Physicians of the nineteenth century have found that they must ascend as high, even as the classic pages of Galen; and that their observations bring to light a new meaning in his words. Here, as in some other cases, a great truth became obscured in its descent through time. The dim light of the days when philosophy wakened from her cloistered sleep, imprinted pictures less true and sharp in outline, than those which were daguerreotyped in the vivid dawn of science.

You will perceive, Sir, from these few observations, that I am about to speak of fever in a general, not in a specific sense; that I am about to abstract from various diseases those pyrexial symptoms which are common to all; which, like shadows to substance, are necessary to the very existence of typhus, small-pox, plague, or pneumonia; but yet are not *per se* any one of these diseases.

The difficulty in investigating the exact sequence and weight of the symptoms comprehended under the abstract word fever or pyrexia is obvious from the very fact that the phrase *is* an abstraction. These symptons have no real independence; there is no simple fever; no fever exists which has not about it something special and peculiar which gives it its own nosological rank;—some fevers are more simple than others, *i.e.*, are not accompanied by disturbances in so many organs; but in no case can we investigate the febrile symptoms without having to take into account the complicating effects of the specific disease. The difficulties thus arising are extraordinary, and will render it impossible, for years to come, to describe in regular order the pure phenomena of fever.

Galen defined fever as a preternatural heat, *calor præter naturam*, and the accuracy of this phrase is now fully recognized. Doubted for a time, when the feelings only of the patient were taken into account, the use of the thermometer has shown its invariable truth. Even in the cold stage of ague, with the teeth chattering, and the body shaking, the temperature of the blood is found to be rapidly rising, although the pallid skin, with its supply of blood diminished by the contraction of its vessels, may really be colder than usual. In the severe initiatory shiverings of pneumonia or typhus the same fact is discovered, and, in short, there is now no doubt that the coldness of fever is merely a subjective sensation, produced by the state of the peripheral nerves, and not by any actual decline of temperature.

This preternatural heat varies in amount in different diseases, in different persons, and at different times of the same day; and the circumstances affecting it have been partly traced out by Gierse, Roger, Von Baerensprung, Traube, Jochmann, and others. As it is the essential symptom which proves fever to be present, and without which, indeed, fever could not be said to exist, it is the natural starting-point of the discussion on which I am about to enter.

Amidst all external circumstances, the tropics' heat, the icy polar air, the heat of the human body remains, within narrow limits, constant. That a vast amount of heat is generated to produce this result, is not more wonderful than that the result should be so constantly the same. Yet so carefully is the standard maintained, that the mere fact of a deviation from it, is evidence at once of a profound alteration in the physical condition of the frame. In order to comprehend the phenomena of abnormal, we must be able to explain those of normal, heat. Here, as on so many occasions, pathology waits for the physiologist; and here, as, unfortunately, too often is the case, the explanation of physiology is imperfect. To the question, why in health the human body has a warmth of 50° or perhaps 70° above the surrounding media, we receive an answer which is, to a certain extent, sufficient. But to the question, why the temperature rises thus high, and no higher, no answer, worthy of the name, has been given. To say that the chemical changes (different as they are in various persons in rapidity and amount) suffice to produce a constant result and no more, is to ignore the fact, that in certain cases (morbid, it is true, but that does not matter), this result is surpassed. If, by a recognition of certain facts, we think ourselves justified in explaining this limitation of heat by saying that the nervous system regulates and controls the sources of its production, we may be, and probably are, stating an important truth, but our real knowledge of the process is little advanced. Admitting the existence of this moderating power of the nervous system, how is it that it thus curbs and binds within narrow limits the chemical processes which produce the heat? In what condition are the nervous currents and the nervous molecules when they permit, and when they check, the metamorphosis of tissue? And in what manner, and by the suspension of what movements, does this check occur?

When passing from physiology to pathology, we consider the phenomena of abnormal heat, a number of points arise which are only very imperfectly understood. Admitting that normal heat arises from chemical change, controlled by the nervous system, has the excess of heat which constitutes fever an analogous origin? Is the chemical action similar to that of health only in excess, or is it something altogether special? Does it arise from the presence in the body of some

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peculiar chemical agency, or is there some peculiar bodily condition which leads to the formation of extraordinary compounds out of ordinary tissues? And then, what part do the nerves play in these actions, and how far is their affection primary or secondary, essential, or subordinate and inconstant?

For the purpose of gaining a convenient arrangement of the phenomena which we can bring to answer these questions, I shall avail myself of the latest definition of fever I have been able to find. A man of true genius, Professor Virchow, of Wurzburg, has lately written an essay on fever, to which I am indebted for many important facts and suggestions. A careful enumeration of its phenomena leads this able pathologist to a conclusion identical with opinions long entertained. "*Fever,*" says he, "*consists essentially in elevation of temperature, which must arise from an increased tissue change, and have its immediate cause in alterations of the nervous system.*"

I will take now the various parts of this definition, and consider how far they are supported by facts.

I. That preternatural heat, to the extent of 4°, 6°, and even 8° Fah. over the natural limit, is the essential and pathognomonic symptom of fever may be at once admitted. Sometimes, indeed, exceptional influences come into play; the heat of an organ diminishes, because the blood flows more slowly through its vessels; or the heat of the body is lessened by great hæmorrhages, blood-lettings, or obstruction in the heart and larger vessels, and failure of the circulation, or by the use of medicines. These modifying circumstances are easily understood, and do not effect the accuracy of the main proposition. The variations of the preternatural heat in the course of fevers is a topic which properly falls within my province; but as it would lead me into long details, and is, on account of the figures which must be used, ill adapted for discussion in a lecture, I shall venture to omit it.

II. I pass then to the secoud clause of the sentence, a consideration of which forms the subject of the present lecture. The preternatural heat must arise, says Virchow, from an increased tissue change. What proof, then, is there of this? What evidence is there of such increased metamorphosis, if we put aside the assumption drawn from physiology, that the elevation of temperature is by itself ample proof of more rapid metamorphosis?

It sometimes occurs that the loss of weight of the body in fevers is greater and more rapid than can be accounted for, by the withdrawal of food, by the natural amount of tissue change, or by the occurrence of discharges. In such a case, an increased destruction of tissues must evidently have taken place, and on this ground, and on the existence of the heat itself, Virchow apparently has come to his conclusion. But, as in many cases, the elements of the calculation are uncertain, how, in such cases, is the increased tissue change to be be proved? It would be very desirable, if possible, to have some more stringent evidence of such a fact.

If the elements of the body generally, or of the blood in particular, undergo more rapid change than usual, we should, *à priori*, expect to find evidence of such a state in the condition of the excretions. We should suppose that so much more urea, carbonic acid, excretine, volatile acids, &c., must be formed, and, being formed, must be discharged. In seeking to know whether this is the case, we meet with a difficulty which, at present, there are no means of overcoming. Two of the excretions—the cutaneous and the pulmonary—cannot be collected and measured with anything like the accuracy necessary in such an inquiry. Even in health, such an inquiry is difficult, in fever it is almost impossible. A clinical test, however, and one probably of no mean value, may be used. We may assume that when the respirations are not quickened, and when the skin is not evidently sweating, the excretions of these two organs are not increased. On the other hand, an increased dryness of the skin is often quite certain, though we do not know its relative amount, and an increased excretion may be reasonably inferred where there are tolerably copious perspirations.

The other two excretions—the urine and the intestinal discharges—can be measured with accuracy, and it is fortunate that the urine in particular is a valuable measure of the metamorphosis of tissue. The urea alone represents two-thirds of the whole quantity of nitrogen which passes off, the sulphuric acid, (the sulphates of the food being accounted for,) represents almost entirely the oxidation of sulphur, and the oxidized phosphorus of the body passes out, in great measure, though not altogether, as urinary phosphoric acid. Therefore a careful examination of the urine, and of the intestinal discharges, with an approximative estimate of the pulmonary and cutaneous excretions, give us sufficiently extensive and accurate materials for the question at issue.

At present, opinions are widely divided, as to the condition of the excretions in fevers. Some excellent observers hold that they are always, and of necessity, increased; others, no less exact, affirm that they are invariably, or almost always diminished.

If the pulmonary excretion—on which I have no personal observations — be excluded, I think I am in a position to prove that, in certain febrile cases, at any rate, some of the excretions are increased, in consequence merely of the febrile state, apart altogether from the specific disease which may be present; and I shall adduce, as briefly as possible, some examples of this:—The temperature of the body in these cases was judged of by measurement in the mouth or the axilla, and the normal heat of those parts is assumed to be 98° Fah. It is scarcely necessary to observe that, in speaking of the urine, I refer always to the amount of its solid constituents, and not the water.

Thus, a man, aged 26, had rheumatic fever. The temperature, for several days, averaged at least 3° Fah. above the healthy standard. During these days the patient sweated profusely; he excreted on an average in each twenty-four hours 100 more grains of solid matters in the urine than in health, and this increase was particularly owing to augmentation of the urea, and the sulphuric acids. The intestinal excretion was as copious as usual. The food taken during this time was extremely small in amount, and the man was evidently and rapidly losing weight. Here, then, there was evidently a very great increase of tissue change, with coincident abnormal temperature.

In another case of rheumatic fever, the temperature was also for some days 3° Fah. over the standard; there was profuse sweating; the urinary solids averaged in each twenty-four hours 200 grains more than in the state of health, the urea and the sulphuric acid being particularly increased; the intestinal excreta were not apparently diminished.

In this instance, if we consider that no food was taken, and yet that the urinary ingredients derived from the daily metamorphosis of tissue were nearly one-fourth more than in the healthy state, when some 20 ounces of food were daily taken, the extraordinary disintegration going on in some tissue or other is evident.

But this is not peculiar to rheumatic fever.

In a case of typhoid fever, without increased intestinal excretion, the temperature was several degrees higher than natural; the skin was moist; the respirations were rapid, though there was none of the usual bronchitis, and the urinary solids were augmented in each twenty-four hours by about 60 grains, on an average, over the healthy amount.

Here, then, very little food was taken, the patient, as in the other cases, was quiet in bed; and yet the urinary and cutaneous excretions were greater than usual.

In a case of erysipelas of the head and face, with a temperature in the axilla of 1° over health, the skin was moist; the respirations were quick (without bronchitis); the intestinal excreta were unaltered; the urinary solids (and among these the sulphuric acid, the uric acid in a less degree, and probably the urea) were augmented in each twenty-four hours very considerably over the healthy amount.

I have selected these cases, and those afterwards to be mentioned, because there appear to have been no modifying circumstances. No medicines were taken to complicate the result, nor were there any profuse discharges from the stomach and bowels, which are difficult to collect and estimate, and yet which reduce the amount of the urinary constituents.

Two at least of the excretions (the urinary and cutaneous) were then increased in these cases, while the other excretions were not apparently diminished. In some other cases, only one excretion is thus augmented:—

A man, aged 21, who admitted on the eleventh day of a disease, which was diagnosed as febricula. There was no local disease whatever, and there was no evidence of typhus, typhoid, or relapsing fever. On the eighteenth day, all symptoms had disappeared. Now, from the twelfth to the seventeenth days, inclusive, the average temperature of the month was 101·12° Fah.; and it fell gradually during this time from 102·25° to 99·5°. It averaged thus 3° over the

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normal amount. During this time, the bowels were confined; the respirations were not quickened (16—18 per minute), and the urinary solids were below the healthy standard. Thus, in each twenty-four hours during these six days, there were excreted by the kidneys only 476·416 grains; whereas the average of four days, when the man was perfectly well, was 567.455 grains in each twenty-four hours, or about 90 grains more, although at that time the temperature was only 97·9° Fah. Thus, neither in the pulmonary, the intestinal, or the urinary excretions, was there evidence of augmented chemical disintegration during the febrile period, but rather the reverse. But, then, the cutaneous excretion was evidently enormously augmented, for the sweating, day and night, was most profuse. Is it not reasonable to suppose that, in this case, it so happened that there was really increased disintegration of some tissue or other; but, that the products formed were of such a kind, as to be eliminated rather by the skin than by the bowels or the kidneys?

Again, in a case of typhoid fever, there was an average temperature of 101·29° Fah., from the fifteenth to the twenty-fourth days of disease inclusive. The average daily excretion of urinary solids during this time, amounted to only 362·971 grains; while six weeks afterwards, when the patient was well, and the temperature was normal, the urinary solids, examined during six days, averaged 436·001 grains. The urinary excretion was then diminished; but then there was constant and considerable diarrhœa, and also, at one time, sweating and sudamina, so that the increase in these two excretions may be reasonably held to account for the urinary diminution.

In support of this proposition, that the excretions may be increased in fever, I may allude to some observations by Dr. Alfred Vogel;* although, unfortunately, they refer only to the elimination of urea, and are unaccompanied by any statement of the temperature. Thus, in a case of typhoid fever, with diarrhœa, fatal on the sixteenth day; there were excreted on the thirteenth and fourteenth days respectively, 740 and 889·5 grains of urea—a very great amount, considering there was also diarrhœa. In another case, on the ninth and tenth days there were excreted 818 grains on each day; while in a third case, in twenty-four hours the excretion of urea reached the astonishing amount of 1065·5 grains,—or considerably more than twice the amount than would be secreted by a strong, healthy man, on exercise and abundant food. In this case, also, there were two liquid motions daily; no observation is made about the skin. The average amount of urea in all the cases of typhoid fever examined by Alfred Vogel, is of course not so great as this; but even including cases of convalescence, during which time the urea is much smaller, the average excretion in twelve cases (thirty-five observations being altogether made) was 560 grains, or considerably above any healthy average, except that given by Professor Bischoff, which is a little less than this, but is decidedly too high a standard for health.

In a case of Pyæmia (a boy 19 years old), Vogel found in twenty-fours no less than 1235 grains of urea, or nearly three times as much as in health. In a case of extended pneumonia he found, during the period of hepatization, and at a time when the respirations were 70—80 per minute, and the pulse about 100, the excretion of urea, on an average of two days, to be 695 grains, or more than 200 grains over the standard.

Now, as the urea is the chief representative of the nitrogenous tissues, it is impossible not to see, in the enormous amount excreted, a very rapid disintegration of these tissues; although, in Vogel's observations, the condition of the other urinary ingredients (except the chloride of sodium), and of the skin, is disregarded.

Without referring to additional observations, though there are several others,—among which I would especially mention those made by Heller,—I think I may be permitted to conclude, from the facts recorded in these six different febrile diseases, *that increase of temperature may be attended with increased elimination; and, therefore, presumably, with increased tissue change.*

But is this observation to be generalized? Does it hold good universally? Are the excretions increased in all cases of febrile heat? A most decided answer in the negative can be given. In many febrile cases there is diminution, instead of augmentation, of the excretions. I select the most striking examples of this which I have observed.

A man, aged 20, was affected with simple bronchitis of both lungs. The temperature averaged, during six days, 100·64° Fah.; the urinary solids, during the same time, amounted to only 294·174 grains in each 24 hours, or not one-half of the healthy amount. Afterwards, during convalescence, when the body had not recovered altogether its proper tone, the temperature of the mouth averaged, during four days, 97·56°, and the urinary solids amounted to 406 grains in each twenty-four hours, or 112 grains more. Nor was the diminution of the urinary secretions in the febrile period compensated by increased elimination from the skin or bowels. There were indeed, some sudamina on the skin, but there was much less sweating than during the convalescent period, when the urinary solids were increased one-fourth. With respect to the pulmonary excretion, it so happened that the respirations were not quickened, (twenty per minute,) and we may presume that the rule laid down by Hervier and Saint Sayer, that the carbonic acid is decreased in pulmonary inflammations, held good also for this case.

To take another example:—A man aged 48 was attacked with acute sthenic pneumonia, and came under treatment on the 9th day of the disease. The temperature for three days averaged 102·650; the urinary solids averaged during the same time only 369·17 grains, although, during convalescence, they rose to 589·45 grains; the skin was only slightly moist; the bowels were confined; the respirations averaged thirty per minute; the expectoration was scanty. Here, then, was a man whose temperature was nearly 5° over normal blood heat, and yet the urinary excretion was 200 grains less per diem than during the convalescent period, when it was still lower than in health. It is highly improbable, especially after the observations of Hervier, just referred to, that we are to look to the pulmonary excretion alone for the products of metamorphosis equal to 5° of heat.

I have other cases of pneumonia, showing the diminution of urinary ingredients, while the case quoted from Vogel, and others, which I could adduce from my own observation, prove that this diminution is neither constant, nor peculiar to pneumonia.

It so happens that these two cases are both pulmonary affections; but the same fact can be found in other cases.

This is an unequivocal case of typhoid fever in a man, aged 23, in which there happened to be no diarrhœa, no sweating, and no bronchitis. The urinary ingredients were for many days below the normal amount, though the elevation of temperature was considerable.

To take one more case:—A girl, aged 19, with acute rheumatism, and with a temperature averaging 102° Fah. in the mouth, passed for several days an extraordinarily small amount of urinary solids; there was no compensation for this in other ways, for she was breathing tranquilly, the bowels were quiet, and there was only inconsiderable perspiration.

In all these cases, it is of course to be understood that there was no reason to suspect, either during the illness or after it, any condition of the excreting organs which would have impeded their functions had the substances they ordinarily excrete passed through their capillaries.

[To be continued.]

* Zeitschrift fur rat. Med. Band iv., Heft 3. 1854.

ORIGINAL COMMUNICATIONS.

MEMORANDA ON THE TREATMENT OF VARIX.

By HENRY T. CHAPMAN, F.R.C.S.,

Late Surgeon to the St. George's and St. James's Dispensary.

The nature and pathology of varix have been minutely investigated and illustrated by more than one distinguished writer on morbid anatomy. Its treatment, nevertheless, has halted so long at a point very far short of success, that the question may fairly be mooted whether it has hitherto been conducted on the right principle? Believing that this has not been the case, and that, in a therapeutic point of view generally, varicose affections have not met with the attention they

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deserve, I make no apology for laying the grounds of that conviction before the readers of the *Medical Times and Gazette*; partly, because a protest against the dangerous operations so frequently undertaken for their cure appears to be still called for; but chiefly because I am anxious that a method of treatment, based on quite a different principle, which I have found successful in numerous instances, should be tested in a wider field and by less interested judges than myself.

I. *Varix not cured by the obliteration of the diseased vein.*

The treatment of varix with a view to its ultimate cure,—that is to say, an actual restoration of the dilated vein to its normal area and condition, so that the valves may be enabled to resume their functions and discharge them healthily,—appears to have been contemplated by very few writers on the disease. A variety of surgical operations has been suggested and practised, in the expectation of inducing permanent obliteration either of the dilated trunk or of the varicose cluster; but if this could be effected certainly, permanently, and without risk, it cannot properly be designated the *cure* of the malady. It is to all intents and purposes as completely the extirpation of the part affected by it as the excision or removal of the entire varicosed vein described by Celsus, and submitted to with so much *sang froid* by the Roman consul Marius,—an episode in his life very quaintly narrated by Plutarch. Nor does it seem to have been taken sufficiently into account by the advocates of these methods of treatment, that the circulation in the lower extremity must suffer in a greater or less degree by this extinction of a very essential portion of its venous system, the duplicate or supplementary channels, namely, by which the blood is returned from the foot and leg whenever the deep-seated veins are compressed by muscular action, or happen to be obstructed in any other way.

To all these operations, moreover, two very serious objections attach:—*First*, there is more or less danger of extensive phlebitis supervening upon the section or ligature of veins in whatever manner it may be conducted. And, *secondly*, were no such consequence to be apprehended, every operation hitherto devised fails, in the majority of instances, in accomplishing the object for which it was performed.

That I do not overstate the force of these objections, ample evidence may be adduced. Cases which have terminated fatally after ligature or division of varicose veins have been placed on record by Sir Everard Home, Sir Astley Cooper(a), Sir B. Brodie, MM. Hodgson, Travers, Colles, Jules Cloquet, and others; and many more doubtless have occurred which have never been made public. But if the highest surgical and pathological authorities had not been unanimous in denouncing the practice as applied to diseased vessels, death from phlebitis after the ligature of healthy veins during amputation, and even as a consequence of the small puncture made in venesection, has taken place so repeatedly that facts of this nature alone ought to be sufficient to deter surgeons from attempting the cure of varix by any operation likely to provoke it.

In support of the second objection, Sir Everard Home admits that in one of his cases a relapse occurred fifteen months after apparent obliteration by ligature; and Mr. Hodgson relates two instances in which, a few years after the saphena had been tied, the veins of the leg were found to be as large and troublesome as before the operation. The latter gentleman thus sums up the result of his experience on the subject:—"From the preceding observations it is evident, first, that ligature or division of varicose veins sometimes produces alarming and even fatal consequences; and, secondly, that the disease in the branches sometimes increases after the obliteration of a varicose trunk" (b).

In his Lectures, published in 1846, Sir B. Brodie speaks of the simple subcutaneous section of the branch or branches implicated, which was formerly advocated by him(c), on the score of its comparative security, as "a dangerous operation." "But still," he continues, "there is another reason against having recourse to it. I do not believe, from what I have seen, that it permanently benefits the patient. If I cured one cluster, two smaller ones appeared on each side of it, and ultimately I left the patient no better than I found him. . . . By caustic(d), where one cluster was cured other clusters appeared"(e). "I have seen cases," says Mr. Vincent, "where varicose veins of the leg have been tied or divided, and where portions have been removed; but as soon as the patients got about, I have remarked that the leg has been embellished with fully as many diseased vessels as before these severe operations" (f). "If you tie the vein ever so well," observes Dr. Colles, "you will find that in twelve months that vein will be as pervious as if it had never been tied at all"(g). Testimony not less unfavourable, is given by MM. Jules Cloquet, Bégin, and Blandin, in the Articles "Ulcère" and "Varice" of the French Dictionaries.

With such a weight of authority in adverse array against the performance of operations of the kind for the cure of varix, it may appear somewhat superfluous to entertain the question at all; and still more so to dwell at any length upon it. But ingenious modifications of section, ligature, or caustic continue to be brought forward from time to time, and supported by their half-score of successful cases; the main point being the obliteration of the vein in the safest manner possible, without much regard to the permanency of the effects, or at any rate, with no very conclusive evidence thereof. The authors of such proposals too often overlook the circumstance that *permanent* obliteration can only be effected by a high degree of phlebitis; and consequently that the ultimate success of these attempts must always be directly proportionate to the risk incurred; and that, in the same degree in which they contrive to diminish it, the chances of cure will also be lessened.

In a brief review of the various modes of endeavouring to cure varix by obliteration of the dilated vessel, appended to the first edition of an Essay "On the Treatment of Ulcers on the Leg," published by me in 1848, I noticed the application, in Italy, during the years 1846-7(h), of what is termed Galvano-puncture, for the purpose of coagulating the blood in the dilated saphena, with the hope of thus effecting its perfect closure; those who advocate this proceeding alleging in its favour the certainty of the cure and its freedom from danger. The latter part of the statement appeared to be borne out by the cases related; but with respect to the certainty of obliteration I then came to the conclusion that "satisfactory proof of the *permanency* of the cures reported was still wanting."

With one of these gentlemen, Dr. Milani of Varese, I have since corresponded, and he frankly acknowledged, in reply to my inquiries, that his success had been exactly commensurate *with the degree of inflammation* excited in the vein; at the same time stating, however, that he had never seen any ill consequences ensue from the practice. In cases followed by little or no phlebitis the varix, he admits, has returned as soon as the clot has become dissolved and absorbed. When complete obliteration of the vein, therefore, has happened after Galvano-puncture, it is clearly not due to the mere coagulation of its contents, but is the result of acute inflammation producing the consolidation of a considerable portion of the vessel.

I should not have thought it worth while to revert to the rather hasty conclusions drawn from the employment of Galvano-puncture, were it not for the probability that similar claims may ere long be advanced in behalf of other agents, such as the perchloride of iron, which also possess the property of coagulating the blood within the vessels. But should any hopes of the kind be entertained, the following observations of Hasse ought to be sufficient to dispel them entirely. "It is surprising," he remarks, "in how short a space of time a plastic plug, extending through numerous branches, and even filling a tolerably large trunk, will disappear, so that canals previously impervious are again opened to the circulation." He adds in a note, "This fortunate termination of phlebitis, I have experienced in my own person. The whole system of the saphena, up to its insertion in the crural vein,

(a) Sir A. Cooper states that no fewer than eight cases terminating fatally after ligature had come to his knowledge.—*Lectures, edited by Tyrell.* One of these accidents, it is said, happened in the practice of Sir Astley himself, some months after he had roundly declared that a surgeon who performed such an operation deserved to have a ligature applied round his own neck.

(b) Diseases of the Arteries and Veins, p. 563.

(c) Medical and Chirurgical Trans. V. vii.

(d) It has been contended that the treatment of varix by caustic is exempt from the risk attending ligature and section. A preparation (3600) in the Museum of the London University College, is thus described in the catalogue:—"Two apertures in the saphena vein caused by the application of caustic potass for the obliteration of varix.—*Phlebitis and death ten days after its application.*"

(e) Lectures on Pathology and Surgery, p. 185.

(f) Observations on some of the points of Surgical Practice, p. 229.

(g) Lectures on Surgery. V. 1. p. 98.

(h) Ani ali Universali de Medicina, Jan: 1847.—Gazette Médicale, July, 1847.

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had become blocked up by plastic lymph. Even the minute twigs of the corium had, by the formation of pustules beneath the epidermis, given proof of active participation in the disease; and yet *within five weeks* of the inflammation subsiding, the circulation was fully restored in almost all the veins as before" (i).

In the modification of ligature by the needle and twisted suture, more recently introduced by Mr. Henry Lee,(j) (*i. e.*, removal of the needle and division of the vein on the second or third day after constriction,) he may possibly attain one of his objects, and prevent absolutely the future restoration of the canal of the divided vessel itself. But granting that it never again becomes pervious, the patient is, in the long run, no gainer by its obliteration, if, as we have seen it explicitly affirmed by Sir B. Brodie, Mr. Hodgson, Mr. Vincent and others, before many months have elapsed, its place is supplied by one or more veins of inferior calibre, of course abnormally dilated, to convey a larger volume of blood than is natural to them. That this is not merely the occasional but the ordinary sequel of obliteration of a venous trunk, whether it take place naturally or artificially, will scarcely be disputed(k). A case I have published elsewhere(l), will presently be cited, in which the saphena interna was converted into an impervious cord by the insertion of five needles beneath it; and yet within twelve months a varicose vein had been developed, alongside this cord, quite equal in size to the original varix, and occasioning even a greater degree of suffering. In July, 1853, I met with a similar example, but in this second case the relapse occurred in less than four months after the occlusion of the trunk, the operation having been performed in the March previous. Both these patients informed me that they suffered most severely during the process of obliteration, that they were confined to bed for some weeks, and that it was very long before they were able to walk without pain and lameness. Had the veins been divided after ligature, in accordance with Mr. Henry Lee's practice, it is very probable that much of this suffering would have been avoided, and that their recovery would have been incomparably more rapid.

Nevertheless, if the danger of phlebitis is considered by Sir B. Brodie to be a sufficient reason for abandoning his simple subcutaneous section of the vein, Mr. Lee's operation cannot be quite so safe as he appears to regard it. A case, indeed, fully bearing me out in this opinion, which was operated on by him, November 12th, 1852, is referred to in the *Lancet* for March 18th, 1854. Ligature and division of the vein were followed by inflammation, abscess in the leg and groin, and pyogenic fever. On the thirty-eighth day the foot and ancle were still in a painful, œdematous condition; and in addition to these accidents, which so commonly attend the operation, it is recorded that "during the height of the fever, the patient had been seized with severe pain in his right wrist. This pain subsequently diminished, but in the eleventh week again became very acute, the fingers were quite powerless and extended, and the forearm and wrist perfectly useless, though no external ulceration or inflammation had taken place." This occurred in the winter of 1852—3; and the return of the patient to King's College Hospital in the spring of 1854, afforded the reporter of the case an opportunity of ascertaining that, after a lapse of more than a year, the paralysis of the forearm still continued.

By those who still practise the ligature and section of veins for the cure of varix,—and even of varicose ulcers,—it is urged that, in the majority of instances, no serious consequences ensue, and that death from this cause is a comparatively rare accident. But phlebitis, once provoked, is so little under our control, that, until he can say to this disease,—"Thus far shalt thou go and no farther,"—I cannot bring myself to believe that any surgeon is justified in deliberately encountering so formidable a risk, remote as he may deem it, for the sake of an advantage which is at best merely transitory. A single example of such an operation terminating fatally, ought, in my judgment, to outweigh five hundred cases attended by no immediately disastrous results.

I shall now proceed to describe the plan of treating varix, alluded to at the commencement of this paper, which has at any rate the merit of being both safe and simple.

II. *Curative treatment of Varix by wet strapping and bandaging.*

One of the writers, I might almost say the only one(m), who has spoken confidently of the actual curability of varix, is the late Mr. Vincent, whose lengthened experience as Senior Surgeon to St. Bartholomew's Hospital, entitles his opinion to great consideration. At pp. 226 and 228 of his "Observations on some of the points of Surgical practice," he expresses his conviction that veins of the leg, when diseased, will, if the limb is maintained in the horizontal position, and in perfect repose, gradually recover from their thickening and enlargement. "This fact," says Mr. Vincent, "I have observed." Again he remarks, "I have no doubt, that if patients would submit to the confinement, that by means of continued rest, and leeching where this step is required, all cases of varix may be fully relieved."

Since the immediate source of varix is an inability on the part of the coats of the veins to withstand the pressure from within to which they are subjected in the erect posture, the most natural and direct course we can pursue for their relief, is the adoption of measures calculated to diminish that pressure as much as possible. This may, of course, be instantly effected by confining the patient to the recumbent position, as Mr. Vincent has proposed, when all trace of the malady will entirely disappear. But the maintenance of this posture, excepting under very aggravated circumstances, is manifestly impracticable. The remedy would be worse than the disease. All that is usually attempted, therefore, is to endeavour to assist the vein in the discharge of its function by giving it support from without, and thus palliating the infirmity.

Varicose dilatation, however, takes place under two very different conditions of the venous walls. It may arise, in the first place, primarily, or idiopathically, when its source is inherent in the tissues of the vein itself. Having been weakened by local or general morbid influences, in proportion to the diminution of contractile power control over its natural extensibility is lost; hence ensues a disturbance of that normal equilibrium which ought to exist between the strength of the vessel and the weight of the column of blood it is calculated to sustain, and the entire vein, or merely a portion of it, is rendered unequal to the ordinary duty it has to perform. Or, secondly, it may originate, consecutively, in causes altogether extraneous to and independent of the vein itself, as an effect of changes either natural or morbid going on elsewhere. The vein, in that case, retaining its normal power of resistance to the pressure from within, but this latter being increased far beyond the ordinary ratio by certain obstacles to the free return of blood, its walls below the obstruction are compelled to give way.

In this consecutive form of varix, we meet unquestionably with strong and frequent corroboration of Mr. Vincent's view of the matter. No one, I think, will dispute that when the pressure upon, or obstruction of, the venous trunks, which has given rise to the dilatation of their branches, is removed, these latter, under favourable auspices, spontaneously decrease in size until their calibre approximates to what it was normally. We see, daily, instances of women suffering greatly from this affection during pregnancy, who become exempt from all annoyance therefrom after childbirth; the removal of the obstruction, and the brief confinement to the horizontal position alone sufficing to bring about this desirable issue.

It may be true that the veins, in such cases, are not often thoroughly restored to health. There is still, more or less, permanent dilatation, and proportionately defective action of the valves, which prepares the way for a return of the malady in an aggravated form on the advent of another pregnancy; and which, in females obliged by their position in life to be much on foot, speedily increases, until long before another pregnancy arrives, the varix becomes confirmed and habitual. Nevertheless, if nature, when simply unthwarted, is capable of doing so much towards the cure of varicose dilatation,

(i) Pathological Anatomy, p. 24. Sydenham Society's Translation.

(j) Clinical Lecture on Varix. Medical Times and Gazette, January 5, 1852.

(k) "After obliteration of a venous trunk," says Mr. Hodgson, "the anastomosing channels generally become varicose," p. 388. "Whether the collateral circulation be carried on by one or more veins, they acquire a volume much more considerable than what is normal."—*Andral, Anat. Pathologique*, T. ii. p. 404.

(l) The treatment of Ulcers and Cutaneous Eruptions on the leg, p. 96, 2nd Edition, 1853.

(m) "It is *probable*," suggests Mr. Hodgson, "that, when dilatation is confined to a small portion of the vein, powerful compression by means of a firm compress and adhesive straps, by stopping circulation through the vessel, may ultimately effect a cure of the disease."—*Diseases of the Arteries and Veins*, p. 564.

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which may have existed to a very distressing extent for months, it is no small encouragement to the surgeon to endeavour, by artificial aid to complete the process which she has so well commenced.

(To be continued.)

ON CHANGE OF COLOUR OF THE IRIS, INDEPENDENT OF INFLAMMATION OF ITS TEXTURE.

By ROBERT TAYLOR, M.D., M.R.C.S. Eng.,
Surgeon to the Central London Ophthalmic Hospital.

It is a familiar fact, that the iris, when inflamed, undergoes a conspicuous change, both in colour and texture. The increased flow of blood through its vessels, modifies the original hue, from gray or blue, to various shades of green, and adds a tinge of red to deep hazel or brown; while subsequent exudation destroys its brilliancy, and mats together and obscures the delicate fibrous markings which give such beauty to the healthy muscle.

But it is not generally known, that the colour may be completely changed, without any indication whatever of diseased action in its texture—changed, not by the admixture of red or yellow, from blood or inflammatory exudation, but by some hitherto unexplained alteration, probably of the pigment, which converts a deep hazel, or brown, to a clear gray, or mottles a gray or blue eye with specks and patches of brown. Such transformations, it is true, are of rare occurrence; and it is probably owing to this that they have escaped the notice of English systematic writers, so far as I am aware, with the exception of Mr. Lawrence. It is important, however, that the fact should be thoroughly recognized, not only on account of its intrinsic pathological interest, but also from the serious therapeutic errors which might result from a wrong interpretation of its true significance.

By one of those coincidences often observed in connexion with diseases of rare occurrence, I have lately had the opportunity of witnessing three such cases within one week. As there are but few on record, a short description of them may be interesting.

Case 1.—The first is that of a lady, who received an accidental blow on the right side of the forehead, nearly twelve months ago, in consequence of which the sight of the corresponding eye failed slowly and painlessly, until, when she consulted me a short time since, she was unable to read the largest print. There was a deep-seated, mottled opacity, situated, apparently, in the posterior capsule of the lens. The veins from theinterior of the globe were enlarged and tortuous, and the point of exit of one or two of them was tinged by a slight deposit of pigment; but this increased vascularity was equally conspicuous in the other eye, the vision of which was unimpaired. About six weeks ago, or ten months after the accident, she observed the first indications of change in the colour of the iris. It had formerly, like that of the left eye, been of a dark brown colour; it is now of a bright blue-gray, without the slightest admixture of brown, and presents a striking contrast to the dark hue of the other. The change was completed in four weeks.

Case 2.—The patient, a woman, 29 years of age, is still under my care at the Central London Ophthalmic Hospital, for deep-seated disease of the right eye, identical, I believe, with the affection described by Dr. Mackenzie in the last edition of his work on Diseases of the Eye, as "Retinitis Lactantium." When she commenced her attendance at the Hospital, vision was so far destroyed that she could scarcely distinguish between light and darkness; but it has since been completely restored.

Five weeks ago, the change in the appearance of the iris was first observed by her friends. Formerly, like that of the left eye, it was of a deep brown colour, mottled by a few minute specks of gray; within the time specified, these specks have gradually enlarged, until their conjoined area now occupies nearly one-half of the iris, to the exclusion of the original dark hue. The change is still in progress.

Case 3.—The third instance was observed in a man, who presented himself, on one occasion only, at the Hospital, on account of capsulo-lenticular cataract of the right eye. I was at once struck with the difference in colour of the irides. That of the left eye was dark hazel, the gray being in minute specks, and in very small proportion to the brown; that of the right, in which the disease existed, was bright blue-gray, with only a very few minute brown dots. He was very deficient in intelligence, and could not give any clear account of the length of time the difference had existed; but it was too striking to admit of the possibility of its having been congenital, or even of very long continuance; as in such a case he could not have failed to have heard it constantly remarked upon.

In each of these instances the surface of the iris retained its brilliancy; the superficial fibres were as sharply and clearly defined as in the unaffected eye; the pupil was free from adhesions, and dilated actively and fully under the influence of atropine. Had the progress of the change not been observed, at least in the first two cases, it would at once have been concluded that the difference in colour was congenital.

My colleague, Mr. Haynes Walton, informs me that he has witnessed one example of a similar nature in connexion with capsulo-lenticular cataract, and another in which a gray iris was permanently stained with rust-coloured spots. In the latter instance, however, there is reason to believe that the eye had suffered from syphilitic iritis.

Guildford-street, Russell-square,
Feb. 28th, 1855.

THE LONDON PRACTICE OF MEDICINE AND SURGERY

SERIES OF CASES OF ABDOMINAL TUMOURS.

(Continued from page 161.)

THE MIDDLESEX HOSPITAL.

Case 56.—LARGE HYDATID CYST IN THE LIVER.—JAUNDICE.—RUPTURE INTO THE RIGHT PLEURA.—DEATH.—AUTOPSY.

[Under the Care of Dr. HAWKINS.]

We are indebted for the particulars of this, and the two following, cases to the notes kept by Mr. Sibley, the Registrar of the Hospital.

George Knight, aged 54, a gardener, died under the care of Dr. Hawkins, in the Middlesex Hospital, on May 10, 1854. He had been admitted a fortnight previously, on account of slight but increasing jaundice. His history was, that he had been of sober habits, and had generally had good health until about four months before his admission, when he began to suffer from pain in the abdomen, and more particularly in the right hypochondrium, after which the jaundice gradually followed. On examination, the liver was found to hang at least two inches below the margin of the ribs, and there was tenderness over the whole region, extending as high as the fifth rib. On May 5, ten days after admission, severe symptoms of chest complication were present. The percussion note was quite dull in the lower half of the chest on the right side, and clear in the upper; the cough was incessant, and the man was much sunken. Death, from an aggravation of the condition referred to, took place on the 10th. At the *autopsy*, the right side of the chest was observed to bulge considerably, as if distended, and percussion gave a dull note in all parts. On opening it, the pleural sac was found full of yellowish, turbid, sero-purulent fluid, in which floated some portions of hydatid cysts. The right lung was compressed and flattened against the vertebral column, and firmly bound by adhesions at its lower part to the diaphragm. It was carnified, and quite collapsed. The left lung was healthy in every respect. The liver was very much enlarged, passing over into the left hypochondrium, and downwards, as low as the level of the umbilicus. It adhered above to the diaphragm, and was in every part in a state of extreme congestion. In the posterior portion of its right lobe was a cavity, lined by a cyst as large as a swan's egg, in which were contained numerous smaller cysts, similar to those removed from the pleural cavity. In the upper wall of this cavity was an open-

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ing, which passed through the diaphragm, and communicated with the pleura. The pericardium was united to the heart in all parts by adhesions, which were readily torn through, leaving the surface of the organ rough with shreddy lymph. The heart itself, and all the abdominal viscera, excepting the liver, were healthy.

Case 57.—DEATH FROM ACUTE PHTHISIS.—HYDATID CYST IN LIVER.

[Case under the Care of Dr. HAWKINS.]

Sarah A., aged 16, died after an illness of little more than two weeks, of acute tuberculosis of the lungs and pleura. She was a fair-haired, delicate girl. No particular hepatic symptoms had been observed. At the autopsy, the lungs were found semi-solid, from the infiltration of gray tubercle. In the liver, immediately over the gall-bladder, was the appearance of a cicatrix, and, on cutting across this, the cyst of an hydatid, the size of an orange, was exposed. The liver tissue was rather fatty.

In a former part of the series an instance has been given of the coincident occurrence of hydatids and cancer; and, in the above one, an example of the same, with respect to tuberculosis, is afforded. Probably, in neither case had the disease which proved fatal any connexion whatever with the parasite. There does not appear the slightest reason for believing, that hydatids either predispose to or exercise any protective influence against the development of other specific diseases. Their occurrence would seem to be a matter of accident; and any depraving influence they may exert upon the general health, rarely exceeds what may be explained, by referring to their bulk, their pressure on important organs, or the production of inflammation around them. Of themselves they do not appear either to depend upon or to produce cachexia.

Case 58.—HEPATIC TUMOUR, PROBABLY HYDATID, OPENING EXTERNALLY.—RECOVERY.

[Case under the Care of Mr. SHAW.]

Bartholomew H., aged 14, a pale and thin Irish boy, was admitted under Mr. Shaw's care on June 6, 1854. His account was, that after having for upwards of a month been subject to pains about his stomach, he had noticed a swelling beneath the ribs, on his right side. The swelling afterwards broke, and discharged some yellow-brown matters (like his fæces), containing in it portions resembling bits of jelly. The kind of discharge alluded to was stated to have continued for about a week, after which it became simply purulent. The abdomen was generally full; the hepatic dulness extended four inches below the margin of the ribs, being parallel with the latter. Over the liver, about three inches to the outer side of the median line, was the opening of a sinus, from which the ill-formed pus escaped. A probe could be passed obliquely inwards by this sinus to a great depth.

The treatment pursued, consisted in the use of cod-liver oil, and full diet. Whilst under observation, the lad remarkably improved in health and strength. The liver rose into its proper position, and the dulness below the margin of the ribs ceased to exist, excepting in the immediate neighbourhood of the sinus. The discharge had, at the time of discharge (August 1st) all but ceased.

The diagnosis in this case was entirely circumstantial. The lad's description of the matters discharged, when the tumour first broke, was such as might have been applied to fragments of hydatid cysts; and the rarity of hepatic abscess in the young, together with the absence of the severe symptoms generally attendant upon such disease, strongly supported the opinion formed. Further confirmation was afforded by the rapidity and completeness of the recovery.

GUY'S HOSPITAL.

Case 59. — SPONTANEOUS DEATH, AND CURE OF A LARGE HYDATID CYST IN THE LIVER.

Henry Edson, aged 40, was admitted into Guy's Hospital in June, 1854, in an almost moribund state, from the effects of diseased heart and emphysema of the lungs. He died three days after admission. At the post-mortem, which was performed by Dr. Wilkes, there was found, in the right lobe of the liver, an hydatid cyst, nearly the size of a fist. The cyst was thick, and encapsuled in a structure almost as dense as cartilage, by which it was most firmly united to the organ in which it lay. Its contents consisted of ptuty-like material, and collapsed and squeezed-up cysts. The parent cyst was much involuted and folded. In the skin, over the situation of the tumour, there was an appearance of a small cicatrix, as if from a puncture; the opinion as to its cicatrical character could not, however, be given with any confidence, and nothing had been stated in the history of the case as to an operation having ever been performed, or, indeed, as to the tumour itself having ever been discovered.

From the size which, in this case, the cyst, although dead and collapsed, still retained, it is probable that it had originally been a very large one. It is not possible to assign any satisfactory cause for its death; and in the absence of any proof that it had ever been interfered with, we must place the case in the class of spontaneous cures.

ST. THOMAS'S AND OTHER HOSPITALS.

Case 60.—HYDATID TUMOURS IN THE SUBPERITONEAL CELLULAR TISSUE.

The subject of the following case was a man aged twenty-five, who died in St. Thomas's Hospital, under the care of Mr. Solly, of peritonitis consequent on the hydatid tumours which were subsequently found in his abdomen. We abridge the particulars of the autopsy from the account of it published by Mr. Sydney Jones, in the last vol. of the Pathological Society's Transactions(a).

In the abdomen were found upwards of eleven distinct hydatid tumours, in various stages of life or of degeneration. The largest filled the right hypochondriac region and was closely connected with both liver and kidney. It contained pus and some hundreds of hydatid cysts, varying in size from a pin's head to an orange, some shrivelled and dead, others globular and with translucent walls. A second tumour was placed in the cavity of the pelvis, between the rectum and bladder, adherent to both, and pushing the latter organ forwards. Its entire cavity was filled by a single large hydatid containing clear fluid, in which floated other sacs. This cyst had by its pressure caused dilatation of the ureters and of the pelves of the kidneys. In the right iliac fossa behind the cœcum were two other tumours, both containing clear fluid and smaller cysts. To the right of the gall-bladder, under the liver, but not connected with its structure, was a cyst the size of a walnut, having tough walls, and containing putty-like stuff, in which, by the microscope, numerous hooklets of echinococci were discoverable. Adjacent to the two large tumours first mentioned, were five or six small nodules in size from a pea to a walnut, which on section showed a laminated structure. They were evidently convoluted or folded-up hydatids, some consisting of one, others of several, sacs. They contained imperfect echinococci, but no hooklets were found.

It was considered doubtful whether the last-described tumours should be ranked as developing or degenerated ones. From their not containing putty, from the presence of imperfect echinococci, but not of degenerated ones, and from the wax-like structure of the cyst, it was thought probable that they were living and as yet undeveloped. If so, we have then, in this case, examples of most of the stages and conditions in which hydatids may be found. *First*, as small solid tumours, containing imperfect echinococci, having convoluted walls of waxy consistence. *Secondly*, as cysts having elastic, half-pellucid walls, and containing clear fluid, smaller cysts, and fully formed echinococci. *Thirdly*, as cysts around which suppuration had taken place, and which had consequently been deprived of life. In these were found collapsed cysts with opaque and broken membranes, portions of disintegrated cyst wall, echinococci and their remains, and also some cysts, globular and yet living. *Fourthly*, dead cysts, the fluid contents of which had been entirely absorbed. In these the cyst wall was found convoluted, and consisted of an opaque membrane much softened and retaining but little of its original elasticity. In the interior was a putty-like substance, consisting of oily matter, carbonate and phosphate of lime, hooklets of echinococci, and the débris of smaller cysts.

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Case 61.—DEATH, COLLAPSE, AND CURE OF A LARGE HYDATID CYST CONNECTED WITH THE LIVER.

The next case to which we shall allude, is one illustrating the spontaneous (?) cure of a large hydatid cyst, and will conclude the cases which we have to bring forward in relation to this division of the present series. The specimen concerned was exhibited by Dr. Hale, at a Meeting of the Pathological Society, in November last, and noticed in our report of the same. The patient, a little boy, had been admitted under Dr. Hale's care, at the Western General Dispensary, on account of a large tumour connected with the left lobe of the liver, which projected in the hypochondrium. The hydatid nature of the tumour was diagnosed from its general characters. The treatment pursued consisted in a prolonged course of iodide of potassium with small doses of mercury, and under it the tumour gradually diminished in size, and finally ceased to be perceptible to the hand. Its decrease had occupied about three months. The child was at the time of discharge in fair health, and he continued so for a period of about nine months without any recurrence of symptoms referable to the tumour. His death, which ultimately resulted, after a very short illness, from what was supposed to be ill-developed variola, gave an opportunity for examination of the tumour. Imbedded in the upper surface of the left lobe of the liver was a cyst the size of an orange, having opaque, tough walls, the membrane composing which was doubled up and folded upon itself in a great number of convolutions. The arrangement of the layers shown in its section would be pretty exactly simulated if a large and nearly empty bladder were squeezed up tightly in the hand, and then cut across. Its contents consisted of the usual putty-like substance, with the débris of smaller cysts and echinococci.

Having now concluded this part of the series, the present may be a fitting place to introduce some

GENERAL REMARKS ON THE TREATMENT, ETC., OF HYDATID TUMOURS IN THE ABDOMEN.

Great additional interest attaches to hydatid tumours over most others, from the fact that they are curable, and often demand the interference of the surgeon, in order to preserve the life of the patient. This circumstance must stand as our excuse, if we enter on this part of the inquiry with more than usual length. It will divide itself naturally under three heads.

1st.—*Spontaneous Cure.*—Many cases are recorded, and our own series shows several (Cases 61, 60, and 59), in proof that hydatid cysts, even of very large size, may die, collapse, have their contents almost entirely absorbed, and be, for all practical purposes, spontaneously cured. It seems, further, probable that a dead hydatid cyst does not usually become a source of irritation to the organ in which it is lodged. The seeming exceptions to this latter rule, those, namely, in which dead hydatids are found in the interior of abscesses, are to be explained rather by the supposition that the inflammation killed the parasite, than that the death of the parasite caused the inflammation. Two important questions suggest themselves in connexion with the knowledge of these facts. 1st. How far is a Surgeon justified in leaving an hydatid cyst uninterfered with, in the hope that death and absorption may spontaneously ensue? and, 2nd. Is it advisable, in cases deemed to need interference, to be content to secure the death of the parasite, without providing for the evacuation of the smaller cysts and other contents? In replying to the first, the locality of the tumour must be considered; if in any other place than in connexion with one of the great serous cavities, there can be no doubt as to the propriety of an immediate operation. Thus, if situate in the abdominal wall, an early incision may be the means of preventing its internal rupture. We have seen, however, that the hydatid fluid is intensely irritating to the serous membranes (Cases 43, and 45); and, with this fact in mind, the Surgeon would do well to be very cautious how he subjects his patient to any procedure involving risk of its extravasation. In several recorded cases death from peritonitis has followed the puncture of hydatid tumours in the abdomen. We might then, perhaps, fairly answer the question suggested by replying, that the risk attending interference, the possibility of spontaneous cure resulting, or of the tumour remaining for a very long period without increase (Cases 41 and 42), are sufficient to warrant the Surgeon in declining to interfere, excepting where urgent symptoms are impending. The writer is inclined to believe that further knowledge of the clinical history of these parasites would much strengthen this decision—a decision which may, perhaps, not at first meet the approval of some Surgeons. We know as yet but little, as the proportion of cases which end in spontaneous cure, or of those which remain for long periods in *statu quo*, but, probably, both are much larger than is generally thought. The second question shall be considered under the head of "operative measures," and we will now pass on to speak of

Constitutional Treatment.—Several remedies have been proposed as likely to exert a prejudicial influence on these animals, and some writers have spoken strongly regarding their efficacy. The possibility of the cure having been spontaneous, however, and the use of the remedy a coincident but not influential circumstance, always presents a source of fallacy. Common salt and the iodide of potassium—the former on the continent and the latter in England—are the remedies which have acquired the greatest reputation, and have been longest in use; quite recently the employment of the vermicide drugs has been proposed, in consequence of the discovery of the identity between the echinococcus and the partially-developed young of the tænia (a). As none of these medicines are likely, if watched, to cause any injury to the constitution, they are certainly well worth a trial in cases in which the loss of time is of no consequence. In case 61 the death of the parasite took place during the exhibition of a course of iodide of potassium; and other cases have been recorded of the like coincidence, if it be a coincidence, in respect both to it and to common salt. The Kousso has, we have been informed, been tried by M. Simon on a case in private practice, and without any manifest effect.

Operative Measures.—It has been attempted above to show that operative interference should be reserved for cases in which urgent symptoms impend. An hydatid tumour in the abdomen may cause urgent symptoms, *first*, by acquiring a very large size, and distending the cavity; *secondly*, by interfering with the function of the viscera adjoining it, as the liver, kidney, etc.; *thirdly*, by occluding, by pressure on the intestines, ureters, etc., the passage of the excretions; *fourthly*, by exciting surrounding inflammation, and threatening to rupture. In any one of these conditions, surgical assistance may come to be demanded, but the measure required will differ considerably in each. Thus, when the cyst is so large as to have distended the abdomen, it will generally have acquired adhesions, so that its puncture will be comparatively without risk. The same will be probable if it have excited surrounding inflammation, under which condition also it may become necessary to make a permanent opening for the escape of pus, when otherwise a trocar puncture would have sufficed. The cases, however, in which urgency is caused by interference with the viscera, are by no means secure from the risk that the tumour may be quite unconnected with the parietes; and in the treatment of these the greatest judgment will be called for. If the tumour be in the lower half of the belly, examination *per rectum*, and *per vaginam* if the patient be a woman, should never be omitted, as it might chance that a puncture would be best made into one or other of these canals. A case has been already mentioned, in which a rectal examination would, probably, have saved the life of the patient. Supposing, however, that it seems necessary to make an external opening, and that there is reason to believe that the cyst has no adhesions to the parietes, the Surgeon has then the choice of two methods—the use of a very fine trocar, or the application of an escharotic. The latter means was employed very successfully by Mr. Le Gros Clarke, in the case under his care, and the former may be confidently stated to be very safe. The selection will, therefore, depend chiefly upon whether it be wished to make a permanent opening or not. And this brings us to the consideration of the important question already mooted, as to whether it is absolutely necessary to obtain the evacuation of the contents of the cyst, or whether to kill it, and then trust to their absorption, will suffice. Hitherto the plan of simply destroying

(a) See page 298, Vol. V.

(a) See Siebold's Journal of Zoology, Wohdl's Pathological Anatomy and some recent papers in the Gazette Médicale.

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the life of the cyst, has, we believe, not been tried. In Mr. Le Gros Clarke's case, however, it probably occurred, and the cure resulted without the removal of the smaller cysts, as had been intended. This accidental result is very instructive. Might it not be worth while, in future cases, to take means to secure the death of the parasite, such, for instance, as the injection into it of a solution of salt, or of iodide of potassium? The evacuation plan necessarily involves long-continued and profuse suppuration, which, supposing the cyst large, may become very dangerous. At any rate, whichever plan be selected, there can be no doubt as to the propriety of conducting the first steps of the treatment on the plan exemplified in the case which did so well under the care of Mr. Cock (Case 40, page 57), namely, of reducing the size of the tumour by repeated punctures with a very small trocar. Hydatid cysts re-secrete very slowly, and by such means great diminution in size may be effected, almost without risk. The trocar should be an exploring one, and of very small bore (a).

We must not leave this part of the subject without venturing one further remark, to the effect that a patient, suffering from urgent symptoms, however produced, in consequence of an hydatid tumour in the abdomen, should never be allowed to die without the attempt to relieve by operation being made. The recorded cases have been quite sufficiently successful to indicate the propriety of making such attempt, even under very unhopeful circumstances.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

TREATMENT OF ERYSIPELAS.

The following case may be quoted as an example of the treatment pursued in cases of erysipelas by a very excellent practical surgeon. A stout, florid young man is now under Mr. Ward's care in the London Hospital, having had a rhinoplastic operation performed. He is a man of intemperate habits, and has on several occasions had erysipelas. A fortnight ago a little operation was performed for the obliteration of a depression which disfigured one side of the new nose. A few days subsequently, a very severe attack of erysipelas, involving face, head, and front of neck, ensued. The measures adopted were the following:—First, the inflamed surface was painted freely over with a solution of nitrate of silver in nitric ether; second, a blister was applied to the nape of the neck; third, a warm but brisk purgative was given; fourth, internal stimulants, wine, brandy, and ammonia, were freely administered. The case did remarkably well, and the healing process was not interrupted in the wound which had been made. Mr. Ward expressed, in some clinical remarks to the students, a very strong opinion as to the usefulness of counter-irritation at a distance in the treatment of erysipelas.

UNGUENTUM METALLORUM.

The following is the prescription for an ointment which is largely prescribed in Guy's Hospital, under the name of Unguentum Metallorum:—

Take, equal parts of zinc ointment, of the diluted nitrate of mercury, and of the cerate of the acetate of lead. Mix thoroughly.

It is used in affections of the scalp in children, chiefly in favus, porrigo, and impetigo, and appears to be very efficacious. A case of genuine favus, under the care of Dr. Barlow, about a year ago, got quite well under its employment. The disease, however, as is always the case, returned soon after the patient's dismissal, and we met her in the course of a few months, attending at the Cutaneous Hospital. If she had continued the regular use of the remedy, probably the relapse would not have occurred.

TREATMENT OF PILES.

But few of our hospital surgeons in London entertain much apprehension respecting the treatment of piles by ligature. We see the operation performed not unfrequently, though with many the local use of the strong nitric acid is now coming to be preferred. In the great majority of cases, however, some milder plan than either of these must be adopted. Among the class of cases met with so frequently in the out-patient's room, for instance, it will indeed be quite exceptional to meet with one demanding operative interference. In these constitutional measures must be adopted. Of the various forms of aperient medicine which have been used in these cases, one which we observe Mr. Paget invariably orders seems to be as well suited as any. It consists of a five-grain blue pill taken at bedtime, and followed in the morning by half an ounce of castor oil. The quickness with which, by this plan, the patient is restored to a state of comfort, is often almost surprising. The dose is repeated once, twice, or three times a week, according to circumstances. In speaking of the treatment of piles, the usual modes of division should be reversed, and the operative expedients, which in most other diseases are synonymous with radical ones, should be considered but as palliative. The only true radical measures are those which appeal to the cause of the disease, and relieve the congestion of the liver and loaded state of intestines which have produced the venous distension about the anus. Among such it would be difficult to find better than the combination of a mercurial with an oleaginous aperient.

PARAPLEGIA TEMPORARILY CURED BY MERCURY.

Several striking illustrations of the value of a mercurial course, in the treatment of chronic disease of the spinal chord, have recently fallen under our notice. A woman was admitted, paraplegic, into St. George's Hospital, under the care of Dr. Bence Jones. Exactly as the mouth got sore, and not before, she began to improve; and ultimately so completely gained the use of her legs as to be able, at her discharge, to walk home. She was a dissolute woman, and, soon after her discharge, exposed herself to cold, and had a relapse. Two months later, we met her at St. Thomas's Hospital, under Dr. Goolden's care, who was again successful in effecting much benefit by the use of mercury. A woman is now in Faith Ward, St. Bartholomew's Hospital, under the care of Dr. Burrows, whose case is also in point. Three years ago she was admitted, imperfectly paraplegic, the disease having existed six months, and having followed a confinement. She remained under care for twelve weeks; took mercury, so as to slightly touch the mouth, and, for the time, perfectly recovered. On her return to her home, which was in the country, she walked a mile without assistance. Within six weeks, however, of her discharge, the disease began to return, and she has since been getting gradually worse. The paralysis is at present incomplete, but she is quite unable to walk or to stand. Dr. Burrows is again treating her with mercurials; but, as so long a period has elapsed, without much expectation of benefit. These cases of relapse, which seem to be by no means infrequent, appear to indicate strongly the necessity there is, for keeping patients, who have been so benefited, long under observation. Probably, a timely recurrence to the remedy at first beneficial, would again be productive of similar results; and it is not impossible, that in many cases, by careful watching for any indications of returning symptoms, and the immediate use of the proper means, a permanent cure might ultimately be established. In Hospital practice, however, it is very difficult to keep patients sufficiently long under notice.

(a) Those who wish for further particulars respecting the management of these cases, we must beg to refer back to the details of those in the present series, and also to some very instructive ones operated on by Mr. Hilton, and recorded in the Guy's Hospital Reports.

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Medical Times & Gazette.

SATURDAY, MARCH 17.

OF WHAT DID THE CZAR DIE?

The great public, astonished to hear of the death of the Emperor of Russia ere they knew of his illness, instantly concluded that an assassin's hand had given the peace to Europe which the arts of diplomatists and generals had failed to win. But the great public were altogether wrong, Europe is as far from peace as before, and the official bulletins and accounts received from various, and apparently unconnected, sources, leave no doubt on the mind that the Czar died a natural death.

The following seems to be the most probable account of the course of his illness:—

The Emperor had been for a considerable time in indifferent health, ready, if one may so say, to yield to any exciting cause of disease; mind and body had been over-exerted. The powers of his nervous system had been stretched to the utmost. During the third week of February he began to suffer from influenza. He treated the ailment as of trifling import. On the 22nd he was much worse; there was now a want of sleep and increased cough, with copious expectoration. In answer to the strongly-expressed opinion of Drs. Mandt and Karell that he would keep his room, Nicholas is reported to have replied, "You have done your duty, gentlemen, and I thank you, and now I wish to do mine," and to have at once entered his sledge and proceeded to inspect a body of guards. This, the 22nd of February, was the last time he was seen in public, and he appeared, it is said, to all who saw him, to be evidently very unwell; he coughed violently, and expectorated excessively. He observed to one of his attendants, as he left the exercising-house—a place anything but warm—"I am in a perfect bath of perspiration." In the evening he complained of feeling cold, and kept his cloak on while in the Empress's room. He passed the 23rd on the sofa, covered up with a cloak, and for the last time transacted some business. From the 24th to the 27th, official reports from the Palace were, that "The Emperor does not leave his bed, as he is somewhat feverish: the cough is getting less and less hard."

On the night of the 28th February, the Emperor became rapidly worse. On the following evening Drs. Mandt and Karell despaired of his recovery. During the night of the 1st Dr. Mandt informed his patient of the serious nature of his indisposition. The Emperor answered very calmly, "And so you think that I am liable to a paralysis of the lungs?" to which Dr. Mandt answered, "Such a result is very possible." He enjoyed possession of intellect and speech up to the moment of his death, which took place without a struggle in the presence of the whole family, at ten minutes past twelve o'clock, March 2nd.

The following are the official bulletins:—

St. Petersburgh, March 1, 1.25 A.M.

Yesterday violent fever manifested itself, with inflammation of the lungs. The fever lasted during the whole night and prevented sleep. The ejections continue without obstacle. A slight attack of gout is observable.

March 2, 4 A.M.

The difficulty of expectoration from which His Majesty the Emperor suffered yesterday has increased, which indicates the extinction of the action of the lungs, and renders the state of His Majesty most dangerous.

Dr. Mandt.
Enochin.
Dr. Karell.

March 2, 9 A.M.

The state of paralysis of the lungs with which His Majesty the Emperor was menaced continues, and at the same time the danger arising therefrom.

Dr. Mandt.
Enochin.
Dr. Karell.

St. Petersburgh, March 2.

This morning, at 3.30 A.M., His Majesty the Emperor confessed and received the Holy Sacraments, being in full possession of his intellects.

The death of the Emperor was officially announced in the manifesto of his son, Alexander II., given, according to custom, on the same day that his father died.

From this account it seems tolerably certain that the cause of the Emperor of Russia's death was capillary bronchitis, excited by exposure to cold while suffering from influenza. The depressing influence of the primary disease—influenza—on the powers of life is now universally admitted, and the frequency with which the disease is complicated by capillary bronchitis well known; the most common cause of death in influenza is, in fact, this secondary local affection.

Whether the disease would have proved fatal, had the Emperor been under the care of well-informed practical physicians from the time that he kept his bed, is very doubtful. Dr. Mandt, in whose hands the Czar placed his life, is a homœopath, and judging from what we have seen and read of the treatment of disease by other homœopaths, his Majesty must have, from its outset, a very poor chance of surviving the secondary attack. Influenza occurring in a man so little advanced in life as was the late Emperor of Russia, would no doubt have terminated favourably had he taken ordinary care of himself, and that, whether he had swallowed Dr. Mandt's globules, or thrown them into the fire. But the case was very different when, through his own imprudence, severe capillary bronchitis had supervened; then the most active medical treatment was necessary, and the highest skill and judgment required to direct it. To entrust the life of a man suffering from such diseases, to men ignorant enough to give to Europe the bulletins signed by Dr. Mandt, and to administer to him drugs in doses of a decillionth of a grain, was indeed to deprive him of all hope of recovery.

The bulletins issued by Dr. Mandt and his colleagues, afford unmistakable evidence of their ignorance of the present state of pathological knowledge. The following extract from Wunderlich's celebrated "Handbuch der Pathologie und Therapie," shows well the error into which Dr. Mandt has fallen:—

"The so-called paralysis of the lungs, is, according to the literal sense of the words, paralysis of the air-cells. The older medicine attributed almost all the symptoms from exhaustion of respiration occurring at death, to paralysis of the lungs, and confounded pneumonia, catarrh, pulmonary apoplexy, tuberculosis, emphysema, pleuritis, with it. If at last the air-cells entirely cease to contract in expiration in these conditions, the cause of this is demonstrably not in paralytic weakness, but in mechanical impediments, in destruction of the tissues, in general yielding, or in previous immoderate distension of the elastic fibres."—Vol. III. p. 320.

CRIMINAL ABORTION.

At the Leicester Assize, last week, was tried a man, named Cornelius Asher. The case is replete with interest to the public, as it tends to show very clearly that the crime of procuring abortion is exceedingly common; and to render it highly probable that the men known as "herb doctors," and others engaged in the irregular practice of medicine, are the chief agents engaged in perpetrating it. The case to which we allude is one of the most horrible of the many horrible

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instances of the death of the mother following on the attempt of ignorant persons to destroy the child, by inducing abortion.

The facts are these:—The husband of Elizabeth Fletcher emigrated to America about two years ago, and last December wrote to his wife, desiring her to join him in April next. During the absence of her husband, however, the wretched woman had formed another connexion, and was, in January last, in the third or fourth month of pregnancy. Determined to get rid of the living evidence of her infidelity, she applied to the man, Asher, well known in Leicester as a "herb doctor." For the sum of two sovereigns, he promised her that he would "get shut of it for her." Before submitting to his treatment, she made a confidant of a Mrs. Elizabeth Mackley. This woman asked her what she was going to take, and she answered, "I am not going to take anything: *taking will not be of any use.*" Elizabeth Fletcher paid three visits to Asher before he "did it," and it was on her return from one of these that the following scene is reported to have occurred between Mrs. Mackley and Mrs. Fletcher, Mrs. Mackley being the witness.

"On Wednesday night, about six o'clock, she came to my house, and said she was going to Asher's. She went away without me going with her. When she returned, she came in, and I said, 'I have been all of a tremble while you have been gone.' She said, 'Oh, he has not done it;' but he had told her to go on the next Wednesday night, which, I think, was the 7th of February. She said, he told her that would be her regular time, and there would be more weight in the womb. I said, 'Oh, dear, Mrs. Fletcher, my blood runs cold—don't go to him again;' *and she said she would not pay all that money for nothing; she also said, that* IF HE COULD NOT DO IT, SHE KNEW THERE WAS A MAN AT NOTTINGHAM, WHO CHARGED *£5*, AND SHE WOULD GO TO HIM." From a subsequent conversation between the women it appears, that Mrs. Fletcher, when she first went to Asher's shop, asked him to give her some medicine, to relieve her from amenorrhœa—that he then gave her a bottle of medicine, for which he charged her *2s. 6d.* On her second visit, she told him the condition in which she was, and said, "Your medicine has not done me any good at all." His reply was, he could "try another means, and that was a sure cure." She asked him what his charge was, and he said £2.

On Wednesday, February 7, he performed some operation on the woman at his own house, and told her that "the substance might come away on Thursday morning or Friday morning." From the moment in which he "did it" she began to suffer pain. On Friday she was taken seriously ill. On Saturday being still worse Mrs. Mackley, at the earnest request of Mrs. Fletcher, went to Asher and requested his personal assistance.

"I (Mrs. Mackley) said, 'I wish you to see the pains she is in; her cries are awful.' Asher trembled very much, but said nothing. I started to go home, and *he caught me on the way, and said,* "IT WAS THE FIRST CASE THAT HAD EVER FAILED." I said, "YOU CAN'T ALWAYS EXPECT TO PROSPER."

Asher, having entered the bed-room of Mrs. Fletcher, sent for some lard, introduced *his hand and arm into the vagina,* and kept them there for from five to ten minutes, during the whole of which time the woman was in frightful agony. From this date the pain in the abdomen increased greatly in severity, and vomiting commenced. On the next day, Sunday, Asher called again, and in reply to some observation, remarked, "She will never have a child to nurse; it might go on for some time."

On Monday Asher called again, but being told that a surgeon had been sent for, observed that "he was sorry a doctor had been sent for, as he should not keep her so long under hand as a doctor would."

Some time on Monday she was seen by Mr. Crossley, and on Tuesday evening she died.

The examination of the body was made by Mr. Crossley, in conjunction with Dr. Lilley and Mr. Wright. There were marks of contusions, extending from about two inches below the umbilicus, on either side, to the symphysis pubis. The muscles of the abdomen, at this part, were infiltrated with pus, and coagulated blood was found between them. Recent adhesions united the omentum to the surface of the intestines. The subperitoneal tissue, in the vicinity of the uterus and bladder, were the seat of extravasation of blood. The bladder was almost black, and in a state of gangrene. In its posterior wall was a large lacerated opening, and an aperture of considerable size in the corresponding part of the anterior wall of the neck of the uterus; two-thirds of the neck of the uterus were detached from the body of the organ. Through these openings the fœtus had escaped from the uterus into the bladder, in which latter viscus it was found, together with some coagulated blood, at the post-mortem examination.

It is not for the purpose of dwelling on the terrible details of this case that we have thus recapitulated its chief points, but because we think it affords strong evidence in favour of the conclusion, that the crime of procuring criminal abortion is a very common one.

The man Asher had evidently a fixed price for it. His charge was £2. He knew quite well that drugs were of no avail; but that, by the use of an instrument, he could effect "a certain cure." He had evidently used his instrument many times. Asher is a grey-headed old man, upwards of sixty years old; and he remarked, when so excited that he was likely to speak the truth, that this was the first case in which he had ever failed.

The woman Fletcher told her friend, that, if Asher did not relieve her, there was a man at Nottingham, whose reputation as a procurer of abortion stood so high, that he could ask *£5* for "doing it;" and she would go to him.

If Leicester and Nottingham have located in them men whose occupation is to procure abortion at fixed prices, is it probable that those who require the aid of such wretches cannot find them at Derby or Northampton? and if these Midland towns can afford each to support one of this trade, how many may we expect to thrive in the large manufacturing towns? Do not Ashers abound in Manchester and Birmingham? Does not a case every now and then come before the public, showing that, in London, they are by no means infrequent? It is only when a fatal result follows their manipulations,—and this, we suspect, is rare,—that the public can get an insight into the details of this horrible trade. Nay, it is doubtful if more than a small per centage of the fatal cases come before the public eye, the relatives of the murdered woman and child being usually as anxious to keep the affair quiet, as her murderer and her paramour.

The law is, to a considerable extent, blamable for the frequency of this crime, by setting a less value on the life of an unborn child than on the life of an infant that has breathed. All punishment is inflicted by the law not only for the correction of the evil doer, but also as a warning to deter others from the commission of the like crimes.

Asher was sentenced to transportation for fourteen years only, for having deliberately, for the sum of £2, killed the child of which Mrs. Fletcher was pregnant, and in so doing unintentionally killed the mother herself. It is, we think, pretty certain, that had the death of the mother been less clearly attributable to Asher, he would have escaped with a far less severe punishment. Now, what will be the result of such a sentence on the men engaged in this terrible trade of killing young children? We believe it will be this: they will regard Asher as a bungler at his trade, and hold that the law

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punished him for his want of skill. They will reflect with satisfaction on their own dexterity, conscious that so long as they cannot be proved to have killed anything but an unborn child, the law will inflict on them no serious punishment.

From the moment of conception the child is a living human being; and we hold, that the only mode of rendering this crime less frequent is to declare, that he who deliberately destroys the life of an unborn child shall be, in the eyes of the law, equally guilty with him who takes the life of a child that has respired air; and that, as he who deliberately kills an air-breathing child forfeits his own life to the law, so, also, shall he who deliberately kills the unborn child by procuring criminal abortion.

THE WEEK.

The movement so well commenced by the Students of the Middlesex Hospital, for the promotion of the interests of Her Majesty's Naval Service, continues to advance most successfully. The rapidity, indeed, with which the plan of action suggested has been taken up in almost all the Medical schools of the United Kingdom, must have astonished even its originators, whilst it is a strong testimony to its propriety and its need. Meetings have now been held, we believe, in all the London schools; and resolutions, similar in character to the first proposed, have been everywhere carried unanimously. During the past week, a large Meeting of the Students of the Edinburgh Royal Infirmary was held, at which, also, unanimity prevailed. The resolutions, which we publish in another part of the Journal, were carried by acclamation. The approval of the public also, as expressed by the leading newspapers, has been secured, a point of the utmost importance, since, however clear the correctness of the course might seem to the Profession, it was by no means to be assumed as certain that those less well informed on the merits of the question would not regard it as of very doubtful patriotism. This evening (Friday) a general meeting is to be held in St. Martin's Hall, at which Delegates from the various Hospitals will be present. We trust that every Medical Student in the metropolis, who can possibly go, will attend this meeting. The movement is one of national import, and it is desirable that the expression of feeling should include, if possible, all concerned.

A few sober queries to Messrs. Harrison and Bush, members of the same profession, in the peaceable town of Frome. With a little forbearance on both sides, might you not have managed to arrange your differences, without occupying a court of justice for a whole day, and bringing your quarrel through the newspaper columns under the notice of the world? Have you not, think you, by the exhibition you have made, somewhat lowered your noble profession in the eyes of the public, and supported the prevailing opinion, that we are an ununited body, sudden, and quick to quarrel? We ask not of you, Mr. Bush, that, because a man is a physician, you shall conceal your honest reprobation of what you esteem to be his wrong deeds; but we would, at the same time, suggest that there is a certain fine sense of propriety, which under such circumstances should always be consulted; and that, if duty requires the performance of an ungracious act, it should at least be done without any aggravating additions. Was it necessary that, because you thought a man had misconducted himself in the office of a magistrate, that you should refuse intercourse with him in that of a physician? We ask not of you, Dr. Harrison, that you should allow an undeserved stigma to rest upon your character; but would it not have been at least as well,—at least, as free from all imputations of personal pique and jealousy,—to have selected for prosecution, out of thirty who stood equal, some one else than a professional brother? To both let us offer a word of advice. Should such circumstances ever happen again, go to a lawyer, get him to estimate the costs of an action for libel, pay him his fee for so doing, hand over the balance to Mr. Propert, shake hands, and go home.

A letter, published in our Notices to Correspondents, contains a suggestion which most of our readers will probably regard as, at the least, ill-timed. The grievances of the Poor-law system to Medical men are, of course, acknowledged by all, and among these the inadequate remuneration stands chief. That a conscientious Poor-law Surgeon, who, regardless of cost, gives to his patients the drugs which he believes will do them most good, will constantly be out of pocket is an admitted fact, and nothing, surely, need be added to such a statement, to enforce the necessity for change, and, indeed, to justify almost any movement likely to secure improvement. For anything like a general resignation of office amongst Poor-law Surgeons the present is, however, emphatically, not the time. The sympathies of the public, at the existing juncture of national affairs, would be entirely opposed to any such step. There are, besides, very strong objections to the plan in itself, and it is one which should only be thought of as a last resource. Some evidences of intended improvement are already observable, and we trust that by continued and energetic agitation the end may be yet attained without resort to such a mode of protest.

It is very confidently stated, that Government intends the establishment of a large Civil Hospital at Constantinople; but as yet, we believe, no definite arrangements have been made as to the organization of its Staff. The plan adopted by the War Office, of keeping all these establishments under its own control, and making them independent of each other, has most serious inconveniences. Lord Panmure has shown great discrimination in the selection of his professional advisers in the matter; but it would surely have been far better to have organized them into a general executive, than to keep them in the anomalous positions they now occupy. The confusion is, indeed, endless. Dr. Andrew Smith is at the head of the Army Medical Department, Mr. Grainger guides the affairs of the Smyrna Hospital. For the Constantinople Hospital a third, and as yet unknown, dignitary is to be constituted. The evils of divided authority will surely make themselves felt.

The idea of fitting up ships as Hospitals for our sick in the East does not seem to obtain the attention it deserves. That, amongst the abundance of brick-and-mortar erections to be met with in London, it is yet found expedient to maintain a large floating Hospital, is a strong testimony to the practicability and advantages of the plan. Its advantages would, however, be tenfold greater in the Black Sea than in the Thames. A ship might be moved from place to place, so as always to be near the scene of action. It might be so moored as always to secure good ventilation. The transfer of stores, &c., would always be easily accomplished. In the case of the occurrence of rough weather, which is not probable during the summer, it would not, generally, be difficult to get the vessel into shelter. Altogether, the plan seems to have great Medical recommendation, and should be well considered before it is rejected in favour of the establishment of Land Hospitals in the plague-frequented cities of Turkey.

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REVIEWS.

On the Nature, Signs, and Treatment of Childbed Fevers; in a Series of Letters addressed to the Students of his Class. By CHARLES D. MEIGS, M.D., Professor of Midwifery and the Diseases of Women and Children, in Jefferson Medical College, Philadelphia, etc., etc. 8vo. Pp. 362. Blanchard and Lea. Philadelphia. 1854.

DR. MEIGS terms the lining membrane of the blood vessels the endangium. This membrane, he affirms, has the same relation to the function of hæmatosis, that the gastro-enteric mucous membrane has to the process of digestion:—"All scarlatinas, measles, variolas, varicellas, erysipelas, gout, rheumatism, and many forms of childbed and other fevers, have their prime seat in the endangium, and are but so many varied expressions of its diseased conditions."—Dr. Meigs offers *no* evidence in support of this assertion, which is rather curious, seeing that, in his third letter, we find the following sentences:—

"Make yourself no man's servant or valet, to do his bidding, and believe what he believes. The *ipse dixit*, and the *magister sensit*, was for the slaves of Pythagoras, not for American students." "I would rather be a dog, and come to a master's whistle, than be a scholar with a soul so pliable, that *ipse dixit*, or *magister ita sensit* should be the rule of my medical opinions"

It may be that scarlatina is primarily a disease of the lining membrane of the blood vessels, but, at the present time, the only reason for American students believing it, is that Dr. Meigs says it. So that, if one pupil of Dr. Meigs should ask another why he holds scarlatina to be primarily a disease of the endangium, the only answer we can conceive him giving is *ipse dixit—magister ita sensit*.

To come, however, to Dr. Meigs' statements in regard of childbed fevers.

It is only in accordance with custom that Dr. Meigs uses the term "childbed fever." "But I protest," he says, "against its falseness; and I now put you, who are my pupils, on your guard against its deceptions, for there is no such thing as a childbed fever."

"The disease called childbed fever is—

1. Inflammation of the womb—metritis.
2. ,, of the uterine veins—metro-phlebitis.
3. ,, of the peritoneum—peritonitis.
4. ,, of the ovaria—ovaritis.

5. It is all the foregoing disorders united in one case, or any two or more of them combined.

As to childbed fever being a fever, in the sense of a primary vitiation of the blood, Dr. Meigs says it "is a doctrine both false and dangerous; false, as to the pathology, and dangerous, as to the practice: that is, false both exegetically and practically."—P. 143.

As to the pathological relation between erysipelas and childbed peritonitis, our author observes,—

"If you will be ontologists, then you may say that erysipelas and puerperal fever are identical; but your saying so will never induce me to believe that a man with erysipelas has a childbed fever; or that a woman with only a childbed fever peritonitis, pure and simple, is labouring under an attack of erysipelas, or St. Anthony's fire in her belly. Don't you see such a conclusion would be as ridiculous as it appears under my statement of it?"—P. 210.

Dr. Meigs absolutely denies that childbed fever is ever, or under any circumstances, contagious.

"You know that childbed fever is contagious, because Dr. A. meets in his practice with seventy cases of the disease, while Dr. B., an equally busy man, does not encounter a single case, though they cross each other's path every day. Dr. A.'s track is marked out by victims, while there are no traces of Dr. B.'s path, except it be in recovered women. And you reiterate, that facts are stubborn things. Yet you do not know, you only infer and suspect, or surmise that, if Dr. B. had taken charge of A.'s cases, and *vice versâ*, the result would have been the same on the whole, only the dead women would have lived, and the others would have perished. Who told you so? You believe so. Well, I have some small respect for your belief, while I should bow reverently to your knowledge; you believe so—I don't believe so at all."—P. 91.

As to the treatment, it must be, our author maintains, strictly antiphlogistic:—

"If you should agree with me, then, that childbed fever is an inflammation, and not a fever, and also allow that such inflammation, running its course to a term, destroys at that term, then assuredly you will resolve to do something that may probably check further expansion of its area, and haply impress upon it a tendency to recover by resolution."—P. 235.

Blood-letting is Dr. Meigs' chief remedy. The loss of blood should be copious, sufficient to produce a decided effect. Usually as much as 24 ounces are to be taken. Calomel is given by our author, but "mainly in view of securing its action upon the peristaltic muscles." In rare cases only does he give it so as to produce ptyalism. When used as a purgative in these cases, from 10 to 15 grains of calomel may be given for a dose. Purgatives, in Dr. Meigs' opinion, are most useful in cases of peritonitis, accompanied with a tympanic state of the bowels. "I see not how any one could reasonably expect to conduct to a term, in resolution, a tympanitic case of puerperal peritonitis without the use of aperients or purgatives."—P. 301. In such cases Dr. Meigs gives a dose of 10 grains of calomel, followed by castor-oil, magnesia, and senna, and subsequently by simple enemata. He speaks in high terms of tincture of nux vomica, in doses of 5 drops every two or four hours, as an efficacious remedy in reducing tympanitic distension in certain cases of childbed fever.

Mechanical means for relieving tympanitic distension of the bowels is sometimes resorted to by our author:—

"I am convinced that I rescued a woman in Lombard Street from an otherwise inevitable death with childbed fever by this method. I procured a male catheter of the largest size, and, fortunately, conducted it along the colic sigma, its whole length. The horrible tympanitis disappeared immediately, but recommenced upon the removal of the tube. I replaced it, and kept it in the bowel for more than twenty-four hours; so that all the gases she developed within the intestine passed freely through the tube of the catheter, and so gave her no inconvenience."—P. 305.

Opium is employed by Dr. Meigs only after he has produced a decided effect by blood-letting. If it be deemed advisable to give calomel for other than its purgative powers, he recommends opium to be given with it. Antimony and other sudorifics are useful. Dr. Meigs is opposed to the use of blisters in puerperal fever, and says that he never saw a woman recover from childbed fever who had had one applied. In his own peculiar style, Dr. Meigs writes:—

"Away, then, with every proposal to blister the abdomen in the first days of a childbed fever, which I regard as both a cruel practice, and one discreditable to the taste and humanity of the doctor. While I object, then, to the use of blisters, I can lend no credence to the power of the oil of turpentine poured over flannel laid on the sick woman's abdomen."—P. 332.

Fomentations and cataplasms may be very advantageously prescribed.

From the extracts we have given our readers will see that Dr. Meigs is pre-eminently a dogmatic teacher—that he attempts in no way to prove his positions; yet as the exposition of the opinions of an able and experienced Physician, and as containing a fair *résumé* of the opinions of preceding authors on the same subject, Dr. Meigs' works will, we have no doubt, take a permanent place in the literature of puerperal fever.

The Nature, Causes, and Treatment of Diarrhœa, Cholera, Dysentery, and Fever. By C. SEARLE, M.D., M.R.C.S.E. Pamphlet.

THE gist of this essay, which, as its author informs us, has been written expressly for the guidance of the Army Medical Staff, is the malarious origin of all the diseases mentioned above. Upon this doctrine, the rules of treatment naturally follow. Dr. Searle would employ leeches, the lancet, mercury, and indeed all depressing remedies, with a very cautious hand, and would resort early to full doses of quinine and good diet. His recommendations appear to be judicious and practical, and although his paper is but the exposition

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of opinions, yet it must be admitted that the opinions are those of a man who has seen much service. That malarious influences do complicate most of the diseases which prevail in camps amongst men ill-fed and badly protected from the weather there can be little doubt. Even in the treatment of wounds this is, as the author states, very often observed, and the prevention or cure of low inflammations, erysipelas &c., is only to be secured by timely recourse to tonic, and anti-periodic remedies. In bestowing as much of praise on his work as we have done, we must not neglect, however, to hint to Dr. Searle, that the probability of its being acceptable to those to whom it is addressed, would have been much increased, had the style of some passages been less bombastic. There is nothing inconsistent between patriotism and modesty, and as we are informed, *pleno ore*, that the former sentiment impelled the publication of the pamphlet, we could wish that the latter had presided over its composition.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE EMPLOYMENT OF WINE AS AN ENEMA.

By M. ARAN.

M. ARAN observes, that in many cases of dyspepsia, chlorosis, phthisis, and convalescence from severe disease, the use of wine is strongly indicated whilst the heat and irritation of the digestive organs it induces absolutely prevent its employment. Having found vinous enemata of great utility in obstinate diarrhœa, he tried them in various other cases, and for the last three or four years he has administered them whenever slow convalescence has been united with irritability of the digestive organs. He has also obtained great and unexpected advantages in phthisis, having at first administered the wine on account of the accompanying diarrhœa. When the disease is advanced, little, or only temporary, benefit results; but, when given at an earlier period, and associated with cod-liver oil or other means, the wine does exert a salutary influence that merits attention. In gastralgia, while the general debility seems to indicate the use of tonics, yet cannot wine be given, even in small quantities, without exciting a sensation of burning; but in several examples of this the vinous lavements have not only restored strength, but have so diminished the gastric irritability, as to allow of a little wine being taken with the food. Another form of dyspepsia alike susceptible of benefit is vomiting, with the rejection of alimentary matters—the strength and *embonpoint* rapidly returning under the use of the enemata.

But the affection in which M. Aran has been most surprised at the amount of success obtained is chlorosis. Influenced by the so prevalent opinion, that iron is the specific remedy, he at first gave it in conjunction; but he afterwards omitted it, only prescribing, besides the wine, general frictions with an ammoniacal liniment, and a powder consisting of bismuth, rhubarb, and valerian. In a few days the patients seemed to have recovered their normal health just as if iron had been given, and that even in severe cases. In their relation to iron, cases of chlorosis may, indeed, be divided into three categories. In the first and most numerous, iron properly administered furnishes a durable cure. In others a rapid amelioration ensues, which is followed by a relapse on its discontinuance. Temporary amendment attends its resumption, and so on for years, iron thus becoming a constant necessity. Thirdly, there are not a few cases in which iron fails altogether, or in which the amelioration never rises to the dignity of a cure. M. Aran has also advantageously employed the injections in various other conditions characterised by debility, and especially in paludal, syphilitic, or cancerous cachexy, in some cases of anasarca, and in different circumstances in which alcoholic stimuli are indicated.

The lavements are found to act advantageously, in proportion as the individuals have been previously unaccustomed to alcoholic drinks. Thus, they are, in general, more useful in women than in men, more still in young girls, and more so in the inhabitants of the country than those of Paris. Until the patient becomes accustomed to them, they induce a kind of drunkenness, but very different from that following the swallowing of wine; and if the enema be given in the evening, so that the patient may afterwards remain quietly recumbent, refreshing sleep ensues. It is to be remarked, that effects are produced by a dose of wine, that, if swallowed, would induce little effect. It is sufficient, in slight cases, occurring in impressionable persons, to employ 150 grammes; but, in obstinate cases, 250 to 350 grammes may be required. In the chlorotic, it seems much to hasten the cure to divide the dose into two parts, administering one morning and evening. In general, from 150 to 250 grammes suffice, and it is better, if the wine is rich, to commence its use by diluting it with water. Immediately before giving the enema, the rectum should be emptied by a lukewarm injection, and the wine should be employed tepid, so as not to induce contraction of the rectum. At first, the patient should lie down, and endeavour to retain the fluid; but those who are accustomed to the treatment, retain it with little trouble in any position.—*Bulletin de Thérap.*, 1855, Tome xlviii., pp. 10 and 54.

ON ULCERATION OF THE FRÆNUM LINGUÆ IN PERTUSSIS.

By M. GAMBERINI.

M. Gamberini's attention was first called to this subject by a paper in *Schmidt's Jahrbucher* for 1844. Dr. Zitterland stated that he had found, in almost all cases of pertussis which had reached a certain intensity, that a vesicle becomes apparent at the point where the frænum intersects the tongue, and, increasing with the progress of the disease, sometimes reaches the size of a small coin. It exhibits a lardaceous bottom, which cleanses as the disease abates. Dr. Lersch has also observed a small, round, whitish, shallow ulcer, unpreceded, however, by a vesicle, about two lines broad. Since the above date, M. Gamberini has always carefully sought for this ulcer, and has usually found it, although it is sometimes absent in severe cases. He has seldom seen a round ulceration, it being usually placed transversely to the frænum, and occasionally it is found situated at the lower part of the body of the tongue, near the frænum. M. Gamberini believes it is probably produced by the contusion of the frænum against the cutting edge of the incisors during the paroxysms. In some cases, in which the tongue, in place of being carried out during the cough, was retracted and drawn towards the pharynx, the ulcer was not present. He has never met with the appearance in other descriptions of convulsive cough; but if in these the tongue is carried against the edge of the incisors, it is so with much less frequency and constancy.

Archives Gen., Feb., 191—6.

ON THE TREATMENT OF VAGINITIS AND LEUCORRHŒA.

By MM. BECQUEREL and RODIER.

In this paper the authors detail the results of a comparative trial of various local applications they have made at the *Lourcine*. The following are their conclusions:—1. The application of *concentrated solution of nitrate of silver* is very painful, not infrequently inducing exacerbations that compel the suspension of the treatment. The same objection applies, though in a much minor degree, to the *solid nitrate*. 2. *Tincture of iodine* possesses few advantages; for, although it causes little pain or exacerbation, its power is feeble. It is, however, a good means for dissipating either recent or old leucorrhœa, when unaccompanied by an inflammatory condition of the mucous membrane. 3. A solution of *tannin* in equal parts of distilled water, and applied directly to the inflamed mucous membrane, is the best means of treatment, exciting neither notable pain or exacerbation, curing, apparently without fail, and as promptly, as the solid nitrate of silver. So efficacious and unirritating, indeed, did the authors find this concentrated solution of tannin, that they now employ it in all cases, acute or chronic.

During the discussion which ensued upon reading the paper, M. Becquerel laid down the following marks of distinction between the *varieties of vaginal flux*:—1. The discharge consists in a pure, transparent, viscous mucus, composed of mucine, diluted in water, containing very small

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quantities of saline matters. It is furnished by the uterus when quite healthy, and sometimes when slightly irritated, but not to the extent to produce inflammation. 2. *Leucorrhœal mucus* is milky and opaline, containing some bubbles of air. It contains mucine, salts, and fat, especially cholesterine. Under the microscope, we find abundance of epithelial cells, and some fatty globules. It is never a product of inflammation, and is often coexistent with an anæmic condition of the mucous membrane. 3. *Muco-pus* is thick, viscous, and of a light or greenish-yellow colour. It contains mucine and fatty matters in great abundance, but no soluble albumen. By treating the fluid with a little water, shaking and filtering it, we obtain a liquid that is not coagulable. Under the microscope, we find fatty globules, with a few epithelial cells and pus globules. It is the product of inflammation of the mucous membrane, but without ulceration. 4. *Purulent mucus* consists of a mixture of muco-pus and pus. It infers the existence of ulceration, and it often presents us with a means of diagnosis when there is ulceration of the mucous membrane of the interior of the cervix uteri, inaccessible to the eye. It contains little mucine, abundance of fat, especially cholesterine, and soluble albumen. The presence of this last is shown by agitating a little of the fluid with distilled water, the filtered liquid being coagulable by heat. Thus the fluid that is the product of simple inflammation contains pus *without* albumen, whilst the result of inflammation with ulceration contains pus *with* albumen. With the microscope, we observe in purulent mucus numerous pus globules, a few epithelial cells and fat globules, and proteic granulations.

L' Union Médicale, 1855, Nos. 7 and 13.

GENERAL CORRESPONDENCE.

THE BROMPTON HOSPITAL AND ITS REGULATIONS.

(To the Editor of the Medical Times and Gazette.)

Sir,—Modern experience shows that a statement of a grievance or injustice through the public press leads to a remedy. Thus encouraged, I would crave permision to mention a case of special hardship, which claims and must receive relief. An advertisement has been issued by the Brompton Hospital Committee, for two Assistant-Physicians, and informing candidates that "full particulars, with printed instructions" may be obtained at the Hospital.

Prompted by an earnest desire to become connected with an institution affording special opportunities for pursuing a study to which I have already devoted much attention, I obtained these instructions, and it is to one of these that I beg attention. It is to the effect, that "if any candidate shall directly or indirectly canvass before he has been declared eligible, he shall be disqualified for the appointment." It is needless to say, that believing the Committee had framed this regulation in all sincerity, and with an intention thus to secure a fair field of competition for all, I resolved on becoming a candidate. I had scarcely, however, arrived at this conclusion, when I found, to my dismay, and shall I add disgust, that a canvass not only indirect, but I may say direct, had been already carried on even before the vacancies had occurred,—in fact I found that a large number of the votes of the Committee had been asked for, and obtained by more than one candidate. I consider it impossible to explain this fact consistently with a knowledge by the members of the Committee of their own regulation, and would therefore through your pages put the following questions to the members of the Committee of the Brompton Hospital.

Are you prepared to act on the regulations made by yourselves? If so, will you disqualify any candidate who has directly or indirectly applied to you for your votes? If this be not done, an act of great injustice will be committed against those candidates who are prepared to act conscientiously, and who will find themselves deprived of all hope of success, the votes being already engaged.

The Hospital itself must suffer, for there can be no means of selecting the best candidates, if the choice be restricted by a successful canvass before all candidates have the opportunity of presenting their qualifications. I would respectfully suggest, if the Committee are not prepared to disqualify every gentleman who has infringed this rule, that they should at least declare the present vacancy null, defer the election, and secure then a fair field for all.

Anxious for the honour and welfare of every institution connected with our profession, I beg to request the insertion of this communication. I remain, etc.,

London, March 5, 1855. M. D., L.R.C.P.

THE CHOLERA.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the report of a discussion at the Royal Medical and Chirurgical Society, contained in your last number, I am made to say, "A heavy shower of rain followed, early in December, and cooled the atmosphere, after which very few cases occurred." Being anxious to avoid giving currency to an erroneous statement, I shall feel obliged, if allowed now, to state that the period mentioned was *September*, in the early part of which month the copious shower occurred, followed very soon afterwards by such a remarkable diminution of mortality, that in about a fortnight, the daily deaths actually fell from nearly 1400 to only 15 or 16 per diem, when the malady ceased entirely. In addition to the facts I detailed at the meeting in question, permit me further to remark as interesting, that more women died from cholera in Messina than men, whereas, infants generally suffered but little; and lastly, several convents were decimated of their inmates, if not almost depopulated by the late pestilence. Whilst the excessive fatality reached its height, the dead bodies became so numerous everywhere, that they encumbered the houses, corridors, or lay exposed in the streets; and it being often impossible to obtain sufficient labourers to carry them away, or to procure an attendant to perform even ordinary funeral rites, the putrifying corpses were frequently, during the hot weather, left unburied in the cemeteries, or cast carelessly upon adjacent fields, more especially as the priests had nearly all fled, like many lay inhabitants, from the devoted city; it is reported, through alarm and terror, or because they had hid themselves for fear of infection. In short, according to authentic accounts, the severe afflictions then suffered by the Messinians appear unparalleled, compared with any district of Europe, during the recent epidemic, and seem almost to realize the graphic description which Boccacio has written respecting the great plague of Florence. I am, &c.,

24, Brook-street, March 12, 1855. John Webster.

MR. GUTHRIE'S RECOMMENDATIONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—On looking over your Journal of this date, I find you have made use of my name at page 215, being in error on the points to which you allude.

It was at my earnest representation to the Duke of Newcastle, and which I had to repeat to Mr. Sidney Herbert before I could effect its accomplishment, that a third Assistant-Surgeon was appointed to each Regiment going to the East,—a recommendation printed and published in my miscellaneous lectures eighteen years ago.

Most of the other suggestions I offered to these functionaries were reduced, in writing, to paragraphs, and sent to them and other authorities, and which may some day meet the public eye.

I have avoided all discussion on them, either in the Medical Journals or Newspapers, until it shall be advisable to produce them before competent judges; because I wished, and do wish, to avoid all partial remarks, which usually lead to rejoinders, and frequently to unkindness.

I have the honour to be, Sir,

Your very obedient servant,

4, Berkeley Street, March 3. G. J. Guthrie.

[We publish the above with pleasure. Mr. Guthrie will see that his reply does not affect our assertion as to the priority of Dr. Andrew Smith's recommendation to his own, as regards the *number* of Assistant-Surgeons sent out, without reference to their staff or regimental appointment. Mr. Guthrie's letter proves only—what we have all along laboured to show—that, in the management of this unfortunate war, the suggestions of Professional Men have been constantly rejected, or crippled, and cut down, by the Non-Medical Members of the Government.—Ed.]

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REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, FEB. 24.

E. HEADLAND, Esq., President, in the chair.

MR. I. B. BROWN mentioned a case of imperforated hymen in a married lady 35 years of age. The hymen, he said, was in some places nearly three quarters of an inch thick, and he believed it was congenital. He dissected it by two semicircular incisions, and removed the whole piece, and, on passing the speculum, the os uteri was found to be perfectly healthy. It had been urged as an objection to his method of removal (which he had adopted instead of the old plan of leaving three or four flaps to fall down and shrivel up), that the entrance to the vagina would be inconveniently contracted. He did not, however, allow the parts to heal by contraction, but kept them plugged with lint, soaked in sweet oil, which was not removed for seventy-two hours. The operation was performed on the 14th of March; on the 18th the parts were perfectly healed; and on the 29th of December the lady was delivered of a son, the labour being perfectly easy and natural.

The President inquired if Mr. Brown had seen many such cases.

Mr. Brown said, he had only seen five or six cases in a practice of sixteen or seventeen years. He remembered one case in which, he believed, the patient had no uterus.

The President believed, that the number of such cases was very small, while the amount of misconception as to the state in question was very large.

Mr. Canton submitted to the meeting a specimen of what John Hunter originally had termed

"DIGESTION OF THE WALLS OF THE STOMACH AFTER DEATH."

The subject from which it was taken was a child in arms, that had died asphyxiated, in consequence of its intoxicated mother hugging it with too great endearment shortly after suckling. A *post-mortem* examination, made on the following day, revealed a quantity of milk extravasated into the abdominal cavity, with the disappearance of nearly the whole of the great *cul de sac* of the stomach, which, having been "digested" after death at this part, had left, of course, a considerable opening into the viscus. The edges of the aperture were thin, jagged, and flocculent, and in some parts almost diffluent; the adjoining mucous membrane was free from abnormal vascularity. Some milk was still in the stomach, which presented another opening, about the size of a silver penny, towards the great curvature and near the fundus, and having, like the larger one, the same character of edges. The smaller opening abutted upon a part of the transverse colon, and at this spot was seen a corresponding aperture in the bowel, of small size, and exactly of the same order as the two in the stomach. This latter organ was free from unnatural adhesions to any adjacent viscera, and the alimentary canal was destitute of all morbid appearances. Mr. Canton made some remarks upon the peculiar characteristics of the opening, in contra-distinguishing them from such as are due to poisoning by the mineral acids, etc.; and, after commenting upon the medico-legal value of the case before the Society, referred the Fellows to Carswell's "Morbid Anatomy," for some beautiful illustrations of these *post-mortem* perforations.

Dr. R. Barnes said, that suddenness of death was often associated with such cases.

ENLARGED KIDNEY.

The following report from Mr. Thompson, on a preparation exhibited by Mr. Canton at a previous meeting, was then read:—

The preparation examined consists of one kidney and a cluster of enlarged glands, (probably lumbar,) with some vessels adjacent. The weight of the organ is 21 ounces; its length, 8, and its breadth 3½ inches. On laying it open, a mass of yellowish white matter, of the consistence of curd, is infiltrated throughout the medullary substance, as well as through a part of the cortical, reaching to within about a-half or three-quarters of an inch of the periphery of the organ. Under the microscope, much granular matter, some refractive globules, (fat,) and a few small granular, non-nucleated cells of ovoid and irregular forms, are seen. The same elements are found also constituting the contents of the larger glands adjoining. The matter examined is, therefore, undoubtedly tubercular, and the preparation presents a form of tubercular kidney by no means commonly met with. It would be desirable to know what was the state of the other organs of the abdomen and of the chest, in relation to their indications of tuberculosis.

Dr. Druitt then read a paper on

THE INDICATIONS FOR ELIMINATIVE REMEDIES IN FUNCTIONAL DISORDERS OF THE WOMB.

The author began by observing, that in a certain number of persons of all ages and of either sex, there occurs at intervals an accumulation of a morbid something in the blood, which, after accumulating, gives rise to an effort at elimination. The common sick headache and gout are examples of maladies arising in this way. He believed further, that the womb, in some women liable to blood maladies, acts as an organ of elimination; that in thus acting, its own functions were liable to become perverted, so as to produce menorrhagia, painful menstruation, abortion, and uterine catarrh; and that functional derangement of the womb might, in such cases, be prevented by draining out of the blood beforehand the morbid material which otherwise might be eliminated through the womb. The author did not pretend to say that the true use of the menstrual flow was to purify the blood, but only that if the blood were impure, it might in some cases be purified by this means, in proof of which he brought forward several cases of disordered health, of eczema, boils, varicose veins, and piles, in which local symptoms were mitigated after the time of menstruation, and in which the fluid exuded differed materially in colour and smell from the healthy standard. As a remarkable illustration of the eliminative power of the womb, he related a case in which a woman pregnant at the seventh month, and likewise affected with ascites, passed a large quantity of serous fluid from the womb, to the relief of the ascites, but to the destruction of the ova; for two dead fœtuses were shortly afterwards expelled, with membranes unbroken; so that the fluid could not have proceeded from the amnion. He alluded to the frequent connexion of bilious diarrhœa with menstruation, as had been observed by Dr. Butler Lane, Dr. Tilt, and others. He then gave details of three cases. One of fits of menorrhagia, alternating with fits of congestion of the liver, of four years' duration; cured after common mercurials, aperients, and tonics had failed, by the addition of colchicum. A second was a case of painful menstruation, of four years' standing, which had been constantly under treatment, and, among other remedies, had been treated by cauterization of the cervix uteri. A third was the case of a lady, who, after seven pregnancies cut short by hæmorrhage, convulsions, and other accidents, all arising from a vitiated state of the blood, had been brought happily to the end of the eighth by the use of the same remedies,—colchicum with calomel or blue pill. The author brought these cases as extreme illustrations of uterine derangement arising from one cause, and curable by one set of remedies; but most positively abstained from asserting, that such treatment would be of service universally, or when the state of the nervous system, or an endemic condition, were the sources of mischief. In the course of the paper, the writer laid great stress on an empirical sign which he had noticed as portending mischief in many patients liable to fits of illness depending on blood disorder; this was an unusual flow of pale urine, of moderate specific gravity. If any patient whose urine is habitually dark and loaded, finds the lithates suddenly vanish, without due cause, an illness is to be looked out for.

The President would have been better satisfied if Dr. Druitt had confined his eliminative treatment either to calomel or colchicum; as in some of his cases the benefits he had described might have resulted as much from the one as from the other.

Dr. Barnes believed that the eliminative function of menstruation was generally known and recognised both by the Profession and by women themselves. We should be careful not to confound inflammation or congestion of the uterus with the state of the system which might be supposed to lead to it. In some cases Dr. Druitt would attribute that condition to some other antecedent disease of the liver, or some other part of the system in which there was some morbid material to be eliminated. That, however, might either be the consequence or the cause. Coincident with inflammation or congestion of the uterus, there might be a scanty supply of urine enormously loaded with lithates; and this might be the consequence and not the cause of the former; for he had seen cases in which the urine assumed its normal state when the uterus was restored to its proper condition.

Mr. I. B. Brown would have been more satisfied if the author had given some chemical statement respecting the urine in the

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cases he had described. He mentioned the case of a lady who had a rheumatic condition of the blood, and who was the subject of repeated abortions. During the menstrual period, the rheumatic condition of the blood was relieved; but, when that eliminative process was not going on, the uterus had too much thrown upon it, and hence the abortion. He had treated the case with iodide of potassium, and he believed that the treatment would be successful.

Mr. Milton took exception to the term "eliminative," as applied in some of the cases mentioned by the author. The efficacy of colchicum was no proof that eliminative treatment was successful, for Sir Everard Home had shown, by experiment, that colchicum acted in gout without producing any elimination at all.

THE PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MARCH 6.

Mr. PARTRIDGE in the Chair.

Mr. HUTCHINSON exhibited a specimen of an

INDURATED MASS, RESEMBLING CANCER, EXCISED FROM THE PREPUCE.

The point of interest was the diagnosis between cancer and syphilis. There were peculiar reasons for believing that the patient who was the subject of the disease had not, for upwards of six years, exposed himself to the contagion of syphilis. He was a healthy man, aged 32, and had about six years ago suffered from a sore of venereal origin, which occupied the exact site now affected by the disease. The present growth had appeared as a mass of stony hardness between the skin and mucous membrane, which remained without ulcerating for ten weeks, and then slowly formed a superficial sore, which did not, in many respects, resemble cancer. The patient had been seen by several surgeons, among others by Mr. Lawrence and Mr. Paget; and, as some doubt was felt, it was deemed best to excise it freely. The microscopic examination did not reveal any characters of malignancy. (A sketch from the microscope was shown.) Two questions suggested themselves in connexion with it:—1st. Would a primary chancre (Hunterian) be likely to remain non-ulcerated for ten weeks? 2nd. Might a tertiary induration form on the site of a former sore six years after the first infection, the patient in the interim having enjoyed excellent health.

Some conversation followed, in which Mr. Partridge and Mr. Henry took part, the prevailing opinion seeming to be that the disease was of venereal origin, and probably tertiary.

Mr. Hutchinson also showed a

FIBRO-CELLULAR TUMOUR FROM THE PREPUCE OF A CHILD.

The tumour, about the size of a cherry flattened, had been excised from between the skin and mucous membrane of the prepuce of a child, eight years old. It had been ten weeks growing, was quite circumscribed in most parts, but firmly attached to the left corpus cavernosum. It had produced phymosis, and had occasioned much pain. Mr. Hutchinson adverted to the rarity of the disease at that part and at that age.

Mr. Ashton showed a specimen of

IMPERFORATE COLON.

A male infant, healthy at birth, had begun on the third day to suffer from vomiting, its bowels having in the mean time never acted. All the signs of imperforate or obstructed bowel soon became developed. On examination *per rectum*, however, the finger could be passed its whole length without encountering an obstacle, and Mr. Ashton, therefore, declined attempting any operation. On the fifth day death took place. The colon was found at the autopsy to be converted into a fibrous cord for about an inch and a half of its length, just where crossing the brim of the pelvis before its termination. The cul-de-sac just above the imperforate part was much dilated.

Mr. Ashton also brought before the Society an example of

STRICTURE OF THE RECTUM BY EXTERNAL DEPOSIT.

A woman, aged 34, had for three years been subject to diarrhœa, and had finally died after a week's symptoms of intestinal obstruction. During life the finger could only be passed for about an inch into the bowel, when it was stopped by what felt like a tight constriction. On laying the bowel open after death, its mucous membrane was seen to be healthy, as also its muscular coat. The appearance of stricture was still, however, well marked, the upper part of the rectum being large and dilated, the part close above the anus narrowed to a very small canal. The narrowing had plainly been effected by the pressure from without of bossy masses, of what looked like firm fat. More carefully examined, and tested by solution in ether, these masses proved to be condensed cellular tissue, and contained very little adipose material.

Mr. Partridge next exhibited a specimen of

RUPTURE OF THE BLADDER.

The history of the case from which this preparation was taken is an extremely interesting one, but as it has already appeared in our pages we need not here repeat it. (See Mr. Partridge's Clinical Lecture, *Medical Times and Gazette*, for March 10.)

Mr. Henry Thompson objected to Mr. Partridge's opinion, that the rupture had taken place before admission. He thought it much more probable that it occurred during the man's stay in the Hospital. The symptoms of ruptured bladder were usually so well marked and so severe that there was no room for doubt or for mistake.

Mr. Partridge had no doubt about the correctness of the opinion. He thought Mr. Thompson mistaken in supposing that severe symptoms always followed rupture of the bladder. Often, indeed usually, the peritonitis was not severe. In the present instance the autopsy showed but slight evidence of inflammation having existed.

Mr. Ward mentioned a case of great interest, in connexion with the symptom of bloody urine, as indicative of ruptured bladder. A man had died some years ago in the London Hospital, in whose bladder a most extensive laceration was found after death, yet, during life, the urine had been perfectly clear and free from the slightest admixture of blood.

Dr. Handfield Jones showed specimens of

TUBERCLE IN CONNEXION WITH ENLARGED GLANDS.

A young man died in St. Mary's Hospital, having a large tumour under the jaw, in which local suppurations had several times occurred. It was believed to be ordinary strumous disease of the glands. After death, however, no appearance of tubercle was discovered in the glands: they were large, matted together, and, when cut, showed a glossy, homogeneous, and not very vascular, surface, in which were here and there a few little spots of yellow fibrine. It appeared that the suppuration had occurred in these little yellow spots. Miliary tubercles were found in the pleura and peritoneum. Dr. H. Jones thought the case of interest, as bearing upon the question of identity of tubercle, with some forms of fibrine. He was not inclined to regard the concurrence of the gland disease described, with tubercle in other organs, as accidental, but rather as dependent on the same constitutional condition.

Mr. Salter exhibited sketches, showing the condition of parts in a

PECULIAR FORM OF DOUBLE HARE LIP.

The patient, an infant, had been successfully operated on by Mr. Hilton, in Guy's Hospital. There was a double cleft in the upper lip, and the central portion of bone projecting at least three-fourths of an inch before the rest, had to be cut away before the parts could be adjusted. The portion cut away had afforded Mr. Salter an opportunity of examining it, to see whether it corresponded with the inter-maxillary bone in animals. This it did not appear to do, since it had but the central incisors, and not the lateral ones. One feature of great peculiarity in the case was, that the fissures did not extend into the palate. The palate had, however, an unusual form, being peculiarly contracted and arched.

Dr. Wilks showed specimens of

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CANCEROUS GROWTHS INVOLVING THE HEART.

A man, aged 33, was under Dr. Wilks's care at the Surrey Dispensary. He only saw him a week before death, and the symptoms were said to have then existed about six weeks, but no previous medical advice had been sought. The patient was found sitting at the edge of the bed, presenting a most extraordinary appearance, his face being bloated and livid, his eyes almost starting from his head. There wss great dyspnœa, so that he appeared every moment in danger of suffocation, and his voice could be heard only in a whisper, his arms were hanging at his sides, and of most enormous dimensions, from anasarca. The superficial veins of the abdomen and chest were large, the right side of the chest was universally dull on percussion. It was then tolerably certain that there was some growth in the chest involving the superior vena cava. In a few days the patient died, and the body was examined. The right lung was wholly converted into cancer, and the disease had pushed its way into the pericardium and cavities of the heart; the superior cava appeared entirely closed, but after lying in water a few days a small aperture was found to remain in its course; the walls of the vessel were involved in the cancerous mass, and nearly destroyed; the right division of the pulmonary artery was so squeezed that it appeared, on making a transverse section, as a mere slit in the midst of the cancer. A small cancerous fungoid growth also protruded into the right auricle; on the left side of the heart the disease appeared to have entered by the left pulmonary veins; these could not be found, but in their situation there projected into the right auricle a mass of cancer the size of a small egg, and half filling the auricle.

Dr. Wilks exhibited also a specimen illustrating the occurrence of

ANGINA PECTORIS IN CONNEXION WITH OSSIFIED CORONARY ARTERIES AND FATTY HEART.

A man, aged 61, was a patient at the Surrey Dispensary. He was by occupation a coal-dealer, and his habits temperate. He was strong and muscular, and always healthy. About six or eight months previous to his death, he began to suffer pain in the precordial region, upon any unusual exertion. In a short time, the pain became more severe, and extended to the left shoulder and down the left arm, and would occur in paroxysms, lasting several minutes. In the intervals, he was free from any uneasiness. The sounds of the heart were muffled, and there was a bruit. For the last six weeks, the attacks became more violent and frequent, coming on upon the slightest exertion; even in walking across the room, or lifting the kettle off the fire. He lived in constant dread of the pain, and of instant death. On one occasion, the agony was so intense that he attempted to cut his throat. The wound was, however, superficial, and soon healed. About two hours before he died, he had a fit of convulsions, and recovered his consciousness in about ten minutes. About an hour after this, a most violent attack of the pain and distress came on, and during which he died. Mr. Ince, the House Surgeon of the Dispensary, made the post-mortem examination. He found the body very fat, both externally, as well as internally, and including the viscera; as the liver, etc. The heart was covered with fat, and the muscular tissue was also very fatty, both by the encroachment on the ventricle, and by the degeneration of the muscular fibre itself. The coronary arteries were most extensively ossified. They were quite rigid, and could be felt before dissection throughout the whole of the course, by the thumb and finger being placed within and without the heart. There was no valvular disease.

Dr. Wilks brought forward also a third specimen, which was an example of

PERFORATION OF THE SEPTUM VENTRICULORUM.

The specimen was sent to Dr. Wilks by Mr. Hills, of the County Lunatic Asylum at Maidstone, for an opinion as to whether the perforation were congenital or the result of disease. It came from a man, aged 40, an inmate of the Asylum many years, and who was suffering from the general paralysis of the insane. He had no cardiac symptoms. There was no history with him, and therefore none of rheumatism or endocarditis. Immediately between the attachments of two of the aortic valves was a perforation, admitting the point of the finger, and passing into the right ventricle. The hole was jagged, the endocardium in the neighbourhood much thickened, and the adjacent valves puckered. Dr. Wilks said he could not expect members to assent to his opinion, that it was the result of disease, as there was no history, but he wished to know what objections there were to the possibility of such a morbid process occasionally occurring. Many specimens had been brought to the Society, of cases of endocarditis, associated in which the so-called false aneurisms had formed in the ventricular walls; and although these were generally acutely fatal diseases, he did not know why, in such a doubtful specimen as the present, the possibility of the perforation being the result of such a morbid process should not be discussed.

Dr. Quain thought it very improbable that the perforation were other than a congenital malformation. It was situated at what was known as the "undefended spot," where such malformations are most common, nor were there about the edges of the aperture any appearances of softening, ulceration, or other diseased process.

Dr. Wilks suggested that, not only was the undefended spot most liable to be affected by malformation, but also by disease.

Dr. Quain thought that such was not the result of observation.

Dr. Hare would take a modification of Dr. Wilks's opinion. He thought that there had been diseased action going on in the borders of a congenital opening. The tissues just around the opening were hard, and felt gritty, as if resulting from a cicatrix. It had been remarked, that the parts of the body, or of organs, least defended by nature, were usually most prone to be affected by disease.

Dr. Snow Beck described a specimen in his possession in which, in a position exactly the same as in the present, a perforation had formed, and a pouch had been projected into the right ventricle, the margins of the opening being likewise hardened and gritty. He was much inclined to the opinion that the condition resulted from disease.

Dr. Saunderson showed specimens of

MELANOTIC CANCER.

The patient, from whom they had been removed, had died in St. Mary's Hospital. She was a woman aged 42; and her earliest symptom had been loss of vision in the right eye, which happened about a year before death. During the latter part of her illness, she had become extremely emaciated; had suffered from vomiting, and from intense localized pain in the left occipital region. In the right lobe of the cerebellum, after death, was found a mass of melanotic deposit, the size of a walnut. Masses of similar deposit, but varying greatly in size, were found in the right eye-ball, in the skin, the mammary gland, the subperitoneal, and the subpleural cellular tissue, in the heart, and the lungs. The masses were everywhere defined, and distinctly encapsuled. It was singular, that nowhere was there disease of the lymphatic gland, not even in those which were proximal to, and at very little distance from, the deposits. The microscopic examination showed the usual characters.

After the usual vote of thanks to the exhibitors, the meeting adjourned.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FEBRUARY 16.

Dr. CAHILL, Vice-President, in the Chair.

DR. FINCHAM read a paper on

CHOLERA.

He first commenced by stating, that his experience, during the late epidemic, was derived from the cases admitted into Westminster Hospital during the first and third weeks of September, the first being the climax, and the latter the decline of the disease. This explanation was the more necessary, because, in this, as in all preceding epidemics of cholera, the cases occurring at the decline were generally of a milder character than those during the access or climax of the outbreak. He then proceeded to state, that the leading plans of treatment might be classified thus:—1. The antidotal, including Dr. Stevens's saline plan; 2. the astringent; 3. the

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eliminative, by castor oil, etc.; 4. the stimulant; 5. the empirical, consisting in the administration of various substances, not apparently having any recognized remedial relation between the drug and the symptoms. In this class he included the plan by the administration of calomel; 6. this class included the administration of mustard emetics, to rouse the flagging system, and of the application of heat externally, to rouse the circulation. He then proceeded to his own experience in the treatment of cholera, and stated, that forty-four cases of undoubted cholera were treated by him. Twenty-four of these were in a state of collapse, in fifteen collapse was impending, and in five the symptoms were very slight. Of these thirty-nine cases of true cholera, twenty recovered, and nineteen died, an average of recoveries, as nearly as possible, similar to that met with in other hospitals. However, five of them recovered from complete collapse. All the cases had a warm bath on their admission, which was repeated a second and a third time, if necessary. Mustard was applied to the epigastrium in most of these cases, and all ice *ad libitum*. The first four cases, on admission, had an emetic of salt and mustard, followed by the administration of diluted sulphuric acid with chloric ether; they were all in a state of conjoined collapse, and all died, without any attempt to rally. The next three cases were treated with castor oil, and occasional doses of calomel. Two recovered, and one died. The next fourteen cases were treated with calomel, (5 grains every quarter or half hour,) and if the rice-water evacuations were copious, ʒ fs of dilute Sulphuric Acid was added to the treatment. Of these, eight cases of extreme collapse died, and one recovered, and five of impending collapse recovered. All the foregoing cases occurred in the first week of September, 1854, when the epidemic was at its height. During the week beginning the 13th of September, eighteen cases were admitted: of these, eleven recovered, and seven died. All these were treated uniformly, beginning, as before, with the hot bath and emetic, followed by the use of calomel, in 2-grain doses, every quarter of an hour, until the symptoms were ameliorated. Although, under this plan of treatment, the mortality was less than during the first week of September, it would be forming a very erroneous judgment, if this were attributed wholly to the treatment. The truth was, that a larger proportion of cases were of a comparatively mild form, which would account for some of the improvements in the rate of mortality. The conclusion at which the author seemed to have arrived was, that there is no plan of treatment upon which reliance can be placed in collapse. This was not, however, the case where collapse was only impending, and he considered that, if during this stage a brisk emetic be administered, followed by a warm bath, the subsequent deadly collapse may be averted in by far the majority of cases. In conclusion, he urged the necessity of attending to the mode of applying heat, as frequently this agent is so carelessly used as to fail to be valueless. The bath must not only be applied, but the effect kept up by warm clothing; and, as an efficient means of doing so, he recommended the use of thick, warm jerseys.

Dr. Barclay then furnished the following communication on the same subject:—He first of all alluded to the established fact of the importation of cholera from foreign shores as proved by Dr. Baly's observations, and considered its propagation amongst us as due to some kind of contagion, independent of any atmospheric influence; this contagion may possibly be dependent on the same laws as those which regulate the spread of small-pox and typhus, which view was borne out by the experience of the author, met with in St. George's Hospital. Another point of interest in connexion with cholera, is the coincidence of epidemic diarrhœa occurring at the same period. He considered that during cholera years diarrhœa was apt to put on an epidemic character, that the number of recorded cases at such a time might be increased by people generally being alarmed, and applying for relief, and from the fact that many cases recorded as deaths from diarrhœa depended upon some disease of which that diarrhœa was but a symptom. Diarrhœa exists in connexion with cholera in three distinct forms: 1. as the first symptom of the disease running quickly into collapse unless promptly checked; 2. as a milder form of the disease from which the system soon rallies when the discharge is stopped; 3. as an ordinary diarrhœa caused by external causes or improper food, acting under these circumstances as a predisposing cause. Passing on to its pathological history, the author thought that more than ever we had arrived at the fact, that the disease depended solely upon blood poisoning, ignoring all the older hypotheses of its being an aggravated diarrhœa, &c. He still, however, advocated the necessity of attending to the bowel flux as a main point in its treatment, because we know that a moderate degree of purging may be regarded as eliminative, yet that when a medicine is of use, its operation is quite as frequently that of restraining the excess of nature's workings as that of stimulating them to increased activity. He considered it essentially a zymotic disease, excited by the presence of a poison from without, capable of self-reproduction, after the fashion of the yeast plant, and thus widely differing from diarrhœa, whether as a symptom, or as caused by some noxious gas, or other cause. In cholera, he maintained, this symptom (diarrhœa) bore no relation to the amount of poison in the blood, any more than did the degree of the cutaneous eruption in scarlatina tell us the extent of danger in the attack. Dr. Barclay then reviewed the treatment of the disorder, remarking that he considered no treatment as of any *certain* avail in true collapse, except there be some rallying form with this almost apparent death. Whatever means can possibly restore warmth and circulation must be beneficial, as until there be, established remedies cannot act. Before collapse has set in, he advises astringents, especially dilute sulphuric when the flux is copious, the tongue clean, and the stools offensive. In ordinary cases of derangement of the biliary and enteric secretions he has found so much good from mercury, that, arguing *à priori*, he considers it of equal service in cholera, but to be of use, we must give it with no niggard hand, as much will be rejected by vomiting, &c. As soon as reaction is established, he recommends the removal of the excess of the mercury in the system by gentle purgations by castor oil. In the record of cases in St. George's Hospital, the cases of collapse not treated by calomel were more fatal than those treated with it. Calomel was given in seventy-four cases of cholera, and the percentage of recoveries was forty-five; it was not given in fifty, and the percentage of recoveries was forty-eight. But taking collapse alone, it was given in sixty-seven confirmed cases, and the percentage of recoveries was thirty-nine; while in such cases where the calomel was not given at all, the like percentage was only twenty-eight.

The Society then adjourned until March 2, when Mr. Benson will read "Some remarks upon the late epidemic of Small-Pox, as far as it was observed in the practice of the Chelsea Dispensary."

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, Friday, March 9.

WOUNDED OFFICERS.

On the motion of Lord A. Paget, a return was ordered of the names of officers who have received a gratuity for wounds in the Crimea, stating the amount of each gratuity, as well as the nature of each wound, classifying them, "slightly," "severely," or "dangerously."

COMMITTEE OF INQUIRY.

STATE OF THE ARMY BEFORE SEBASTOPOL.

Mr. Clay, owner of three steamers taken up as transports by the Government. He often visited the cavalry camp. The men were eating their food raw. He saw them doing it. The men were very ragged, badly shod, and dirty; they were overrun with vermin. The condition of the French troops was much better—quite a contrast to ours. Had heard of the state of the sick on board the Monarchy. He was told that twenty had died on board in one day, and that of some of the men who were frost-bitten the legs had dropped off and been thrown overboard. The offal in the harbour would be very likely to create disease. Had any proper system of organisation been adopted, many of the transports might have been usefully employed, instead of lying idle. Did you know Admiral Boxer?—Yes; he was a very intemperate old man, and used to give very strange orders. He had heard complaints of him from all the masters of ships he had met. He was removed from Constantinople to establish order at Balaklava.

The Rev. E. G. Parker, Chaplain to the First Division of

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the army.—He saw the camp hospitals every day during that time. The condition of the sick was as miserable as could possibly be imagined,—lying upon the bare ground with a single covering. The medical attendance was signally good, as far as the medical men were concerned. There was a great want of medicines. During the time he remained with the army, the hospitals were almost always supplied with fresh meat. Medical comforts, such as sago, tapioca, etc., were rarely procurable. Wine was occasionally obtained. Were there not plenty of those things at Balaklava?—I cannot say of my own knowledge. I was only three times at Balaklava during the period I was in the Crimea. Surgeons have several times told me, when they applied for medical comforts they got about one-tenth of what they asked for. The medical men were indefatigable as long as their strength lasted. In the Scots Fusileer Guards at one time every medical officer was ill, and they had to borrow a surgeon from the 97th. The witness proceeded to state that the medical orderlies were very good until they fell ill from the state of the hospital marquees. If he had not been accustomed to South America, and visited persons attacked with fever there, he could not have borne the effluvia of those tents so long as he did. In one hospital marquee there was a tub in the middle of the tent, upon which two or three men would be sitting while he was engaged in his ministerial duties.

In your opinion, were the hospital tents fit for the purpose for which they were used?—Certainly not. The water came in whenever it rained. The Turkish tents were better than ours, being lined. Scurvy, diarrhœa, and dysentery were the prevailing diseases. He had heard the surgeons assign several causes for the sickness. Overwork was one cause. During the time he was in the camp only five or six rations of fresh meat were served out to the men, and no vegetables. He thought that the scurvy was mainly attributable to the men being fed almost entirely on salt meat. The hospitals were so crammed that he could not kneel in them. He had known the hospitals to be cleared of the sick in the morning by a convoy to Balaklava, and again filled with patients in the evening, proving that many who were fit objects for hospital were excluded from sheer want of space. There was a depôt of medicine at Balaklava, but what it contained I cannot say. I heard at one time there was no opium in Balaklava.

Did you ever see Lord Raglan in the hospital tents?—I never saw him in my life.

Did you ever see the Quartermaster-General, or the Adjutant-General in the hospital-tents?—No.

Did you ever see any member of the staff in the hospital-tents?—There might have been, but I did not know them.

His Royal Higness the Duke of Cambridge.—In what condition did your Royal Highness find your men at Scutari?—In perfect good health—as well as when they left England. They were then encamped, and were well supplied with food. The commissariat operations were not so satisfactory as could be desired, even at Scutari. I think we were short of medical men, but a great many medical men fell ill themselves directly we landed. We had one surgeon, and two assistant-surgeons, to each regiment. My impression is, that we ought to have had three assistant-surgeons, as the regiments now have, I believe.

Was there any suggestion made to head-quarters that you were under-handed in the medical department?—We did not feel any want till the cholera broke out, and then there was so much difficulty in every division that we did not apply, but did the best we could. The medical men were pretty well supplied with medicines, and, upon the whole, I think there was no deficiency of medicines at Varna. I cannot say whether there was any deficiency of medicines at Devno; my division suffered so much, that I had little time to look after any other. I attribute the sickness to the climate, but I think the great mortality in the Guards, so far as I can judge, arose from the men not being able to get porter, a beverage to which they were particularly accustomed. The Grenadier and the Coldstream Guards' hospitals were under a bank in the open air, close to the river, with valuable facilities for procuring water. The Fusileer Guards' hospital was a house on the opposite side of the river. The 93rd and the 42nd's hospitals were likewise, I believe, in houses. I think we had sixteen or eighteen medical men in the division. I do not think that was a sufficient number. As I said before, I think every regiment in the field should have four medical men fit for duty. I think the reason why we had no more doctors was, because there were few military surgeons available in England. I had a medical man attached to my division, who belonged to a cavalry regiment.

Were the hospital tents visited by the staff officers?—I went constantly, and General Bentinck, too, I think.

Did the general staff-officers—the head-quarter staff—visit them?—I never saw any of them.

Had your Royal Highness any reason to complain of your medical staff?—No: I had a very good medical staff. The sickness in my division was chiefly owing to the cholera, which broke out on the 17th of July. The cholera was known to be raging in the East when we went out.

Were any particular instructions sent out in reference to the existence of cholera?—No. The ambulances were a great deal too heavy and inconvenient. The places on shelves for wounded men were much too close, and must cause much suffering. At Scutari there was a general hospital, but no arrangements for separate divisional hospitals had been made. I think that each regiment of 850 or 1000 men should have four medical men when in the field. The present establishment would be sufficient in time of peace. In my division, we had the assistance of the medical staff,—a deputy inspector-general of hospitals, a first-class staff-surgeon, one of the second class, and three assistant-surgeons. I attribute the sickness to overwork and cholera. As to the supply of medicines, he had heard, since he left, that there was a considerable deficiency. When he was with the army, the supply was not so good as could have been wished, but there was not up to that time any actual want of medicine.

Colonel Wilson, of the Coldstream Guards.—They moved to Aladyn the 1st of July, and remained till the 29th camped by the lake. The camp was not more than 50 or 60 feet above the level of the lake. Diarrhœa and cholera broke out soon after their arrival; he thought the situation of the camp was unhealthy. The bread they had was sometimes of a very inferior quality. It was gritty and sour; he believed it caused diarrhœa; it had that effect on himself. The disease increased much after their removal from the lake; it might have been from the mysterious nature of the disease, or from the men having been smitten before their departure. He had no instructions as to how to treat the men in case cholera broke out. There was an order issued, forbidding any drill after 8 in the morning; the drill was at 6 a.m. At Varna the men had cooking-kettles, but for the most part they were thrown away on landing in the Crimea, and the men cooked in their tin canteens. They roasted their coffee in the lids of their tin pots, put it between a bit of canvas, and broke it up with the tent hammer. There was no means of grinding coffee supplied. The officers bought some mills at Varna. The men preferred tea, they were very fond of it. Tea was far the best for the soldiers' health; he spoke from his own experience. The cooking of the French was much superior to theirs. Their meals were much more agreeable both to the nose and eye. After they went to Sebastopol, it was, from the nature of the work, impossible for the soldiers to make any arrangements except for each man cooking his own rations.

How long were the men on duty?—They were on duty three nights, and might be able to lie down part of the fourth. If they came off duty in the trenches at six in the morning they might be able to lie down till ten; they would then be called on some working party. On that night they might perhaps lie down for a short period; but at four the next morning they would be called out to go on picket duty, and they were on that duty twenty-four hours at a time, including the march to and fro. Their food in the trenches was salt pork and rum. In the trenches the men had no means of cooking. They generally contrived to cook their pork in their tents, and eat it cold in the trenches.

On an average, how many hours had the soldiers to themselves out of the twenty-four?—Not more than three hours. The men left behind in the tents generally, by an agreement among themselves, had something ready cooked when their comrades came in from the trenches. He had heard that men had sometimes eaten their rations raw, but he had never seen them do it. They had no vegetables.

Do you remember an order having been issued that a supply of vegetables would be given to the men if they would go down to Bataklava for it?—Yes; but even then there was a difficulty in getting them. He remembered going to Balaklava to see Captain Christie on business, and meeting there

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a sergeant of his own regiment who had gone down for some, but could not get any, because some papers were not properly signed. The sergeant asked him to get him out of the difficulty. He went to the commissary, and he believed the sergeant got some potatoes at last. This was on the 20th of November. The potatoes were on board ship.

Had the sergeant not met with any officer, would he have got any?—No: he would have had to return without them. The ambulance carts were heavy, cumbrous, and unsuitable. The men complained severely of them; they were nearly suffocated inside them for want of air. The French ambulance mules were far better as a conveyance. Was brought down on one of them himself to Balaklava, with another officer. The motion was far more easy and agreeable than that of the waggons. The assistant-surgeon of his battalion went down to Balaklava with them as an act of friendship, but no medical man was ordered to attend them. There was a convoy of sick went down at the same time, but they did not go with it. He did not know whether any surgeon was sent with the convoy. He believed some of the wounded at the battle of the Alma remained one night on the field, but not two. In the field hospitals the men were lying on the bare ground, and much crowded. He attributed much of the disease to want of fresh meat and overwork. What the medical men called scorbutic diarrhœa was brought on by want of vegetables. He went from Constantinople to Balaklava in the Trent. The vessel carried above 200 sick. They did not suffer in that ship so much as others, in consequence of the great attention paid them by a young medical officer of the staff. He had forgotten his name, but hoped to be able to obtain it. The sick lay on the bare deck. There were among them several cases of badly-wounded men; the medical officer said he kept them alive by port wine and arrowroot.

SANITARY BILLS OF SIR B. HALL.

The following are abstracts of the measures laid before Parliament this Session by the New Board of Health:—

II.

THE PUBLIC HEALTH BILL, 1855.

PRELIMINARY.

Sec. I. Title of Act, "The Public Health Act, 1855."

Sec. II. Interpretation of certain terms in this Act. Among others, the word "house" to include schools, factories, and other buildings in which more than twenty persons are employed at one time. The word "drain" to mean any drain of and used for the drainage of one building only, or premises within the same curtilage, and made merely for the purpose of communicating therefrom with a cesspool or other like receptacle for drainage, or with a sewer into which the drainage of two or more buildings or premises occupied by different persons is conveyed. The word "sewer" to mean and include sewers and drains of every description, except drains to which the word "drain" as aforesaid applies. The term "slaughter house" to mean the buildings and places commonly called slaughter houses and knackers yards, and any building or place used for slaughtering cattle, horses, or animals of any description, for sale. The expression "Waterworks Company" to mean any Corporation, person, or company of persons supplying or who may supply water for their profit. The term "waterworks" to include streams, springs, wells, pumps, reservoirs, cisterns, tanks, aqueducts, cuts, sluices, mains, pipes, culverts, engines, and all machinery, lands, buildings, and things for supplying water, also stock in trade of any Company.

Sec. III. divides the Act into four parts as following:—

GENERAL BOARD OF HEALTH, THEIR CONSTITUTION AND POWERS.

Sec. IV. The existing General Board of Health to be continued, and Her Majesty to appoint during pleasure a President of the General Board; such President and Her Majesty's Principal Secretaries of State, and the President and Vice-President of the Committee of Council appointed for the consideration of matters relating to trade and foreign plantations, to be the General Board; during any vacancy in the Board the continuing members to act as if no vacancy had occurred.

Sec. V. Salary of President of General Board not exceeding two thousand pounds per annum. No salary shall be paid to any other member of the said Board. President to be capable of being elected as a member of the House of Commons.

Sec. VI. The General Board to appoint secretary and assistant-secretary, and clerks and officers, and also so many superintending inspectors as the Commissioners of Her Majesty's Treasury may think fit; such secretary, assistant-secretary, clerk, or officer, and superintending inspector, to be removable by the Board.

Sec. VII. Treasury to fix salaries.

Sec. VIII. Allowances to superintending inspectors.

Sec. IX. All powers, etc., vested in Board may be exercised by the President or any two members.

Sec. X. Salaries, etc., to be paid out of monies to be provided by Parliament.

Sec. XI. The General Board to continue for the period of two years from date of the passing of the Act, or until the expiration of next session of Parliament.

ADOPTION AND APPLICATION OF ACT.

Sec. XII. In the construction of this part of the Act the term "place" shall mean any corporate borough, district constituted in pursuance of the Public Health Act, 1848, city, town, parish, township, or other place having a known and defined boundary. The term "district" shall mean any locality whatever to which this Act is applied by provisional order.

Sec. XIII. The Act may be adopted by any place either throughout its whole extent or as to any part thereof; and may, by such provisional order as after mentioned, be applied to a district consisting of any place or part of a place; or of a union of two or more places; or of a union of a part of a place with any place or places, or with a part or parts of any place or places; but no such application shall be made, (except where the deaths in any place are in excess as hereinafter expressed,) unless the ratepayers of such place give consent to such application.

Sec. XIV. No person to be deemed to be a ratepayer, unless he has been rated to the relief of the poor of such place or district, or of some parish within the same, for the year immediately preceding, and has paid all rates, taxes, and assessments, including all rates and charges payable under the Act of 1848, with the exception of any such rates, taxes, assessments, and charges as may have become due within six months preceding.

Sec. XV. In cases where the corporation aggregate, a joint stock or other company, or any body of proprietors or undertakers, is rated to the relief of the poor in respect of any property belonging to them, such corporation, company, body of proprietors or undertakers respectively, shall be deemed to be one ratepayer for the purposes of this Act, and may vote by proxy under the hands of three directors or other persons in the direction or management of the company; but no member of such corporation shall be entitled to act individually in respect of such property.

Sec. XVI. Rules to be observed with respect to obtaining the consent of the ratepayers of any place to the adoption of this Act. Any number not less than ten of the ratepayers may, in the form marked A in the Schedule, make an application to the summoning officer, requiring him to call a meeting of the ratepayers for taking into consideration the adoption of the Act. The summoning officer to fix a time and spot for holding such meeting, not less than ten days nor more than twenty-one from the receipt of the application. The summoning officer to give notice of the time and spot so fixed, by advertisement in one or more newspapers published in the county, by notice affixed to the doors of every church and chapel in the place. The notice to be in the form B in the Schedule. Summoning officers to be,—in corporate boroughs, the Mayor; in districts constituted under the Public Health Act, 1848, the Chairman of the Local Board of Health; in towns, the Commissioners, trustees, or other persons acting under any public local Act, or one or more of such Commissioners, trustees, or other persons; in parishes, the churchwardens, or one of them; in townships, and other places separately rated to the relief of the poor, not having churchwardens, the overseers or one of them; and if there is no such officer, or if he neglects, is unable, or refuses to perform the duties imposed on him, the General Board may, upon requisition of any five ratepayers, appoint a person. The meeting to choose Chairman. The Chairman to propose the adoption of the Act. If no poll demanded, a declaration by the Chairman that a resolution has been carried shall be sufficient evidence. If a poll demanded, the Chairman to direct the same to be taken at such spot or spots, not exceeding two clear days from the day of meeting; to adjourn the meeting to not more than four clear days after the day appointed for the taking of the poll. The Chairman to appoint polling clerks, and cause polling-books to be provided. The Chairman may summon the overseers or inspectors of the poor, collectors, and other officers employed in the assessment or collection of the rates, to assist in ascertaining that the persons presenting themselves to vote, or who have voted, were duly qualified to vote at such poll. Any overseer, inspector, etc., who neglects to perform the duties imposed upon him to be liable to a penalty not exceeding twenty pounds. Scrutiny may be demanded. Chairman to decide all questions arising upon scrutiny. Party demanding scrutiny to pay the expenses.

Sec. XVII. The following Rules to be observed with respect to the adoption of the Act by parts of places:—1. Any place may, with consent of the ratepayers, be divided into parts, for the purpose of this Act, in any one or more parts, to the exclusion of the rest. 2. In cases where the limits of a place include one or more lesser places, which, if not included within such limits, might have separately adopted this Act, such lesser places shall be deemed to

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be merged in the greater place within the limits where situate, unless the greater place has refused to adopt the Act, in which case the lesser place may adopt the Act. 3. In cases where any part of a place, not being itself such a place as is authorised to adopt this Act, is desirous of having this Act applied to it, then, if the place to which such part belongs has refused to adopt the Act, a Petition may be presented on behalf of such part to the General Board, upon which the Act may be applied to such part.

Sec. XVIII. Notice of adoption of Act; such notice to be in the form C. in the schedule.

Sec. XIX. The effect of consent by a place to adoption of Act: the same shall, within one month from the date of consent, have the force of law in such place.

Sec. XX. Adjoining places may alter their respective boundaries, subject to regulations.

Sec. XXI. Effect of adoption of Act by corporate boroughs.

Sec. XXII. Adoption of Act by district constituted under Public Health Act, 1848.

Sec. XXIII. Effect of adoption of Act by any other place. There shall be elected a Local Board of Health; and all powers vested in any commissioners, trustees, inspectors, or authorities by any public Local Act within such place shall be transferred to such Local Board of Health.

Sec. XXIV. Upon the adoption of this Act by any place, all provisions of any public local Acts inconsistent with the provisions of this Act, to be repealed, but such repeal not to affect any rights already existing or accrued, or any remedy for enforcing the same.

Sec. XXV. No objection shall be made at any trial, or in any legal proceeding, as to the validity of the adoption of this Act, or of any alteration made by any place in its boundaries, unless the objector has given previous notice to the other parties interested in such trial or proceedings of his intention to make the same; and no objection to such validity shall be admissible after the expiration of three months from the adoption of this Act or of such alteration of boundaries by any place.

Sec. XXVI. The adoption of this Act may be proved at any trial or in any legal proceeding; by the *London Gazette*, containing a notice to the effect that the ratepayers of such place have consented to the adoption of the Act; or by the evidence of any person cognizant of such adoption; and the alteration of boundaries may be proved by the evidence of any person cognizant of such alteration.

Sec. XXVII. Act may be applied by provisional order instead of being adopted.

Sec. XXVIII. All expenses of adoption of the Act to be defrayed out of the general district rate; but if the Act is not adopted by such place, expenses to be borne by the ratepayers who made the application for a meeting to be called.

LOCAL BOARDS OF HEALTH (PLACES).

Sec. XXIX. Constitution of Local Boards.—In cases where any place, not being a borough corporate, and not having been already constituted a district under or in pursuance of the Public Health Act, 1848, has adopted this Act, there shall be elected a Board to be called "the Local Board of Health;" and such Board shall consist of such number of members as may be determined by a majority of the ratepayers present at any such meeting or adjourned meeting as hereinbefore mentioned, or present at any meeting to be summoned by the summoning officer for that purpose, either before or after the adoption of this Act, subject to the provision that such number shall not be in any case less than nine or more than eighteen.

Sec. XXX. Qualification of members of Local Board.—Any ratepayer, rated to the relief of the poor upon an annual value not less than fifteen pounds.

Sec. XXXI. Rules as to election of Local Boards.

Sec. XXXII. Rules as to obtaining consent of ratepayers to application of Act:—A petition for the application of this Act to be presented to the General Board on behalf of the ratepayers of the district. The petition to state the boundaries of the district, and to be in the form marked D in the Schedule. The petition to be subscribed by one-tenth of the ratepayers.

Sec. XXXIII. On the receipt of such petition, the General Board may send an inspector to the proposed district, for the purpose of making inquiry.

Sec. XXXIV. Inspector to give not less than seven days' notice of such inquiry by advertisement, etc.

Sec. XXXV. Power of General Board to make Provisional Order.

Sec. XXXVI. Provisional Order to be submitted to proposed district.

Sec. XXXVII. Inspector to summon meeting.

Sec. XXXVIII. Inspector to be chairman.

Sec. XXXIX. General Board may modify order.

Sec. XL. General Board to obtain confirmation of Provisional Order.

Sec. XLI. Where it appears from the last return of the Registrar-General, from the deaths registered for seven years, that the number of deaths in any place have exceeded twenty-three to a thousand of the population, the General Board of Health may direct a superintending inspector to visit such place, for the purpose of making inquiry and examining witnesses as to the sewerage, drainage, and supply of water; the number and sanitary condition of the inhabitants; any public or private local Acts of Parliament in force within such place; the existing municipal, parochial, or other local boundaries, if any, and the boundaries which may be most advantageously adopted for the purposes of this Act; and any other matter or thing of which the General Board may require to be informed in reference to the application of this Act.

Sec. XLII. The provisions as to the giving of notice by the inspector, and as to the report to be made to the General Board, and as to the powers of the inspector, to be applicable to any inquiries made in pursuance of the preceding section.

Sec. XLIII. Upon the receipt of such report, the General Board may proceed to apply this Act or any part thereof to such place with the consent of the local Board of Health of such district; and to consolidate and extend and provide for the future execution of any public local Acts that may be found to be already in force within any such place or area.

Sec. XLIV. Provisional order not to require consent of ratepayers.

Sec. XLV. Costs of preliminary inquiry, etc., with consent of Treasury, to become a charge upon the general district rates.

LOCAL BOARDS OF HEALTH (DISTRICTS).

Sec. XLVI. Rules as to constitution of local Boards of Health in districts.

Sec. XLVII. Rules as to select members.

Sec. XLVIII. Rules as to elective members.

Sec. XLIX. Persons chosen both as select and elective members, etc., to serve in respect of one title only.

Local Boards of Health, Places, and Districts.

Sec. L. Incorporation of local Boards of Health.

Sec. LI. Continuing members may act during a vacancy.

Sec. LII. Penalty for acting without qualification not exceeding 50*l*.

LIII. If a member of Local Board absents himself during three months from all meetings of the Board, except from illness or other cause, or is adjudged bankrupt, or becomes an insolvent, or compounds with his creditors, such person to cease to be a member of the Board.

LIV. If any place that has adopted this Act shall afterwards be incorporated as a borough, powers hereby vested in or imposed on the Local Board shall be transferred to the Council of such borough.

Sec. LV. Penalty on summoning officer, chairman, or returning officer, in default, not exceeding 50*l*.

Sec. LVI. Rules as to meetings of Local Boards.—1. A meeting to be held at least every month. 2. One-third members to be a quorum. 3. All questions to be decided by a majority. 4. Names of members present to be recorded. 5. At their first meeting under the Act, and their first meeting after each annual appointment to appoint chairman for the year following. May, if they think fit, choose a deputy-chairman for the same period.

Sec. LVII. If the chairman or deputy-chairman dies, or becomes disqualified to act, the directors at the next meeting shall choose another to fill the vacancy; and such chairman or deputy-chairman to continue in office so long only as the person in whose place he may be so elected would have been entitled to continue.

Sec. LVIII. Temporary Chairman.

Sec. LIX. Appointment of Committees.

Sec. LX. Proceedings of Committees.

Sec. LXI. Custody of common seal.

Sec. LXII. Contracts by Committee or Local Board, how to be entered into.

Sec. LXIII. Proceedings to be entered in a book, and to be evidence.

Sec. LXIV. Informalities in appointment of members of Local Board not to invalidate proceedings.

Sec. LXV. Members of Local Board not to be personably liable.

POWERS AND DUTIES OF LOCAL BOARDS.

PRELIMINARY.

Sec. LXVI. The term "district" to include any place that has adopted this Act.

Sec. LXVII. Construction of incorporated Acts.

Officers.

Sec. LXVIII. The Local Board to have power, 1. To appoint surveyor, inspector of nuisances, clerk, and treasurer, collectors and other officers necessary. 2. To make bye-laws for regulating the duties and conduct of the several officers. 3. To pay reasonable salaries, wages, or allowances. 4. To remove every officer and servant appointed. Subject to the following regulations:—1. That the same person may be both surveyor and inspector of nuisances. 2. That neither the person holding the office of treasurer, nor his partner, nor any person in the service or employ of them, or either of them, shall hold the office of clerk. 3. That neither the person holding the office of clerk, nor his partner, nor any person in the service or employ of them, shall hold the office of treasurer. And whosoever offends in any of the cases enumerated in this proviso shall incur a penalty not exceeding one hundred pounds.

Sec. LXIX. Incorporation of sections of Commissioners Clauses Act.

Sec. LXX. Local Boards to provide offices.

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Maps.

Sec. LXXI. The Local Board to procure or cause a map, exhibiting a system of sewerage for effectually draining their district.

Sewerage and Cleansing.

Sec. LXXII. Sewers, etc., invested in Local Board.

Sec. LXXIII. Power to purchase, etc., certain sewers.

Sec. LXXIV. Powers of Local Board as to sewerage within district:—To repair, arch over, enlarge, lessen, or alter any existing sewer or drain. To construct any new sewer or drain. To discontinue any existing or new sewer or drain. To carry any sewer, drain, or pipe for the distribution of sewage through, across, or under any turnpike road, or any street or place laid out as or intended for a street, or under any cellar or vault which may be under the pavement or carriageway of any street. To purchase any land necessary for carrying into execution the above objects, subject to the following restrictions:—All sewers and drains shall be so constructed and kept as not to create a nuisance or be injurious to health. If, in exercise of any of the above powers, any person is deprived of the use of any sewer or drain, the Local Board shall provide some other sewer or drain equally convenient.

LXXV. Every Local Board shall have power, upon making due compensation:—To construct, either above or under ground, such reservoirs as may be necessary for holding the sewage flowing from the sewers of their district. To cause the sewers of their district to empty into such reservoirs by means of connecting sewers, or such other means as they think fit. To contract with any person for the sale of such sewage, or for the distribution o it over any land. To contract for, purchase, or hire any buildings, engines, materials, or apparatus, for the purpose of receiving, storing, disinfecting, or distributing any such sewage. To purchase any land necessary for carrying into execution the above objects, subject to the regulations hereinafter mentioned.

[To be concluded in our next.]

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners, on the 9th inst.:—Messrs.

BRAUND, JAMES MONTAGUE, Marlock, Somerset.
CROSSMAN, EDWARD, Alveston, Gloucestershire.
CUMING, HENRY, Camden Town.
EDWARDS, SEPTIMUS, Oswestry, Shropshire.
FORSHALL, FRANCIS HYDE, Hunter-st., Brunswick-sq.
JOHNSON, CHARLES HENRY, Derby.
MOTT, ALBERT ABEL, Army.
ROBINSON, CHARLES SQUIBB, Gt. James-st., Lisson-grove.
SMITH, CHARLES JOSH. OLIVER, Army.
STANWELL, WILLIAM, St. Bartholomew's Hospital.
SWEETING, ROBERT BRAY, Reading, Berks.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 8th March, 1855:—

CAPRON, EDWARD, Guildford.
DAVIS, GEORGE, Dawley, Salop.
DRYLAND, JOHN WINTER, Newbury, Berks.
GRAY, THOMAS SCOTT, London.
GRIGGS, WILLIAM, 4, Warwick-street.
LANGFORD, WILLIAM.

APPOINTMENTS.

Mr. WILLIAM WOODWARD, of King's College Hospital, has been elected House Surgeon to the City of London Hospital for Diseases of the Chest.

Mr. J. C. PALEY, of the York County Hospital, Surgeon to the 2nd West Yorkshire Militia.

Mr. R. BIANCHI was elected Surgeon to the Farringdon Dispensary on the 8th inst.

DEATHS.

MORGAN.—January 12, at Cawnpore, of congestion of the brain, deeply regretted by his family and friends, Robert Bond Gordon, Assistant-Surgeon of the 63rd Regiment Native Infantry.

PEACOCK.—Beddoes Peacock, Esq., M.D., of Darlington aged 51. For twenty-five years Dr. B. Peacock had laboured under disease of the spine, which prevented him from walking. He was, notwithstanding, in considerable practice as a Physician. He was universally esteemed.

UNIVERSITY OF OXFORD.—The following are the changes with regard to Medical Professorships, contemplated by the statute, to be promulgated in Congregation on Tuesday next:—The Medical Professorships are to be newly arranged. At the next vacancy in the office of Regius Professor, or earlier, if the present Professor consents, the Tomline and Aldrichian Professorships of Anatomy are to be disjoined from the Regius Professorship of Medicine, and a new Professorship of Anatomy and Physiology is to be founded out of the proceeds. This Professor is to be elected by a Board, consisting of the Vice-Chancellor, the Regius Professor of Medicine, the Professor of Chemistry, the Professor of Botany, the Professor of Experimental Philosophy, the Professor of Geology, the Professor of Mineralogy, and three persons named by the Hebdomadal Council, and approved by Congregation. The person elected is not to practise Medicine or Surgery while he holds the office of Professor. He is to give two courses of Lectures annually in two separate terms, lecturing twice a week during six weeks in each, and is to make his hearers practically acquainted with anatomical and physiological subjects. The Aldrichian Professorship of Medicine is to be united with the Regius Professorship as soon as the new Professorship of Anatomy is founded. The Professor of Chemistry is to read two courses of Lectures annually, in two separate terms, each course to consist of twelve Lectures, at least, and to cover a space of six weeks.

STUDENTS' SOIREE AT UNIVERSITY COLLEGE. — The Students of University College, on Tuesday evening, entertained a large and distinguished body of persons known to be interested in education and the pursuits of science and literature. The intention was to bring together the representatives of the various affiliated colleges which educate students for the purpose of taking degrees in the University of London. The company met in the magnificent library. Among the company were Lord Brougham, Sir Edward Ryan, Dr. William Smith, Sir James Tyler, Professor Newman, Edwin Field, Esq., Professor Heaviside, Dr. Carpenter, and numerous other persons distinguished in the scientific world. The room was crowded to excess.

NAVAL MEDICAL OFFICERS.—On Tuesday last an important Meeting was held, attended by Delegates from all the London Hospitals, to organize an effective opposition to the recent unjust regulations of the Admiralty, admitting youths of 18, and who had only just finished their first Medical Sessions, into the Royal Navy to rank with, but subordinate to, that of the acting Assistant-Surgeons. The provincial schools are about to co-operate with the metropolitan in addressing Petitions to Parliament on this important subject.

THE NAVAL SERVICE—THE MEETING AT ST. MARTIN'S Hall.—The following is a copy of the resolutions to be proposed at the Meeting in St. Martin's Hall:—

1.—"That this Meeting, in common with the nation at large, views, with deep and unfeigned regret, the ill-success which has attended the many efforts made by Members of Parliament and the public press to ameliorate the condition of the Naval Assistant-Surgeons. It anticipates, with anxiety and alarm, the unnecessary loss of life which would ensue should an action occur while the Navy is so inefficiently supplied with surgical aid; and enters its earnest protest against regulations which are derogatory to the Medical Profession, and detrimental to the efficiency of the naval service.

2.—"That this Meeting expresses its opinion, that the present Admiralty regulations are such as to exclude efficient Members of the Medical Profession from the Naval Service; and pledges itself to adopt the most earnest and energetic measures to obtain redress of the existing grievances; and is firmly convinced, that in the mean time few, if any, Medical Students will accept an appointment in the Navy.

3.—"That this Meeting resolves, that Forms be forwarded to the Metropolitan and Provincial Hospitals of the United Kingdom, to be filled up with the Signatures of those Medical Students who refuse to accept an appointment in the Naval Service, under the existing Admiralty Regulations.

4.—"That this Meeting, being deeply impressed with the urgency of the crisis, and desirous of offering to the country those services which it is entitled to claim, resolves, that a Deputation wait upon the Board of Admiralty respectfully to lay before them these Resolutions, and to solicit that the grievances complained of may be redressed.

5.—"That an Address, together with a copy of the Reso-

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lutions of this Meeting, be presented to the Council of the Royal College of Surgeons of England, soliciting their assistance in carrying out the objects of the present movement.

6.—"That a Petition, expressive of the said grievances, be placed in the hands of some Member of the House of Commons, to be brought under the notice of Parliament."

NAVY MEDICAL SERVICE—MEETING AT EDINBURGH.—A copy of the following has been forwarded to us for publication:—

"On the 8th of March, it was made generally known in Edinburgh, that the Admiralty were desirous of obtaining the services of young men between eighteen and twenty years of age, engaged in the study of medicine, but not legally qualified for its practice, to act as dressers in the Navy during the expected Baltic campaign.

"The position of the Assistant-Surgeons in the Navy has been for many years felt to be such as to render the appointment not adapted for a gentleman. Any prospect of the reform of this crying abuse appeared likely to be indefinitely postponed, if the proposed dresserships were accepted by Medical Students; for there could be little doubt that these unqualified persons would in reality be employed as substitutes for the Medical Men who have left the service.

"The Students in Medicine accordingly held a meeting on the following day, in the largest theatre of the University. It was attended by upwards of 600, and the following resolutions were carried by acclamation:—

"'1.—That this Meeting regards the present position of Assistant-Surgeons in the Navy as inconsistent with the dignity of the profession, and the efficient performance of its duties.

"'2.—That a reform of this abuse, which has been long called for during peace, for the sake both of the Medical Profession and of the Navy, has become doubly necessary now that the nation is engaged in war.

"'3.—That, in the opinion of this meeting, it would be greatly to be lamented if the Students of Edinburgh should in any way favour the continuance of this abuse.

"'4.—That the acceptance of the appointments proposed to Students by the Admiralty must tend to postpone reform, by providing substitutes for the want of qualified men, which has been produced by the evils of the present system.

"'5.—That this Meeting, therefore, strongly deprecates this proposal, and earnestly calls upon the Students of Edinburgh to sacrifice, on public grounds, any private advantages which it may seem to offer.'

"HENRY MARSHALL, Chairman.

"Royal Infirmary, Edinburgh, March 12, 1855."

THE MOORFIELDS OPHTHALMIC HOSPITAL.—A new erection, in order to provide more extensive accommodation for out-patients, has just been commenced on the premises of this flourishing Hospital. We understand that the arrangements are to be of a superior order.

MR. COCK.—We are very glad to be able to state, that Mr. Cock, who has for some weeks been confined to his house by a severe attack of pleuro-pneumonia, is likely to be able in a few days to resume his duties at Guy's Hospital.

THE WOUNDED.—On Saturday and Monday, several more of the Guards who were wounded at Alma and Inkermann arrived at the Hospital barracks of the brigade, Rochester-row, Westminster. They were admitted into the Hospitals of the regiments to which they were attached; in connexion with which, also, premises adjoining have been taken, and fitted up as a temporary Hospital. The men spoke highly of the attention paid to them in their voyage home in the *Crœsus*, by Dr. Riley, the acting Assistant Staff-Surgeon.

CIVIL HOSPITAL IN THE EAST.—We have been requested to state that the duties which Mr. Grainger has had to perform have been solely in reference to the organization of the Smyrna Hospital, which, so far as Mr. Grainger is concerned, has been for some time completed.

WOODEN HOSPITALS FOR THE EAST.—Twenty wooden huts, to serve as Hospitals in the East, are in a state of forwardness. They have been constructed under the directions of Mr. Brunel. Each hut is calculated to accommodate fifty patients.

ACTION FOR LIBEL.—An action for libel, in which both the plaintiff and defendant were members of the Profession, was brought to an end last Saturday, after a long investigation. It appears that Dr. Harrison, a physician residing near Frome, and a justice of the peace, was alleged to have committed various acts of extreme indiscretion in the conduction of a recent parliamentary election at that place. So greatly were the acts charged to him at variance with the magisterial function, that a petition was presented to the Secretary of State for the Home Department, praying for investigation. This petition set forth the charges in strong terms, and was signed by about thirty names, amongst which was that of Mr. Bush, an old-established surgeon in Frome. It was on this petition that Dr. Harrison grounded his charge of libel; and Mr. Bush having, as it appeared in evidence, aggravated his offence, by refusing to meet Dr. Harrison in consultation, he was singled out for prosecution. The jury found a verdict for the plaintiff, and awarded twenty shillings as damages.

OLD AGE.—The Registrar of Christchurch, St. Saviour's, observes:—"I have registered during the week the deaths of six persons who have died in the St. Saviour's Workhouse whose united ages amount to 481 years."

FRENCH MEDICAL JOURNALISM.—The *L'Union Médicale*, in an interesting article on the subject, mentions the titles of *forty* Medical periodicals published in France. Of these twenty-nine are Parisian and eleven provincial. Three are published every other day, three are weekly, one three times in the month, nine fortnightly, twenty-three are monthlies, and one is a quarterly. The writer (M. Latour) concludes his *résumé* by an eloquently expressed wish that his *confrères* of the press could be induced to fraternize, to forego their rivalries and their jealousies, and to work more in unison for the common good at which they all individually aim.

THE BLIND.—A recent return shows that, in the various workhouses of Ireland, there were recently 406 males and 762 females who were blind; of these, 3 males and 3 females were under 5 years of age; 9 males and 10 females under 9 years of age; 41 males and 100 females under 15 years of age; and 353 males and 649 females of 15 years and upwards. The number of blind inmates of workhouses is thus distributed: viz.:—In Ulster, 51 males and 57 females; in Munster, 211 males and 482 females; in Leinster, 117 males and 167 females; and in Connaught, 27 males and 56 females.

CHOLERA AND TYPHUS are carrying away, daily, numbers of the inhabitants of Warsaw, particularly in the streets and lanes near the Vistula.

MORTALITY NOTABILIA.—DISEASES.—The health of London has undergone some improvement. The 1377 deaths that were registered in the week that ended on Saturday exceed the average number (1226), but are less by 183 than the deaths in the preceding week. Persons of the age of 60 to 80 have experienced the greatest relief; their deaths fell in the two weeks from 362 to 266. Bronchitis was fatal to 169 persons, and in the preceding week to 249 persons of all ages. Diarrhœa in 22 cases, cholera in one case, typhus in 41 cases. Tetanus was fatal to 2, hernia to 6 persons; proportions unusually high. Scurvy is, however, slightly increasing, and, as the frost has destroyed many vegetables, there is some danger of its increasing without a little exertion on the part of the commissariat of London, that under ordinary circumstances supplies, without apparent difficulty, two millions and a half of people with beer, stout, wine, fresh meat, fruit, and vegetables, and a thousand other articles of food. 18 deaths from burns and scalds occurred; 9 of children under five years of age, 5 of children 5—15. These numbers exceed the average. OCCUPATIONS.—London contained at the census 20,257 tailors and 26,639 shoemakers of the age of 20 and upwards; 14 tailors and 9 shoemakers died in the week. Of other men who died of the age of 20 and upwards, 3 were watchmakers, 10 carpenters, 5 silk-weavers, 4 bakers, 5 (out of 7276) licensed victuallers, 1 barrister, 2 solicitors, and 2 surgeons.

BIRTHS.—The births of 1920 children were registered; 971 boys and 949 girls.

METEOROLOGY.—The weather of the week opened with the mean temperature at 41·7° on the first day, and gradually grew colder until the temperature fell to 27·7° on Saturday. The temperature was at first 1·8 above, at last 12·7° below, the average; and the mean temperature of the week was only 36°, the dew-point 32·5. In the sun the thermometer once rose to 67·0; on the grass it fell to 15·8; the dryness was 3·5°. The wind blew from the south and east at the rate of

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29 miles a day. No rain fell. Electricity was positive and active. The barometer was 29·732 inches, but ranged from 29·28 inches to 30·01 inches.

DEATHS IN PUBLIC INSTITUTIONS for the Week ending March 10:—

	Males.	Females.	Total.
Workhouses	78	105	183
Prisons	1	1	2
Military and Naval Asylums ..	9	..	9
General Hospitals	42	22	64
Hospitals for Special Diseases ..	5	3	8
Lying-in Hospitals	1	2	3
Military and Naval Hospitals ..	10	..	10
Hospitals for Foreigners, etc. ..	..	..	..
Lunatic Asylums	5	4	9
Total	151	137	288

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	1	1	3	12	2	5
North	490,396	6	4	10	15	2	4
Central ..	393,256	2	2	3	18	1	7
East.....	485,522	6	12	3	7	6	15
South	616,635	8	8	16	27	11	10
Total..	2,362,236	23	22	40	74	22	41

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, March* 10, 1855.

CAUSES OF DEATH.	In the week ending Saturday, March 10, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Average of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp. 36·0						39·7
ALL CAUSES	1377	621	170	235	266	66	1114·6
SPECIFIED CAUSES	1352	619	168	225	264	66	1109·2
DISEASES:—							
1. Zymotic Class	265	205	22	18	15	5	209·8
2. Dropsy, Cancer, and others of uncertain seat	53	9	5	19	18	2	51·7
3. Tubercular Class	219	93	62	49	14	1	189·6
4. Of Brain, Nerves, etc. ..	153	68	16	24	45	5	134·0
5. Of Heart, etc.	41	4	4	17	16	..	42·2
6. Of Respiratory Organs ..	313	114	27	68	88	16	241·6
7. Of Digestive Organs ..	76	36	10	17	11	2	59·0
8. Of Kidneys, etc.	14	..	5	8	1	..	13·7
9. Of Uterus; viz. — Puerperal Disease, etc. ..	6	..	4	2	..	..	9·9
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	3	1	3	1	2	1	7·2
11. Of Skin, etc.	2	1	..	..	1	..	1·9
12. Malformations	4	4	..	..	..	..	4·6
13. Debility from Premature Birth, etc.	18	18	..	..	..	..	28·1
14. Atrophy	38	28	..	1	9	..	23·3
15. Age	71	..	..	..	37	34	49·3
16. Sudden	16	10	2	2	2	..	12·2
17. Violence, Privation, etc...	55	33	8	9	5	..	29·6
CAUSES NOT SPECIFIED	25	2	2	..	2	..	6·4

BOOKS RECEIVED.

The Pathology and Treatment of Leucorrhœa. By W. Tyler Smith, M.D. Pp. 217. London; John Churchill.

On Electro-Lithotrity; or, The Application of the Mechanical Force of the Electrical Discharge to the Disintegration of Stone in the Bladder. By George Robinson, M.D. London: John Churchill.

On the Use of Creosote in Scorbutic Camp Dysentery. By John B. Wilmot, M.D. Pamphlet. London: John Churchill.

An Inquiry into the Statistics and Pathology of some Points connected with Abscess in the Liver as met with in the East Indies. By Edward John Waring, Residency Surgeon at Travancore. Pp. 206. Trevandrum, 1854.

An Expository Lexicon of the Terms, Ancient and Modern, in Medical and General Science. By R. G. Mayne, M.D. Part IV. London: John Churchill.

The Cyclopædia of Anatomy and Physiology. By Robert B. Todd, F.R.S. Part 45 (Pelvis to Respiration). Longman.

Notes and Queries of the Public Health Act of 1848, with Suggestions for a New Bill. By S. C. Gant, C.E. Pamphlet. London: Longman and Co.

The Americal Journal of Dental Science. Vol. III. New Series, No. 1.

TO CORRESPONDENTS.

LETTER FROM DR. WOOD, OF PHILADELPHIA.

We have received the following from the distinguished author of Wood's Practice of Medicine. We need not say that it gives us the greatest pleasure to find our labours so highly esteemed by that accomplished physician:—

[To the Editor of the Medical Times and Gazette.]

DEAR SIR,—You will receive a copy of the fourth edition (just published, of my Treatise on the Practice of Medicine), through the hands of Messrs. Trübner and Co. You will confer an obligation on me by accepting it as some little acknowledgment on my part of the aid I have received in its revision from the very valuable Journal under your editorial control, and also as a testimonial of my high respect for the independent and honourable character of your Journal as well as the richness of its contributions to professional knowledge. Accept from a stranger, who does not even know the name of the individual whom he addresses, the assurances of my very high consideration.

G. B. WOOD.

Philadelphia, Feb. 19, 1855.

Dr. Granville.—Thanks for the information.

Private Hints (Anonymous) have been received.

Students.—The best treatment for "common cold" with which we are acquainted is that by means of oranges. It should be commenced as soon as the first symptoms appear, and consists in sucking the juice of a dozen or even twenty oranges. A severe catarrh will often disappear with wonderful rapidity under this treatment, which is, by the way, much more pleasant than the "dry method." Of course a liberal diet should always be taken whilst suffering from cold.

Deficient Salaries of Union Surgeons.—

[To the Editor of the Medical Times and Gazette.]

SIR,—As your pages are open to the grievances of Medical men generally, I shall be much obliged by your giving insertion to the following letter in your widely-circulated Journal, on a subject of equal importance to all similarly situated as Union Surgeons; I now refer to the small, and inadequate, salaries doled out to us once a quarter for services deserving a much higher rate of remuneration. We have much too long tamely submitted to a system of oppression easily carried out by a company of Guardians, and it is by the same system of combination, "similia similibus curantur," amongst ourselves that I would now urge a trial of our own strength in a combined effort against the Guardians for an increase of salary to all Union Surgeons. I write in ignorance of the general feeling on the subject, but it occurs to me that no Union Surgeon is at present too well satisfied with his salary. Under these circumstances, then, it seems to me if our machinery were once put in motion, we might effect the object of our wishes better than at first might be anticipated. The scheme I would devise is this: to call a public meeting of Surgeons attached to the several Unions in the kingdom, at some respectable hotel in every county town, during the present month, and as early as possible, or to receive a deputy or delegate from each District or Union, when a plan could be discussed and resolved upon for the furtherance of the object in view, and to institute further proceedings by consent of the majority so assembled. No time should be lost, because, as our contracts for the current year will terminate on the 25th of this month, any decision we may come to must be made known and acted upon previously if we wish to effect any good for the forthcoming year. The present period seems to me particularly opportune for making a *move* or impression on our taskmasters, as there is now no superabundance of young surgeons out of employ, the surplus being taken off by the army and navy on foreign service; so that there would be no loose hands or needy speculators to come to the assistance of the Guardians, if we should vacate office temporarily. The upshot of my scheme is, to urge upon all Union Surgeons in the kingdom to resign on the 25th of March, if on general and individual application to the Guardians of their several Unions previously, for an increase of salary, it be refused to them.—Yours, etc.,

March 6th, 1855. A NORFOLK UNION SURGEON.

Dr. M. J. R.—If practising strictly as a physician we think your charges reasonable, if, however, your practice differs only from that of a general practitioner in that you do not dispense medicine, then the sum named is certainly beyond what is usual. We have no doubt, whatever, of the legality of your qualifications, and that they would enable you to sustain your cause in an equity court.

Mr. Nelham.—It is illegal to practise without a diploma in West Canada; we believe, however, that it is frequently done with impunity. The plan of so doing is extremely reprehensible, and we advise you by all means to obtain some qualification before you go.

Clericus.—There are no certain signs by which a medical man could decide whether a woman whom he attended in child-birth had borne children previously. In many cases, however, he would be able to form a strong opinion one way or the other, but he could never be certain, and often there would be almost nothing to guide him. We are not aware that

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any author has treated especially on this subject, but it is noticed more or less in all works on medical jurisprudence. The signs by which a previous pregnancy would be made probable are three:—1. The presence of shining white marks in the skin of the abdomen. 2. The existence of a brown streak extending from the umbilicus to the pubes. 3. A more or less patulous condition of the os uteri, which never after a delivery closes completely. These signs are, however, all fallacious, but in certain instances their coincidence might furnish very strong presumptive evidence.

Mr. Williams, Pontypool.—We have every reason to believe that the Insurance Office you mention is a good and safe one.

Dr. J. M.—1. No. 2. No. 3. Yes.

A Subscriber and Constant Reader.—1. Leeches are best kept in unglazed earthen pans, which should be half full of soft water. The water should be changed in summer every three days, in winter once a month. When taken off leeches should be made to disgorge if they are to be kept. This may be done either by squeezing them through the fingers or by giving an emetic. The best emetic is a drop of dilute vinegar put on the head; salt applied to the body is injurious to the animal. 2. Dr. Watson's Lectures; Druitt's Vade Mecum; Fownes' Chemistry; Balfour's Botany; Wells on Gout; Dr. Bence Jones on Gravel; Dr. Fuller on Rheumatism. 3. The matico plant is the Artanthe elongata, one of the Piperaceæ.

Mr. Piper asks our attention to the practice of a certain homœopathic physician, of which he gives us the three following illustrations:—1. An inquest was held on a child who had died of cancrum oris; and in the evidence it came out that on one occasion a period of three days had elapsed between the visits paid. There was reason, also, to believe that mercury had been given. The jury returned a verdict of "Died from natural causes: the doctor not at all to blame." In *case* 2, globules were prescribed for the relief of a strangulated hernia, which, of course, got worse and worse, until an allopath was sent for, who at once reduced it by taxis. *Case* 3. A man suffering from acute iritis had globules, and globules only, ordered, and was told "to call again in three weeks." He lost his eye. We much fear that the physician alluded to has a diploma, whether he have a conscience is more doubtful.

T. E. A., Diss, is thanked. He will observe that the question to which his note refers had been answered last week.

M. B.—"Death Statistics," form the 4th section of Dr. Granville's recent work entitled "Sudden Death."

Medicus Navalis sends us the subjoined queries: "1st. Would supercitrate of potash (artificial lemon juice) prove equally effectual with the latter in scurvy? 2nd. Would the super-tartrate of potash (cream of tartar) have the same effects, as the super-citrate." *Answer.* It is probable that the super-citrate of potash would not be quite equal to lemon-juice, inasmuch as the latter contains a mixture of vegetable salts, malates, etc. The super-tartrate would no doubt be useful, but not equally so with either the super-citrate or lemon juice. The citrates, malates, and, perhaps, the oxalates, probably take precedence of the tartrates, whilst a combination of the whole is preferable to any one singly.

Mr. Medcalf.—We cannot republish letters which have appeared in other journals.

Dr. Macleod.—We shall be glad to receive your cases, but cannot promise their insertion before reading them.

Dr. J. Rutherford Russell.—Our conviction is, that were Lord Panmure to establish a Homœopathic Hospital in the East, a very large proportion of the most respectable of the civil Physicians and Surgeons lately appointed would resign.

A First Year's Student, St Bartholomew's.—Your note shall appear.

Spes.—We fear not. The candidates are numerous, and there are at present no vacancies. All is, however, very uncertain.

A Sick Student.—Mr. Jones of St. Helier's, Jersey.

A General Practitioner.—From 3s. 6d. to 5s. a visit, inclusive of medicine.

Bristoliensis.—Send an applicatiod to Dr. Andrew Smith, Army Medical Department, St. James's-place.

A Constant Reader.—1. See preceding answer. 2. No.

COMMUNICATIONS have been received from—

T. E. A., Diss; Mr. White Cooper (with enclosure); Mr. Holmes, St. George's Hospital (with enclosure); Dr. Black; Mr. Milliard, The London Hospital (with enclosure); Mr. Day, King's College Hospital; Dr. Wood, Philadelphia; Mr. Shillito; Mr. Piper, Darlington (with enclosures); Mr. Powell, The Bradford Infirmary (with enclosure); Mr. Paley, York (with enclosure); Dr. Granville; Dr. Baines (with enclosure); Mr. Cheesman, Southampton (with enclosure); Mr. Drew, Commercial-road (with enclosure); Mr. Gay; Mr. Hilliers, University College Hospital (with enclosure); Mr. Sharpin, Bedford; Mr. Athol Johnson; Mr. H. Tyrrwhitt Smith, St. Mary's Hospital (with enclosure); Bristoliensis; Mr. Chapman (with enclosure); Mr. Cheyne, Berners-street; Mr. Metcalf, Tottenham; Mr. Birkett; Dr. Crisp (with enclosure); Mr. Osborn; Dr. A. Whyte, Barclay; Mr. Selwyn Morris, Guisbro'; Mr. Marsh, Nottingham (with enclosure); Mr. Looker (with enclosure); A First Year's Student, St. Bartholomew's; Spes; Mr. Hunt (with enclosure); Mr. Bianchi; Mr. Marshall, Edinbro' (with enclosure); Mr. Tyrrell, St. Thomas's Hospital (with enclosure); A Sick Student; Mr. Aston; Mr. Allen; Mr. Jones, St. Thomas's Hospital; Mr. Chapman; Mr. Noedhl; The Editor of the Darlington Times; A Constant Reader; Mr. J. Z. Lawrence; The Secretary of the African Exploration Society.

APPOINTMENTS FOR THE WEEK.

MARCH.	Miscellaneous Register.	Society Meetings.
17. Saturday....	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	Medical Society of London, 8 p.m.: Dr. Routh "On some Points connected with the Diagnosis, Pathology, and Fatality of Pneumonia." Royal Institution, 3 p.m.: Dr. J. H. Gladstone, "On the Principles of Chemistry." Pathological Society of Dublin, 4 p.m.
19. Monday.....	Cambridge—Previous Examination of Junior Schps.	Statistical Society, 8 p.m. Chemical Society, 8 p.m.
20. Tuesday	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Apothecaries' Hall—Preliminary Examination in Classics and Mathematics, 11 a.m. Dinner in connexion with University College Hospital, Freemason's Tavern, 6½ p.m. Operations at Guy's, 1 p.m.	Pathological Society, 8 p.m. Royal Institution, 3 p.m.: Professor Tyndall, "On Electricity." Linnæan Society, 8 p.m.
21. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days); St. Mary's, 1 p.m.	
22. Thursday....	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	Royal Society, 8½ p.m. Royal Institution, 3 p.m.: Mr. Donne, "On English Literature."
23. Friday	Lectures on Materia Medica at the Royal College of Physicians, 4 p.m.: Dr. Bence Jones, "On the Curiosities of the Animal Materia Medica of the Last Century." Royal College of Surgeons, 4 p.m.: Professor Quekett's Histological Demonstrations. Operations at the London, 1½; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	Royal Institution, 8½ p.m.: Rev. J. E. Ashby, "On (so-called) Catalytic Action and Combustion, and Theories of Catalysis."

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"SO GREAT IS MY CONFIDENCE IN THE ARTICLE, THAT I USUALLY PRESCRIBE IT IN PREFERENCE TO ANY OTHER, IN ORDER TO MAKE SURE OF OBTAINING THE REMEDY IN ITS PUREST AND BEST CONDITION."

T. H. TANNER, ESQ., M.D., L.R.C.P.,
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WILLIAM BAYES, ESQ., M.D., L.R.C.P., (Extra Urbem,)
PHYSICIAN TO THE BRIGHTON DISPENSARY, AUTHOR OF "ON NERVOUS DISEASE CONNECTED WITH DYSPEPSIA," "ON THE TRIPLE ASPECT OF CHRONIC DISEASE," &c. &c. &c.

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AUTHOR OF "TREATISES ON DISEASES OF THE CHEST," "PRACTICAL OBSERVATIONS ON MENTAL AND NERVOUS DISORDERS," &c. &c. &c.

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The Medical attendant consulted as the Medical Adviser and Examiner of the Society, is awarded a fee of £2 2s., when the sum assured amounts to £250, and £1 1s. when under that sum. The Medical Practitioner also receives for business introduced by him the usual commission of ten per cent. on the first payment, and five per cent. on the payments of subsequent years.

The Society also claims the support of the Medical Profession on the following grounds:—

For several years the "Medical, Legal, and General" was the only MUTUAL Life Assurance Society connected with the Medical Profession.

The rates are lower than those of any other Medical Life Office.

Bonuses divided annually.

Persons desirous of assuring Diseased or Rejected Lives will find that, from the experience acquired by this Society, it is enabled to accept such lives at rates both equitable and safe.

From the outset the expenses of management have been kept within the narrowest limit consistent with the efficient working of the establishment.

Loans, Annuities, Endowments, and every form of assurance contingent upon Life, transacted at moderate rates.

ANNUAL PREMIUM FOR ASSURING £100 AT DEATH WITH PROFITS.

Age.	Premium.	Age.	Premium.	Age.	Premium.	Age.	Premium.
15	£1 10 0	30	£2 6 2	45	£3 12 3	60	£6 19 0
20	1 15 0	35	2 13 0	50	4 7 8	65	8 17 6
25	2 0 1	40	3 1 2	55	5 9 11	70	11 10 6

Prospectuses, forms, and any further information may be obtained of FREDERICK JAMES BIGG, Actuary and Secretary.

The Medical Directors are the Examiners of the Society, one of whom is always in attendance on Mondays at 3 o'clock, and on Fridays at 4 o'clock.

[ESTABLISHED 1841.]

Medical, Invalid, and General Life

OFFICE, 25, PALL-MALL.

At the Thirteenth Annual Meeting, held on the 30th November, 1854, it was shown that there had been issued no less than 2130 Policies, covering Assurances to the amount of £1,027,500, and yielding Annual Premiums amounting to £50,110.

By the Annual Report for 1853, it appeared that the number of Policies then in force was 8434, insuring £1,337,500, and yielding an income of £55,207.

The number of Policies now in force is 5,948
The amount Insured is £2,298,027 8 2
The Income from Premiums is.. .. 100,510 9 1

Two Bonuses have been declared (in 1848 and 1853), adding nearly 2 per cent. per annum on the average to sums assured, and by which a Policy of £1000 issued in 1842 on a healthy life is now increased to £1260.

Profits divided every five years.

Assurances are effected at home or abroad on either healthy or diseased lives, at as moderate rates as the most recent data will allow.

Policies issued free of Stamp-duty, and every charge but the Premiums.

Agents wanted for vacant places.

Prospectuses, Forms of Proposal, and every other information, may be obtained of the Secretary at the Chief Office, or on application to any of the Society's Agents in the country.

F. G. P. NEISON, Actuary.
C. DOUGLAS SINGER, Secretary.

James's Powder.—Physicians and

other Medical Practitioners having complained of the frequent use of Antimonial Powder, instead of the genuine "James's Powder" prescribed, have represented to Messrs. Newbery, that the price of the powder has greatly led to this fraudulent practice, and has also greatly prevented the more general use of the powder. Messrs. Newbery have therefore yielded to the suggestions of the Profession, and have reduced the price; and, to secure the use of the genuine medicine, recommend that the same should be prescribed as prepared by Messrs. Newbery—thus, "Pulv. Jacobi Ver." (Newbery's.) The price for dispensing will henceforth be reduced from 21s. to 9s. an ounce. The genuine has the name, "F. Newbery, 45, St. Paul's churchyard," engraved on the Government Stamp.

Important to the Medical Profession.

DAVENPORT'S

SYRUP OF THE IODIDE OF QUININE AND IRON.

From the late Dr. GOLDING BIRD.

"48, Russell-square.

"I have now for some time employed pretty largely the triple Compound of Iodine, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the use of the Iodide of Iron is recognised. This triple compound possesses many advantages over the simple Iodide, and not the least of them is the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.

"GOLDING BIRD, A.M., M.D., F.R.S.,
"Fellow of the Royal College of Physicians,"
"Physician and Professor of Materia Medica at Guy's."

From Dr. GEORGE P. MAY.

"Having for some time past used the ternary Compound of Quinine, Iodine, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its Compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous quality, which renders it an admirable medicine in the treatment of some of the disorders of childhood. "GEORGE P. MAY, M.D.

"Maldon."

CITRATE of QUININE and IRON, containing 25 per cent. Quinine. 4s. 6d. per oz.

SYRUP of the IODIDE of POTASSIUM and IRON. A fluid drachm contains two grains of each salt.

SYRUP IODIDE of ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

BI-MECONATE SOLUTION of OPIUM. Professional Testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS.

EPILEPSY successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS, (*vide* the "Lancet," February 4 and March 25, 1854.) Davenport's Preparations specially referred to are as under:—

Preserved Juice. Dose, one to three drachms; 5s. 4d. per lb.

Inspissated Juice. Dose, half a drachm to a drachm; 16s. per lb.

Solid Extract. Dose, five to fifteen grains; 20s. per lb.

TARAXACUM (Davenport's) Liquor or Fluid Extract, prepared by Spontaneous Inspissation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a fluid drachm; 6s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, No. 33, Great Russell-street, Bloomsbury.

Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.—"Mr. Dinneford's solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

This excellent remedy, in addition to its extensive sale among the public, is also very largely used in dispensing, for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the Manufacturers.

DINNEFORD and Co., Chemists, 172, Bond-street; and all respectable Wholesale Druggists and Patent Medicine Houses.

Adnam's Improved Patent Groats

and BARLEY.—THE ONLY EXISTING PATENT, and STRONGLY RECOMMENDED BY THE MEDICAL PROFESSION.

TO INVALIDS, MOTHERS, and FAMILIES.—The important object so desirable to be obtained, has at length been secured to the Public by J. and J. C. ADNAM, Patentees, who, after much time and attention, have succeeded by their IMPROVED PROCESS, in producing preparations of the purest and finest quality ever manufactured from the Oat and Barley.

The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged.

A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined:—

"Chemical Laboratory, Guy's Hospital,
"February 19, 1855.

"I have submitted to a microscopical and chemical examination the samples of Barley-meal and Groats which you have forwarded to me, and I beg to inform you, that I find in them only those principles which are found in good Barley; there is no mineral or other impurity present, and from the result of my investigation, I believe them to be genuine, and to possess those nutritive properties assigned by the late Dr. Pereira to this description of food. (Signed) "A. S. TAYLOR.

"Messrs. J. and J. C. Adnam and Co."

To be obtained Wholesale at the Manufactory, Maiden-lane, Queen-street, London; Messrs. Barclay and Sons, Farringdon-street; and Edwards, St. Paul's-churchyard; Sutton and Co., Bow-churchyard; and other Wholesale Houses. Retail in Packets and Canisters at 6d. and 1s. each, and in Canisters for Families at 2s., 5s., and 10s. each, of all respectable Grocers, Druggists, etc., in Town and Country.

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Bland and Long, Philosophical and CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d. 8s. 6d., 15s., and 30s. each.

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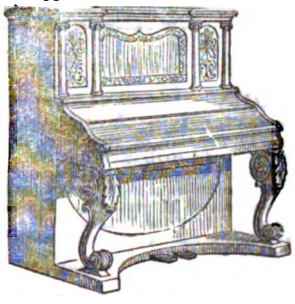

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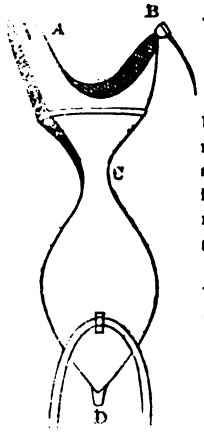


Walters' India-rubber URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

F. WALTERS,
16, MOORGATE STREET,
LONDON.

The Best Food for Children, Invalids, and others.—ROBINSON'S PATENT BARLEY, for Making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinse of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

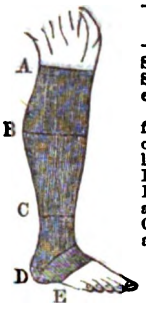
Prepared only by the Patentees, ROBINSON, BELLVILLE, and CO., Purveyors to the Queen, 64, RED LION-STREET, HOLBORN, LONDON.

The Proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s., 5s., and 10s. each.

Abstract regarding Economy in CLOTHES, from the "Times," October 30:—"EVERY YARD of CLOTH SOLD at the LONDON CLOTH ESTABLISHMENT is Sold at the WHOLESALE PRICE.—Gentlemen Purchasing Cloth at the London Cloth Establishmetn (if they wish) have it made up on the Premises, at the expense of only the Workman's Wages, in addition to the price of the Trimmings." *The Economy of this system is proved* by the saving of from Thirty to Fifty per cent. in the price of every garment; in addition to the very obvious advantage of selection from such a stock, and the guarantee of a Superior Fit, Good Taste, and the Best Work.

LONDON CLOTH ESTABLISHMENT—16, COVENTRY-STREET.



Every excellence which the Surgeon can require—viz., Lightness, Durability, Strength, and Economy—is realised by HUXLEY'S SURGICAL STOCKINGS, KNEE-CAPS, ANKLETS, etc.

H. and Co. have much pleasure in informing the Profession that they have perfected an ABDOMINAL BELT of new construction, which, acting diagonally, is not liable to displacement; its weight is only four ounces. Price 18s. Diagrams and particulars forwarded by post. Every kind of Surgical Stocking made. Spiral Stockings at a great reduction. Measure required for Stocking: Circumference at A, B, C, D, and E; length from A to D, and D to E.

HUXLEY and CO., 8, Old Cavendish-street,
late 5, Vere-street, Oxford-street.

SAMUEL, BROTHERS,
29, LUDGATE HILL,
Inventors and Sole Manufacturers of the
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At 17s. 6d.

Unequalled for superior Style, Fit, Quality, perfect Ease, and Gracefulness, so requisite for Gentlemanly appearance, and so rarely obtained.

Patterns Sent Free, on application.

SAMUEL, BROTHERS',
STOCK OF OVERCOATS
FOR THE PRESENT SEASON,
Is worthy of your inspection.

NEW MEDICAL GLASS BOTTLES.

At Messrs. E. and H. Harris, 2, Upper COPENHAGEN STREET, BARNSBURY ROAD, ISLINGTON, LONDON.

6 oz., any shape, plain or graduated .. .. 10s. per gross.
1½ oz., Moulded Phials .. .. 7s. per gross.

Country orders attended to on remittance. Full list of prices sent on application. No charge for packages, if returned. Goods delivered free within seven miles.

Pure and Healthy Leeches may at all times be obtained of HENRY POTTER, Importer of Leeches, Herbalist, Seedsman, and Dealer in Turkey Sponge, 66, Farringdon Market, and 65, Farringdon Street, London.

H. P. having just added the latter house to his premises to carry on the business of Seedsman, offers to supply Flower Seeds in packets at the following prices:—25 varieties, 3s. 6d.; 50 ditto, 6s. 6d; and 100 ditto, 12s. Guaranteed to be New Seeds. All other Seeds at the same moderate prices.

The Respirator.—The assumption of the name "Respirator" for various discreditable and defective imitations of Mr. JEFFREYS' Instruments, the value of which, in Medical Practice, has given a wide reputation to the name, can only mislead unwary persons not acting under Professional advice. City Office for the Respirator, 25, Bucklersbury; West-end Depôt, 25, Holles-street, Oxford-street, London. In London and all Towns, the principal Chemists and Surgical Instrument Makers are Agents for Mr. Jeffreys' Respirators.

Notice.—J. Coxeter, Surgical Instrument MAKER to University College and Middlesex Hospitals, begs to announce to his friends and the Profession, that he has, with a view to facilitate business, taken premises at 117, CHEAPSIDE and respectfully invites an inspection of his Stock.—Manufactory and business as usual, at 23, GRAFTON-STREET EAST, GOWER-STREET.

*** J. Coxeter will be happy to supply his New and Illustrated Catalogue on application.

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MESSRS. LANE AND LARA,

MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC ASYLUM REGISTRARS.

14, JOHN-STREET, ADELPHI.

(Established A.D. 1828.)

Commission on Transfers charged only to one party; permanent Assistants provided without expense to Principals; and every other description of business transacted for the Profession at a fixed and moderate cost. A postage-stamp must be enclosed in every communication requiring an answer.

*** Office hours from 12 till 4.

Wanted.—A good Country Medical PRACTITIONER, to reside at Wymondham, in Leicestershire. He would be patronized by the Earl of Harborough and Lord Kennington, and, without doubt, become the Union Doctor for that portion of the Melton Mowbray Poor Law Union.

For Sale.—A Practice of about £350 per Annum, with Public Appointments bringing in about £150. Sum required, £190.—For Particulars apply to A. B., Medical Times Office, etc.

King's College, London. — Medical DEPARTMENT.—The SUMMER SESSION will Commence on May 1st, when new Students will be admitted.

All Students entering at this period will be entitled to compete for the two Warneford Scholarships of £25 per annum for three years, which will be given in October next. The examination will be in the following subjects:—Divinity, Classics, (the same subjects as for the Matriculation Examination at the University of London,) Mathematics, History, and the Modern Languages.

The particular books selected for examination, and all other information, may be obtained from J. W. Cunningham, Esq., Secretary, King's College, London.

March 13th, 1855. R. W. JELF, D.D., Principal.

University and King's College, ABERDEEN.—The EXAMINATION of Candidates for the DEGREE of M.D., will be commenced on TUESDAY, 17th APRIL, and continued daily until finished, immediately after which the Graduation will take place.

Those intending to become Candidates are requested to forward their diplomas, etc., on or before Thursday, the 5th April, to the Professor of Medicine.

ANDREW FYFE, M.D., Professor of Medicine.

Aberdeen, March, 1855.

Marischal College and University, ABERDEEN. The Next Examination Term for Medical Degrees will be held on Wednesday, 11th April ensuing. Application to be made to the Secretary of the University.

Royal Orthopædic Hospital, for the CURE of CLUB-FOOT, LATERAL CURVATURE of the SPINE, and ALL OTHER CONTRACTIONS and DEFORMITIES, 6, BLOOMSBURY-SQUARE.—A COURSE of LECTURES on the NATURE and TREATMENT of DEFORMITIES, will be DELIVERED at the ABOVE HOSPITAL, by Mr. TAMPLIN, Surgeon to the Hospital. To Commence on TUESDAY, MARCH 20, NEXT, at Half-past Five o'Clock, p.m., and be continued each succeeding Thursday and Tuesday at the same hour, until completed. Legally qualified Practitioners are invited to attend.

Leeds Public Dispensary.—Mr. Hall having resigned his Appointment as ASSISTANT-APOTHECARY to this Institution, Gentlemen desirous of becoming Candidates are requested to forward their Testimonials to the Secretary, before Monday, the 26th of March.

This Situation is peculiarly applicable to young gentlemen who have served a regular apprenticeship to a Surgeon, as they will have the privilege of attending a limited number of Lectures at the Leeds School of Medicine. Further particulars may be had on application to

Dr. A. N. Holmes, Resident Medical Officer and Secretary.

Leeds Public Dispensary, March 12th, 1855.

Liverpool, Southern, and Toxteth HOSPITAL.—Wanted, a JUNIOR HOUSE-SURGEON. Salary, 50 Guineas per Annum, with Board and Lodging in the Hospital. Candidates are required to have the Diploma of one of the Royal Colleges of Surgeons, and the Licence of the London Society of Apothecaries.—Applications, with Testimonials, to be addressed to James Houghton, Esq., Treasurer, at the Hospital, on or before Tuesday, the 27th March.

N.B.—The Candidates whose Testimonials are satisfactory will have notice to appear before the Medical Board on or before the day of Election.

Kousso.—(Brayera Anthelmintica)—THE NEW REMEDY FOR TAPE-WORM.—Mr. KEATING begs to inform the Profession that he receives constant supplies of this invaluable drug, hermetically sealed in Abyssinia, which he begs to offer the Profession at 1s. 4d. the ounce, postage free. By means of this remedy, Mr. Keating has had several cases in which the worm was completely voided, including the head.

79, St. Paul's-churchyard, London.

Medical Transfer and Partnership. 30, Bucklersbury, London.

MR. ORRIDGE, MEDICAL TRANSFER AGENT, in offering his services to the Profession, has the honour of being permitted to give reference to the testimony of Practitioners of the first respectability in town and country, between whom he has been professionally engaged in matters of TRANSFER and PARTNERSHIP.

MR. ORRIDGE'S AGENCY embraces *the Transfer and Valuation of every Description of Medical Property.*

An *Assistants' Registry* provided.

Office hours, Eleven to Four daily.

BOLTON INFIRMARY AND DISPENSARY.

Wanted, for this Institution, a House Surgeon. He must be a Member of one of the Colleges of Surgeons, and Licentiate of the Apothecaries' Company, London. Salary £100 per annum; with furnished apartments, fire, light, and attendance. In addition to the salary, a gratuity of £20 per annum is given, if the conduct of the House Surgeon meets the approbation of the Committee.

Applications and Testimonials to be addressed (postage free) to ROBT. HEYWOOD, Esq., Hon. Sec., on or before the 31st March.—The Election will take place on the 5th of April.

York County Hospital.—A Special Court of Trustees and Governors of this Charity will be held at the Hospital, on Tuesday, the 10th of April next, at One o'clock in the Afternoon, for the Election of a HOUSE-SURGEON.

He must be an Unmarried Man, between the ages of Thirty and Forty-five years. He will have to reside in the Hospital, and to undertake the whole internal Management of it, under the House Committee. The Salary is £120 a-year, with Board and Lodging.

Candidates are requested to send Testimonials to my Office, One Week, at least, before the Day of Election.

York, 1st March, 1855. JOSH. MUNBY, Secretary.

Blything Union.—Medical Officer WANTED.—A MEDICAL OFFICER is Wanted for the Eighth Medical District of the Union, comprising the following Parishes:—

	Area.	Population.
Benacre	2576	222
Covehithe	1552	192
Easton Bavents	285	3
Henstead with Hulner Street ..	1906	559
South Cove	1198	194
Wrentham	2280	1026
	9797	2196

Candidates are required to possess the qualifications required by the Order of the Poor-Law Board, and to reside in the District.

All further information may be obtained on application to the Clerk.

The Election will take place at the Board Room, Bulcamp, on Monday, the 26th day of March, at Eleven o'Clock in the forenoon, when personal attendance is necessary, and the Candidates must bring with them testimonials, as to their fitness to discharge the duties of the office.

DANL. FANNAN,

Halesworth, March 5th, 1855. Clerk to the Guardians.

Leicester Infirmary and Fever House. —A Vacancy having occurred in the Office of HONORARY PHYSICIAN to this Institution, by the Resignation of Dr. BARCLAY, (who has accepted the office of Physician to the Civil Hospital, at Smyrna,) the Weekly Board of Governors hereby summon a Special General Board to meet at the County Assembly Rooms, on Thursday, the 19th day of April next, at 12 o'clock, to fill up the Vacancy.

By Rule 9, page 7, "No gentleman shall be eligible to the Office of Physician to the Infirmary who is not legally qualified to practice as a Physician in some part of the United Kingdom."

By Order,

W. JACKSON, Secretary.

Infirmary Board-room, March 6, 1855.

THE ARTIFICIAL TYMPANUM.

Mr. Yearsley's Papers, giving an Account of his New Mode of Treating Deafness, when attended by partial or entire loss of the Membrana Tympani, are REPRINTED from the LANCET in the form of a Pamphlet, price 1s.; or by post, 1s. 4d.

John Churchill, New Burlington-street.

Allsopp's East India Pale Ale, as especially ordered for Scutari, recommended by Baron Liebig and the most eminent Medical Profession, in Bottles and Casks (eighteen gallons and upwards), imperial measure.

Address, Harrington Parker and Co., Beer Merchants, 5½, Pall-mall.

London: Printed by CHARLES REED and BENJAMIN PARDON, of 1, 2, and 3, Lovell's-court, Paternoster-row, in the City of London; and published by JOHN CHURCHILL, at the Publishing Office, No. 11, New Burlington-street, in the Parish of St. James, in the City of Westminster.—March 17, 1855.

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MEDICAL TIMES & GAZETTE

The Medical Times and Medical Gazette incorporated.

No. 247.—New Series. LONDON, SATURDAY, MARCH 24, 1855. SEVENPENCE. Stamped Edition 8d.

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ORIGINAL LECTURES.

THE GULSTONIAN LECTURES.

ON PYREXIA.

By E. A. PARKES, M.D.,
Professor of Clinical Medicine in University College, and Physician to University College Hospital.

Lecture I.

(Continued from page 255.)

It may be useful here to refer to the amount of those urinary constituents which especially represent the metamorphosis of albuminous tissues, in the cases just now cited, in order to show the extraordinary decrease in their amount. Thus, in the case of bronchitis just referred to, although the temperature was so high, the urea amounted, on two consecutive days, only to 162 and 191 grains respectively, or less than half its proper amount; the sulphuric acid amounted only to 9 and 12 grains, or to scarcely one-third of its usual amount. In the case of pneumonia the urea was not accurately determined; but, as the urinary solids altogether were below the normal amount of urea, it is evident that the quantity of this substance must have been greatly less than usual;—the sulphuric acid amounted to only 20 grains in each twenty-four hours, and this with an abnormal rise of temperature equal to 5° of Fahrenheit. In the case of rheumatism the urea was diminished in an extraordinary degree, and the sulphuric acid also.

I must allude here to an objection which may possibly be raised to this way of putting the case. It may be said that sufficient account has not been taken of the influence produced on the excretions by the withdrawal of food. Instead of taking some 20 to 30 ounces of food per diem, these febrile patients took only barley-water, thin broth, and a little bread. So meagre a diet would itself lead to a great diminution of the excreta, and it may be argued that this is the cause of the facts above stated.

It is evident, however, that the taking of food has nothing to do with the question at issue, which stands thus: in the healthy body the normal temperature produced by chemical change is represented in the excretions by so much urea, sulphuric acid, carbonic acid, excretine, volatile acids of the skin, &c; in the febrile body in these cases a higher temperature was represented in the excretions by a *smaller* quantity of urea, sulphuric acid, and probably carbonic acid, &c.;—the question of food is obviously a foreign one, as far as the products of metamorphoses, the representatives of the heat, are concerned, although it is unquestionably true that we must look to the deprivation of food to account, in some measure, for the diminution of the chloride of sodium and other principles which are not made in the body, but are merely introduced with the food.

The conclusion, then, is irresistible, *that the products of metamorphosis, as judged of by the excreta, may be diminished in febrile cases*, in which the heat of the blood is intense; and yet, in no inconsiderable number of cases of the same disease, with temperatures no higher, the products of tissue change, the excreta, are very greatly increased.

Since Nature knows no contradictions, how are these two classes of facts to be reconciled? Are the increased metamorphosis, and the increased heat, mere coincidences, and not really connected as cause and effect? All we know of the phenomena of normal heat forbids such a solution of the problem.

Other explanations are therefore called for, and of these there are several.

It is, in the first place, perfectly evident, that more chemical change may go on in the body than is represented in the excreta. The metamorphosis of blood, or of tissues, may not be carried to the point of forming those principles which can alone pass through the membranes of the eliminating organs. A vast amount of imperfectly oxidized compounds may be formed and retained in the system, circulating with the blood, or being thrown upon certain organs. We can, in fact, quite readily conceive increased metamorphosis with lessened elimination.

It is quite true, that direct analysis of the blood has not yet shown, in such cases, any actual retention and accumulation of the products of an imperfect oxidation; but there are some arguments in favour of such a view, which appear to me to have no mean weight.

Thus, it seems to me to be especially, though not solely, in these febrile cases with diminished excreta, that, at a later period of the disease, copious discharges from one or other of the eliminating organs suddenly occur. Thus, in the case of pneumonia, with lessened excretion, to which I have referred, severe spontaneous diarrhœa came on. In another case of pneumonia, with similar diminution in the excretions, violent purging and sweating subsequently came on. In other cases, diuresis has occurred, and an increase of urea, of sulphuric acid, and probably of uric acid, has been poured out.

It seems a reasonable explanation of these sudden discharges (usually termed critical from being coincident with more or less sudden fall of temperature and improvement in the other symptoms) to suppose that a large amount of partially metamorphosed substances have been retained in the body, and at length have been brought to that point of oxidation or change which permits their elimination by one or other organ. Then, by their discharge, the system is suddenly freed from the noxious compounds which weighed upon it; and the metamorphosis having reached its acme, the temperature immediately falls. Considered in this light, the so-called critical discharges, and the lowered heat, are mere coincidences.

I do not mean to assert, that it is only in these cases, in which diminished excretion is found during the early period, that the so-called critical discharges occur. I believe they may then be generally expected; but, certainly, when the excreta are throughout abundant, such discharges may occur. We can suppose, then, that even the great amount of oxidation, and elimination in such cases, does not suffice to get rid of all the material which has to undergo metamorphose.

Another argument, which seems to me strongly in favour of the hypothesis of increased metamorphosis, with retention of the products, is this:—Secondary inflammatory affections appear to be more common in such cases, as if the blood were more contaminated. Sometimes, the connexion between retention of excreta and local disease can be drawn closer; thus, sometimes in a patient, whose excreting organs are acting copiously, there occur a diminution of excretion, and a simultaneous and subsequent development of local disease.

Thus, in a case of rheumatic fever, the temperature of the mouth averaged, during three days, (fifth, sixth, and seventh of disease,) 100·37° Fah., the average excretion of urinary solids during the same time amounted to 1095·74 grains in each twenty-four hours, or at least 400 more than in health; and there was also profuse sweating. On the eighth day of the disease, the urinary solids suddenly fell to 493 grains in the twenty-four hours, and the sweating evidently lessened. There was no intestinal discharge to account for this. The temperature was only ·62 of a degree lower than before, and there was no alleviation in the general symptoms. Coincidently, however, with this lessened excretion, which affected all the ingredients in various degrees, a local inflammation (Angina faucium) became developed. On the following day, without change of treatment, the urinary solids augmented again, the Angina lessened, and, in a day or two, disappeared. Does not the inference seem probable that, from some cause, there was, at a certain point, a sudden arrest of oxidation, and a consequent retention in the blood of hurtful substances which affected the nutrition and structure of a special tissue? It does not seem so reasonable to suppose that the Angina faucium was the primary disease, and produced the diminution of excretion.

In a case of protracted typhoid fever, the urine in which

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was regularly analyzed during no less than fifty days, the average excretion of urinary solids, from the twenty-ninth to the thirty-seventh days inclusive, was 422·348 grains. Diarrhœa, which had been profuse, had ceased. There had been great sweating, but this had much lessened. In spite of the late period of the disease, the temperature during these eight days averaged 103·4° Fah. On the three last of these days, (the thirty-fifth, thirty-sixth, and thirty-seventh,) the urinary solids gradually diminished. On the thirty-eighth day, pleurisy came on, and lasted for about five days. During this time, the temperature was almost the same, viz., 100·44° Fah.; but the urinary solids averaged only 344·153 grains, viz., 78 grains less than during the previous eight days, though there was no increased sweating or diarrhœa to account for the decline.

On reference to the different urinary ingredients, the diminution was found to be most marked in the urea, the sulphuric, and the phosphoric acids, and to be less marked in the water and the chloride of sodium.

To take a third case:—A man, almost convalescent from a subacute attack of rheumatic fever, was passing a very considerable quantity of urine, which contained an excess of solids, and, among these, of urea. The skin sweated moderately; the intestinal excreta were unchanged. Suddenly, without any very evident alteration in the cutaneous and the intestinal excretions, the urine decreased in amount both as far as the solid and fluid parts were concerned, to an extraordinary degree. Coincidently, there was a return of the joint affection, and on the next day there occurred a sharp attack of catching pain in the side, which may have been pleurisy, or perhaps pleurodynia, as friction sound could not be detected. Both the pleural or intercostal pain and joint affections rapidly disappeared, and, coincidently, the amount of urinary excretion rose to its former standard.

These are the only cases in which I have been able to note the exact condition of the excretions in a febrile affection, at the very moment when a local disease appeared. I have not found any analogous fact in authors, but I think the precise nature of these observations forbids the supposition that the coincidence of the two phenomena was merely fortuitous.

The cause of this sudden arrest in excretion was not in any case apparent; but the effect was necessarily to cause disease of the blood by retaining in it substances which were really effete.

By the side of these cases, which show the retention of urinary ingredients, it is interesting to place the recent observation of Dr. Grohe, that in many effusions into the pleura and pericardium, in patients not labouring from Bright's disease, urea is discovered.

These various considerations appear to me to render the supposition most highly probable, that the diminished excreta in fever are to be referred to retention, but not to want of formation; that the excreta may be in fact small, though tissue change be great; and, if this be the case, Virchow's statement still holds good.

To account for the retention, many hypotheses present themselves: the fault may lie in a disproportion between the substances to be oxidized and the oxygen; a vast amount of albuminous substance, for example, may undergo partial change, and the oxygen, which can only reach to a certain amount, may be in insufficient quantity to convert all this changing substance into the principles of the excretions. Or the oxygen may be in some particular condition; for example, if it be true that in the body it is in an allotropic state, similar to or identical with ozone, and therefore in more powerfully oxidizing a condition, it may, in these cases, not have passed into that potent state, and therefore be incapable of causing so complete oxidation. Or, there may be a deficiency in the saline substances, without which oxidation is checked: or, finally, there may be some special condition of the nervous system, which modifies transudation through the capillaries of the excretory organs. It is evidently impossible, at present, to discuss any of these suppositions, for their solutions lie, at present, beyond the powers of chemistry.

Although we can thus account satisfactorily, it appears to me, for the diminution of excreta in fever, it may be useful to see what explanations could be given of the preternatural heat, if the diminished excretions had sufficed to prove diminished tissue change.

It might be argued, in the first place, that the preternatural heat may still be referred to chemical change; but that this chemical action may be peculiar, and may lead, not to the formation of urea or sulphuric acid, but to that of some other compound, small in quantity, and perhaps unrecognized in analysis. Thus, we know that the combinations of some elements—of hydrogen, for example—take place, with the evolution of extraordinary heat; and yet the resulting compound may be small in bulk. It is impossible to say whether this hypothesis has any, or how much, truth. It is quite conceivably true, but is supported, at present, by no facts.

Another explanation may however be advanced.

As in certain cases we have no evidence in the excretions of increased metamorphosis, and as the hypothesis of some unusual combinations of small bulk causing great heat is based on no facts, should we not abandon the strict chemical theory of animal heat? As in health some physiologists have looked for a second and recondite cause which produces some small degree of heat, unaccounted for, according to them, by chemical interchange, so in fever may it not be this particular cause which is especially perverted?

To this it seems sufficient to reply, that though the influence of the nervous system on chemical action, and through it, on animal heat, be fully admitted, physiologists seem unwilling to give a *locus standi* to the hypothesis which throws aside chemical action altogether. And as the diminution of excreta is susceptible of explanation in a way more accordant with the phenomena of other cases, and with physiological tenets, it is clearly unnecessary to to entertain an hypothesis which has neither a physiological or pathological basis.

To recapitulate so far the results of the discussion:—Preternatural, like normal heat, arises from chemical action; which, in the former case, is augmented over the standard of the latter; this increased tissue change is evident from the loss of weight, and from the increase of one or other excretions; there are cases, however, and these are not uncommon, in which the excretions are diminished rather than increased; but this does not arise from lessened tissue change, but from retention of the products; the cause of the retention remains to be discovered, but principles, evidently effete, must circulate in the blood and organs; and it appears that it is in such cases that local diseases are most prone to occur; in such cases also, though not only in such, great discharges from the skin, bowels, or kidneys occur, and constitute critical discharges. Finally, it would seem probable that the sudden check to excretion, which may occur in the course of febrile diseases, is attended with the same result as retention of the excretions from the first, and local inflammations occur.

In the next lecture, Sir, I propose to enter a little more particularly into some of the chemical phenomena of fever, and, in the last lecture, to consider the part which the nervous system plays in these complicated phenomena.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS.

No. XXX.

ON THE ENDEMIC FEVERS OF AFRICA, AND THE PROPHYLACTIC USE OF QUININE.

By L. J. HAYNE, Esq., Assistant-Surgeon, R.N.

That the Endemic Fevers of the Western Coast of Africa have, of late years, been milder and less malignant than formerly, must be evident to all who have had any experience in their treatment, and also the trifling mortality of the present day, as compared with that of eight or ten years ago, is equally evident; although, perhaps, we may attribute these happy results of modern practice, in part, to a more perfect knowledge, and better treatment of the disease, and yet more directly to the liberal allowance of Quinine to the ships of this station. The subjoined table is a statement of forty-seven

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cases of Remittent and Intermittent Fever, occurring on this Coast, since December, 1852, which were collected principally for the purpose, 1st. Of ascertaining whether there was any regularity in the space of time necessary for the incubative period. 2ndly. The prevailing type. 3rdly. When relapses occur, whether they differ, and how, from the primary attack. And 4thly. To show the small amount of mortality under the Quinine treatment.

It is well known that a certain incubative period is necessary for the germs of the fever to become manifest by their effects upon the constitution, but it is still a question of the utmost interest and importance, (upon which not a few are undecided,) whether we are able to prevent the poisonous germs from arriving at maturity, by judicious and well-regulated doses of Quinine, and thereby arrest the development of the disease. Evidence seems certainly in favour of the prophylactic influence of Quinine, if we are to believe one half the accounts we read upon that subject; to be effectual, it should however be continued for ten days or a fortnight after removal from unhealthy localities. I have found the period of incubation varying from 4 to 30 days, (dating from the last exposure,) as is shown in the Table, but there are more cases occurring on the 12th day than any other. I find, in my experience, the prevailing type of the fever of this Coast to be remittent; of the 28 cases recorded in the Table, (that is excluding the cases of relapse,) 22 are remittents, and only 6 intermittents, 5 out of those 6 intermittents being quotidians, thereby showing a tendency to approach the remittent form. It will be seen that every case of relapse mentioned in the accompanying Table has made its appearance in a milder type than the primary attack, and that there have been no relapses amongst the cases of intermittent, and only one death in the whole 47 cases.

Table showing the particulars of 47 Cases of African Fever, with Notes.

No. of Cases, relapses included.	Name.	Age.	Date of First Exposure.	Date of Last Exposure.	First appearance of symptoms.	Convalescence.	Type.	Mortality.	No. of Primary Cases.	Remarks.	No. of Relapses.
			1852.	1853.	1853.						
1	— ——.. ..	21	Dec. 29.	Jan. 7.	Jan. 11	Jan. 21	Remittent.		1		
2	— Cooper ..	21	do.	do.	— 14	Feb. 1	do.		2		
3	— Davey ..	21	do.	do.	— 14	— 1	do.		3		
4	— Barnes ..	29	do.	do.	— 15	— 1	do.		4		
5	— Lenneal..	40	do.	do.	— 16	..	do.	Jan. 26.	5		
6	— Gilmore..	36	do.	do.	— 19	Jan. 23	Intermittent.		6		
7	— Carter ..	29	do.	do.	— 19	Mar. 20	Remittent.		7		
8	— Gundry..	24	do.	do.	— 19	Feb. 20	do.		8		
9	— Clarke ..	45	do.	do.	— 19	— 1	do.		9		
10	— Chapman.	21	do.	do.	— 19	— 9	do.		10		
11	— Pearse ..	28	do.	do.	— 19	Jan. 23	Intermittent qtdn.		11		
12	— Hawkes..	25	do.	do.	— 20	Feb. 14	Remittent.		12		
13	— Clifford..	22	do.	do.	— 21	— 20	do.		13		
14	— Terry ..	22	do.	do.	— 21	— 9	do.		14		
15	— Cocking..	42	do.	do.	— 26	— 5	Intermittent qtdn.		15		
16	— Davey ..	21	do.	do.	Feb. 5	— 14	do.		3	Relapse.	1st.
17	— Clarke ..	45	do.	do.	— 5	— 20	do.		9	Relapse.	1st.
18	— Campbell.	42	do.	do.	— 6	— 9	do.		16		
19	— Gentle ..	29	do.	do.	Jan. 17	— 1	Remittent.		17		
20	— Johns ..	27	do.	do.	— 18	— 17	do.		18		
21	— Gentle ..	29	do.	do.	Feb. 7	— 23	Intermittent qtdn.		17	Relapse.	1st.
22	— Terry ..	22	do.	do.	— 16	— 25	do.		14	do.	1st.
23	— Cooper ..	21	do.	do.	— 22	— 27	do.		2	do.	1st.
24	— Gundry..	24	do.	do.	— 24	April 14	do.		8	do.	1st.
25	— Pearse ..	28	do.	do.	— 26	Mar. 3	Intermittent tertn.		11	do.	1st.
26	— Barnes ..	29	do.	do.	— 26	— 13	Intermittent qtdn.		4	do.	1st.
27	— Gentle ..	29	do.	do.	— 26	— 13	do.		17	do.	2nd.
28	— Clarke ..	45	do.	do.	— 28	— 28	do.		9	do.	2nd.
29	— Clifford..	22	do.	do.	March 4	— 31	Intermittent tertn.		13	do.	1st.
30	— Davey ..	21	do.	do.	— 12	— 17	Intermittent qtdn.		3	do.	2nd.
31	— Gentle ..	29	do.	do.	— 22	April 17	do.		17	do.	3rd.
32	— Clifford..	22	do.	do.	April 2	— 17	do.		13	do.	2nd.
33	— Davey ..	21	do.	do.	— 3	— 5	do.		3	do.	3rd.
34	— Cooper ..	21	do.	do.	— 13	— 15	do.		2	do.	2nd.
35	— Cooper ..	21	do.	do.	— 19	— 24	do.		2	do.	3rd.
36	— Pearse ..	28	do.	do.	— 23	— 28	do.		11	do.	2nd.
			1853.								
37	— Rogers ..	25	June 22.	June 30.	July 6	July 19	Remittent.		19		
38	— —— ..	24	do.	do.	— 17	— 20	do.		20		
39	— —— ..	24	do.	do.	Aug. 6	Aug. 17	Intermittent tertn.		(20)	Relapse.	1st.
40	— Hammick	15	Oct. 28.	Nov. 4.	Nov. 9	Dec. 12	Remittent.		21		
41	— Matthews	24	do.	do.	— 10	— 4	do.		22		
42	— Ward ..	17	do.	do.	— 12	— 3	do.		23		
43	— Pearse ..	29	do.	do.	— 15	Nov. 18	Intermittent qtdn.		24		
44	— Green ..	23	Nov. 23.	Nov. 25.	Dec. 7	Dec. 15	Remittent.		25		
45	— —— ..	29	do.	do.	— 7	— 12	Intermittent qtdn.		26		
46	— Barnes ..	29	do.	do.	— 9	— 16	Remittent.		27		
47	— Wingfield	21	do.	do.	— 9	— 25	do.		28		
									28		19

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The treatment embodied in these cases, was 5 grains of calomel at the commencement of the fever, followed by 6 or 8 grains of quinine thrice a day, which was gradually decreased as the fever abated.

The following instances will tend to show the beneficial influence of Quinine as a preventative in Coast-fever. The boats were dispatched with 32 officers and men up the Rio-Ponga, and remained in the river for two days and nights; 1 oz. of quinine wine (4 grs. to the oz.) was given daily to each person; between the twelfth and fourteenth day after leaving the river, four slight cases of fever occurred, which readily and speedily yielded to treatment. In another instance, the boats were away up the Lagoon, at Lagos, with 34 officers and men, for seven or eight days, a dose of quinine was given to each, *every other day only*, and 17 of the 34 were afterwards attacked with severe remittent fever. Again, one officer and one man were living on shore at Sierrra Leone for eight days, waiting the arrival of a man-of-war, neither took any quinine, and ten days after they arrived on board their ship, both had remittent fever.

It is not to be supposed that Quinine will prevent the occurence of fever in every case, but in a sufficient number, to be of the utmost benefit, and the fever occurring in those cases in which it has been employed as a preventative, is sure to be of little moment.

Amongst the merchant shipping at Sierra Leone, where there are but few precautions, if any, taken against the ravages of fever, and where calomel appears to be the principal treatment, until they seek medical advice, the mortality is alarming. I have known, in more than one instance, the master of these vessels, and six or eight of his crew, die from fever in less than a fortnight; moreover, the fever I have witnessed in these vessels, is of the worst description, and closely allied to the continued. In conclusion, I may add that all persons labouring under phthisical symptoms, whether slight or extensive, appear to enjoy a perfect immunity from the ravages of African-fever; also many diseases on this coast, and more especially rheumatism, occasionally have regular intermissions, and paroxysms, the same as an ague, and which are benefited most by Quinine, combined with the other remedies suited to the disease.

MEMORANDA ON THE TREATMENT OF VARIX.

By HENRY T. CHAPMAN, F.R.C.S.,

Late Surgeon to the St. George's and St. James's Dispensary.

(Continued from page 258.)

But not only is *a tendency* to the natural cure of consecutive varix manifested on the removal of the exciting cause. Examples are not uncommon in which the cure has been perfected without artificial assistance, no vestige of the disease remaining after the expiration of ten or twelve years. And, as an earnest of what may be accomplished by art, I may appeal with confidence to the experience of those who have long been in the habit of treating, according to Mr. Scott's method, or my own proceeding, ulcers on the leg complicated by varix. In all cases of the kind, by the time the ulcer is cured, a very marked improvement has taken place in the condition of the veins; and this improvement will continue as long as the patient perseveres in the use of the bandage, although its progress will neither be so rapid nor so striking as at first.

We have, moreover, positive evidence of the practical efficacy of compression in curing dilatation of another class of veins, the enlargement of which has been regarded as scarcely less intractable than that of the Saphenæ. I allude to a paper on Varicocele, by Mr. Curling, published in the twenty-ninth volume of the Medico-Chirurgical Transactions (for 1846). "In a late work on Diseases of the Testis," says Mr. Curling, "I stated the object of this method to be the 'maintenance whilst the patient is in the erect posture of such a pressure on the spermatic veins as may be sufficient to relieve them from the superincumbent weight of blood. This pressure must be continued a sufficient time to enable the coats of the vessels to return to their natural dimensions, and to acquire strength to carry on the circulation.'" The requisite amount of compression was obtained by the application of a Moc-main lever truss to the external abdominal ring; and a number of cases are given wherein the practice was perfectly successful, the treatment occupying from one to two years.

And here I may be allowed to ask what are the grounds on which surgeons have been led to despair of the cure of varix? Certainly not on the mere dilatation of the vein, whether uniform, serpentine, or saccular, since that is so often seen to subside spontaneously up to a certain point, and occasionally to get perfectly well. That the morbid changes resulting from inflammation may also disappear, and the vessel gradually recover its normal condition, we have no lack of evidence in the complete restoration of veins to health after severe attacks of phlebitis.

The change, however, which must baffle all attempts to *cure* varix, in the proper acceptation of the word, is the shrunken and shrivelled state of the valves, which not unfrequently takes place in old and neglected cases of the complaint; a positive disproportion between them and the area of the veins having been produced by disease. In some inveterate specimens scarcely a trace remains to point out their former sites; in others only a few slender threads. Hence it almost appears to have been assumed that such a change of structure, implying an entire extinction of their functions, is always to be apprehended when varix has advanced beyond its early stage; a conclusion from which I must express my dissent, believing that destruction of the valves rarely occurs except as a consequence of acute inflammation, or of repeated attacks of chronic phlebitis. In Cruveilhier's sketch of multilocular varix (Livraison xxxv.) the valves are unaltered in form and dimensions, although the vein has undergone changes indicating a rather advanced stage of the disease; and I have seen them equally sound in other instances of aggravated varix. The closest external examination, moreover, will not enable us to declare at any given period that the valves are so annihilated; and too many examples of recovery, not merely of slight and recent cases, but of long existing and grave specimens of varicose dilatation, have come under my observation, to permit me to entertain so discouraging an impression.

Without venturing to affirm with Mr. Vincent, that "*all* cases of varix may be fully relieved," what I desire to establish is, *first*, that during its early stage, before inflammation has wrought any material change of structure, the complaint is, with scarcely an exception, perfectly curable. *Secondly*, that it ought not to be too hastily abandoned as incurable even in its worst stage, since, in varicose disease of most unpromising aspect, I have witnessed so complete a restoration of the vein to health under a steady perseverance in appropriate measures, that I should be very reluctant to pronounce any case to be irremediable until convinced by actual experiment that its cure was hopeless. And, *lastly*, when no hope of cure remains, the condition of the patient may be so far bettered, and the malady brought under control, that we may fairly guarantee him against the chief dangers and inconveniences attending it.

(To be continued.)

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE LAST QUARTER OF 1854.

The subjoined Report comprises the following Hospitals:—

The Bedford, the Royal Berkshire, the Bradford, the Bristol General, the Cheltenham, the Derbyshire General, the Durham County, the Huddersfield, the Hull, the Kent and Canterbury, the Leeds, the Liverpool Royal Infirmary, the Liverpool Southern and Toxteth, the Nottingham General, the Sheffield, and the York County Hospitals,

LITHOTOMY.

Number of cases, 8; recovered, 6; died, 2.

Case 1.—A man, aged *55*, very corpulent, but otherwise in good health, under the care of Mr. Samuel Hey, in the Leeds General Hospital. The usual operation was performed, and three calculi, shaped like cheeses, and weighing each about 75 grains, were removed. Recovered well. *Case* 2.—A lad, aged 14, in good health, under the care of Mr. Hey, in the Leeds

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General Hospital. A stone, weighing five drachms, was removed. The urine came by the urethra on the twelfth day, and the boy recovered well. *Case* 3.—A man, aged 66, under the care of Mr. Thomas Wright, in the Nottingham General Hospital. He had a perineal fistula, of old standing, which was believed to communicate with the rectum; there was no stricture of the urethra. His general health was pretty good. Two large stones were removed, and a perfect recovery ensued. *Case* 4.—A boy, aged 4, in good health, under the care of Mr. T. Wright, in the Nottingham General Hospital. Recovered. *Case* 5.—A strumous boy, aged 2½, under the care of Mr. Poppleton, in the Bradford Hospital. He had been four months ill with symptoms of stone. A lithic acid calculus, weighing nearly 10 grains, was removed. Recovered. *Case* 6.—A lad, aged 7, in good health, under the care of Mr. Craven, in the Hull Infirmary. A lithic acid stone was removed. Recovered quickly. *Case* 7.—A lad, aged 4, in tolerably good health, had suffered from symptoms of stone for two years. The urine was often bloody and mucopurulent, and there had been frequent attacks of retention. Medical treatment, by way of preparation, was pursued for a month before the operation. Under chloroform, the usual operation was performed, and, without difficulty, a stone, about the size and shape of a marble, was removed. About twelve hours afterwards, the child began to suffer from vomiting, with tympanitis, and considerable tenderness of the abdomen; there was great depression, and but little urine appeared to be secreted. Death occurred in about twenty-four hours after the accession of the alarming symptoms. At the autopsy, no lesion was discovered to account for the event. The operation had been properly performed in all its steps; there was no extravasation of urine or of blood, no peritonitis, nor any visceral disease. The mucous membrane of the bladder was much congested, and in places slightly abraded. *Case* 8.—A boy, aged 2½, had suffered from dysuria for nearly two years, he was, however, fat and well-nourished. He had on a former occasion been in the Hospital, but had been discharged after several examinations, the diagnosis of stone not being conclusively formed. On the second admission, the stone was easily felt, but it appeared to be in the urethra, as the sound seemed to pass over it when it entered the bladder, and when there could not be made to strike it. The full introduction of the sound was always difficult. During the operation, however, the stone could not be found until the bladder had been entered, after which it was removed without difficulty. It proved to be of flattened shape, nearly the form of a plumstone, but larger, and was probably composed of lithate of ammonia, with phosphatic coating (not analysed). The operation itself had been neither difficult nor protracted; but, owing to the difficulty in introducing the staff, and other delays, the child had been kept a long time (half-an-hour, or more) under the influence of chloroform. Much the same symptoms followed as have been mentioned in the preceding case, and death took place on the third day. No autopsy was permitted, but it was known before death that the rectum had been wounded.

LITHOTRITY.

The case mentioned in last quarter's report, under the care of Mr. Richard Hey, in the York County Hospital, still remains under treatment. No others have been taken in charge during the past three months.

HERNIOTOMY.

Number of cases, 8; recovered, 5; died, 3.

Case 1.—A man, aged 32, under the care of Dr. Petrie, in the Liverpool Southern Hospital. Hernia inguinal, strangulated 35 hours; sac opened. Much serum was found in the sac. The sac subsequently inflamed, and there was profuse suppuration from it. The man, however, made a good recovery. *Case* 2.—A man, aged 30, under the care of Mr. Roberts, in the Bradford Infirmary. Hernia inguinal, strangulated two days, sac opened. The hernia was almost exclusively omental, and but a small portion of gut was down. A large mass (℥viij.) of much congested omentum was cut away, and the gut was returned. The patient had afterwards an attack of acute bronchitis, but otherwise recovered well. *Case* 3.—A man, aged 22, under the care of Dr. Bennett, in the Bradford Hospital. Hernia inguinal, strangulated eight days, sac opened. The bowel was found adherent to the sac, but not very greatly congested. Recovered. *Case* 4.—A woman, aged 32, under the care of Mr. Poppleton, in the Bradford Hospital. Hernia femoral of eight years' duration, strangulated twelve hours, sac opened. Old and firm adhesions were found about the neck of the sac; they were broken down, and the reduction effected. Recovered. *Case* 5.—A woman, aged 52, under the care of Mr. Smith, in the Leeds Infirmary. Hernia femoral, strangulated four days, sac opened. With regard to the duration of strangulation it must be noted, that the hernia had been down for years, constipation had been present with gradually increasing symptoms for five days prior to the operation, but stercoraceous vomiting had only come on the day it was performed. The surface of the intestine found in the sac was abraded, and there was also a mass of much congested omentum; both were returned. Recovered well. *Case* 6.—A man, aged 45, hernia femoral, strangulated three days, sac opened. Bowel and omentum were found in the sac, the latter adhering so closely that it was thought best to leave it *in situ*. Death ensued on the seventh day. At the autopsy, three inches of small intestine were found quite black, and almost in a state of gangrene: the bowel above that part was much distended, while that below was small and contracted. *Case* 7.—A man, aged 51, hernia inguinal of a very large size, strangulated several hours, sac opened. The taxis had been much abused prior to admission, the scrotum and pubes being black from extravasation and bruises. The man was extremely collapsed at the time of the operation, and there was continued stercoraceous vomiting. He rallied a little after the reduction, but sank again, and died next day. At the autopsy a foot of the ileum was found in a state of gangrene. *Case* 8.—A man, aged 26, hernia inguinal, strangulated fourteen hours, sac opened. The patient had been subject to hernia for six years past. On the day previous to admission, while laughing, and in a state of partial intoxication, the protrusion shot suddenly into the scrotum, and very shortly afterwards violent vomiting commenced. The taxis having failed both in the warm bath and under chloroform, the operation was performed. A large coil of dark-coloured intestine was found. There was no omentum, and the stricture was very tight, its edge feeling as sharp as a knife. Two hours after the operation, hemorrhage of dark blood, in considerable quantity, commenced, but on the wound being opened its source could not be found. A compress was applied and with temporary success, but four hours later the bleeding again commenced. The wound was now enlarged, when the blood was seen to well up from the abdominal cavity. Death from collapse followed in the course of the day. At the autopsy the mesentery was found lacerated in three or four places, the lacerations being surrounded by extravasated blood, and having, doubtless, been the source of the fatal hemorrhage. It was supposed that the mesentery had been cut by the sharp edge of the stricture during the violent movements of vomiting.

AMPUTATIONS.

Number of cases, 53; recovered, 42; under treatment, 1; died, 10. *Thigh*—number of cases, 20; recovered, 14; under treatment, 1; died, 5. *Leg*—number of cases, 19; recovered, 17; died 2. *Foot*—number of cases, 3; recovered, 2; died, 1. *Upper extremity*—number of cases, 11; recovered, 9; died, 2.

Of the thigh.—Case 1.—A man, aged 56, under the care of Mr. Hey, in the York County Hospital, on account of diseased knee-joint. The disease had existed for four years. Recovered. *Case* 2.—A boy, aged 11, hectic, and much worn down by disease of the knee-joint, under the care of Mr. T Wright, in the Nottingham General Hospital. Recovered. *Case* 3.—A girl, aged 14, under the care of Dr. Bennett, in the Bradford Hospital. Amputation through the thigh, on account of osteo-chondroma of the lower end of the femur, was performed. The growth was of six months' duration, and was rapidly increasing. It had been very painful. The patient recovered well. *Case* 4.—A man, aged 27, under the care of Mr. Cooper, in the Liverpool Royal Infirmary, on account of disorganization of the knee-joint, consequent on the removal of a loose cartilage. He was much exhausted by the continued suppuration before the operation, but recovered well after it. *Case* 5.—A man, aged 38, strumous, and in much reduced health, under the care of Mr. Cooper, in the Liverpool Royal Infirmary, on account of diseased knee-joint. Recovered. *Case* 6.—A railway porter, in robust health, aged 21, under the care of Mr. Tatham, in the Huddersfield Infirmary, on account of a severe crush of the leg. Primary

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amputation was performed about four hours after the accident. Recovered. *Case* 7.—A strumous man, aged 34, under the care of Mr. Clarke, in the Huddersfield Infirmary, on account of diseased knee-joint. Recovered. *Case* 8.—A man, aged 23, under the care of Mr. Meade, in the Bradford Hospital, on account of diseased knee-joint, of several years' duration. Recovered. *Case* 9.—A girl, aged 14, under the care of Mr. Meade, in the Bradford Hospital, on account of diseased knee-joint. She was in delicate health, but there was no proof of developed tubercle. Recovered. *Case* 10.—A woman, aged 35, under the care of Mr. Maurice, in the Royal Berkshire Hospital, on account of sloughing of the soft parts after phlegmasia dolens. She had been admitted from a neighbouring workhouse, in a condition apparently half-starved. It was then three months subsequent to her confinement. By stimulants and generous diet, she was, after six weeks' treatment, got into a state to bear the amputation. The recovery was slow, but ultimately complete. *Case* 11.—A boy, aged 14, under the care of Mr. Wood, in the Gloucester Infirmary, on account of diseased knee-joint. The disease had existed for four years, and there was a glandular abscess in the groin. He was rather improving in general health. Recovered. The stump is not yet healed, and a small portion of bone will probably exfoliate. *Case* 12.—A man, aged 48, admitted into the Derby Hospital, under the care of Mr. F. Gisborne, having had his left leg contused by the broad wheel of a heavily-laden wagon passing across the ham. There was immediately great swelling of the limb, and in the course of an hour or two the tension had become extreme. The leg was cold, and the foot and toes especially; no pulsation could be felt, either in the popliteal or any of its distal arteries: there was no fracture or wound. Gangrene commenced a few days after the injury, and was spreading slowly up the leg, having reached six inches above the ankle when amputation was decided on. The man, although of robust constitution, was then much reduced, and in a rather desperate condition. He made a very slow recovery. On examination of the limb, the popliteal artery and vein were were both found torn across, and surrounded by large coagula of decomposing blood. There were healthy adherent coagula in the upper end of the artery. The leg itself was a mass of putrilage. *Case* 13.—A man, aged 34, under the care of Mr. Meade, in the Bradford Hospital, on account of diseased knee-joint. The disease had existed eighteen years, but he was still in fair health. Recovered. *Case* 14.—A man, aged 40, under the care of Mr. Husband, in the York County Hospital, on account of a very large aneurism from the posterior tibial artery. The aneurism had enlarged very rapidly. Compression had been tried; but as, owing to the thinning of the coats, rupture was feared, and as, also, grangrene of the foot threatened to occur, amputation was deemed the only resource. Recovered well. *Case* 15.—A man, aged 39, under the care of Mr. Husband, in the York County Hospital, on account of a large malignant growth in the calf of the leg. The disease had existed only three months, was progressing rapidly, and, although no gland enlargement could be detected, yet the cancerous cachexia was well marked. Amputation was performed through the thigh. The disease proved to be medullary cancer, and the vein was filled with the deposit. The stump has not healed, and the disease has already returned in it. Under treatment. *Case* 16.—A man, aged 25, feeble and hectic; had suffered for two years from diseased knee-joint, during the whole of which time sinuses had been discharging. Secondary hæmorrhage occurred after the amputation, and he died of exhaustion on the twelfth day. *Case* 17.—A man, aged 38, admitted on account of a comminuted fracture of the tibia. He was in bad health, and suffered from scurvy. An attempt was made to save the limb, but gangrene ensued on the third day; and on the eighth, amputation had to be performed. The gangrene did not attack the stump, but symptoms of purulent absorption showed themselves, and death occurred on the 27th day. *Case* 18.—A man, aged 33, in fair health, suffered from diseased knee-joint of many years' duration. He died on the ninth day after the amputation, apparently from purulent absorption. No autopsy. *Case* 19.—A man, aged 27, who had just recovered from fever, was admitted in consequence of a compound fracture, with much laceration, involving the knee-joint. The collapse was extreme; but on the day following he had rallied sufficiently to undergo the amputation, which was performed with but little loss of blood. He sank and died on the second day. *Case* 20.—A man, aged 28, a farm-labourer, in good health. Was admitted in consequence of his leg having been crushed in a threshing-machine. He had been brought five miles to the Hospital, and had almost bled to death. Amputation was done at once, but death followed twelve hours afterwards.

Of the leg.—*Case* 21.—A man, aged 54, under the care of Mr. W. Wright, in the Nottingham General Hospital, on account of diseased tarsus. He was in fair health at the time of the amputation, and has since done well. *Case* 22.—An intemperate man, aged 38, was admitted into the Liverpool Royal Infirmary, under the care of Mr. Halton, having had his ancle and foot severely crushed. Primary amputation in the lower third of the leg was performed. Recovered. *Case* 23.—A woman, aged 22, under care in the Kent and Canterbury Hospital, on account of diseased ancle-joint. She was of strumous diathesis, but otherwise in fair health. For three days subsequent to the amputation she suffered much from sickness, probably caused by the chloroform. Recovered. *Case* 24.—A man, aged 19, under the care of Mr. Robarts, in the Bradford Hospital, on account of diseased ancle-joint. Recovered. *Case* 25.—A woman, aged 24, under care in the Bradford Hospital, on account of diseased ancle. Recovered. *Case* 26.—A woman, aged 29, under the care of Mr. Teale, in the Leeds General Infirmary, on account of disease of the tarsus and ancle-joint. She was, at the time of the amputation, in a state of almost hopeless debility, and for three weeks subsequently the flaps showed no disposition to unite. Ultimately, however, a good recovery ensued, and the stump healed perfectly. *Case* 27.—A robust man, aged 29, admitted into the Leeds Infirmary, under the care of Mr. Smith; his leg having been crushed in a railway accident. Primary amputation was performed. Recovered. *Case* 28.—A man, aged 47, in feeble health, under the care of Mr. F. Gisborne, in the Derby Hospital, on account of diseased ancle, of one year's duration. Recovered. *Case* 29.—A woman, aged 44, in poor health, under the care of Mr. Shaw, in the Durham Hospital, on account of a chronic disease of the soft parts of the foot and leg, resembling elephantiasis. The disease had resisted all treatment, and had lasted many years. Recovered. *Case* 30.—A man, aged 32, in extreme hectic, under the care of Mr. Wilton, in the Gloucester Infirmary, on account of diseased tarsus, of more than two years' duration. A double flap amputation was performed below the knee. On the fifth day, an attack of secondary hæmorrhage occurred, and the stump had to be opened and an artery taken up. Four subsequent slight bleedings occurred; but, in spite of them, the man did well. The stump, however, took three months to heal. *Case* 31.—A lad, aged 14, under the care of Mr. May, in the Royal Berkshire Hospital, on account of compound fracture of the foot. Primary amputation was performed, and he made a good recovery. *Case* 32.—A girl, aged 19, under care in the Bradford Hospital, on account of diseased ancle. Recovered. *Case* 33.—A lad, aged 18, under Mr. Robarts' care, in the Bradford Hospital, on account of diseased ancle and tarsus. Recovered. *Case* 34.—A woman, aged 46, under the care of Mr. Husband, in the York County Hospital, her foot and leg having been torn to pieces in a threshing-machine. Primary amputation, just below the knee, was performed. Recovered. *Case* 35.—A man, aged 30, under the care of Mr. Hey, in the York County Hospital, on account of strumous disease of the ancle-joint. Recovered. *Case* 36.—A girl, aged 19, of delicate health, under the care of Mr. Hey, in the York County Hospital, on account of disease of the ancle-joint, following a sprain. Recovered. *Case* 37.—A man, aged 50, of intemperate habits, under the care of Mr. Husband, in the York County Hospital, his foot having been crushed by the wheel of an engine. Gangrene resulted, and on the third day it was needful to amputate. The gangrene afterwards attacked the stump, and half destroyed the flaps, exposing the bone. Under the free use of stimulants, etc., however, the man is now nearly recovered. *Case* 38.—A young man, aged 19, was admitted into Hospital, having sustained a compound fracture of the leg. Primary amputation was performed. Within a few days, symptoms of purulent absorption supervened, and the posterior flap also sloughed. Death took place on the sixteenth day. No autopsy. *Case* 39.—A woman, aged 29, the subject of phthisis, and in very feeble health, had amputation of the leg performed, at her own urgent request, on account of old standing disease of the tarsus. She subsequently suffered much from colliquative

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diarrhœa, sank into extreme hectic, and died on the thirtieth day.

Of the foot.—*Case* 40.—A boy, aged 14, under care in the Bradford Hospital, on account of an ulcer extending over the dorsum of the foot, the result of a burn. He had been under treatment for a long time, and every attempt had been made to heal the sore, but without success. Chopart's amputation was at length performed, and he recovered well. *Case* 41.—A man, aged 85, under the care of Mr. Gisborne, in the Derby Infirmary, on account of diseased ancle-joint. The disease had existed one year, and he was emaciated, feeble, and pallid. Amputation at the ancle-joint was performed. The greater portion of the flap sloughed away, and for some time, on account of the oozing of a bloody, ill-conditioned pus from the cut extremity of the fibula, it was feared that some bone would have to come away. The stump ultimately, however, healed, and promised to be a serviceable one. *Case* 42.—An engine-driver, aged 40, a free liver, stout and fat, was admitted into the Derby Hospital, his foot having been crushed by a railway carriage passing over it. There was no fracture, but the contusion was so great, that Chopart's amputation had to be performed 24 hours after the accident. The stump became sloughy, delirium supervened, abscesses formed in the arm and leg, and death took place on the sixth day. No autopsy was permitted.

Of the upper extremity.—*Case* 43.—A man, in good health, aged 33, under the care of Mr. Stubbs, in the Liverpool Royal Infirmary, for compound fracture, involving the elbow-joint. Primary amputation. Recovered. *Case* 44.—A lad, aged 14, under the care of Mr. Stubbs, in the Liverpool Royal Infirmary, for compound fracture, with extensive laceration, involving the elbow-joint. Primary amputation through the upper arm. Recovered. *Case* 45.—A man, aged 30, under the care of Mr. Cooper, in the Liverpool Royal Infirmary, for a compound fracture of the radius, involving the wrist-joint. He was a brewer's drayman, but apparently in good health. An attempt was made to save the hand, but gangrene supervened, and amputation through the forearm became needful on the second day. Recovered. *Case* 46.—A man, aged 46, in good health, admitted into the Kent and Canterbury Hospital, on account of a severe gunshot wound. Primary amputation just below the elbow was performed. The man suffered afterwards from extreme restlessness, which abated, however, under the use of opiates and stimulants. Recovered. *Case* 47.—A woman, aged 36, under the care of Mr. Meade, in the Bradford Hospital, her arm having been torn off by machinery. She was in good health, and the collapse from the injury was not great. The head of the humerus was removed from the shoulder-joint, and just enough of soft parts was obtained to cover the wound. Recovered. *Case* 48.—A boy, aged 15, admitted under the care of Mr. Robarts into the Bradford Hospital, his forearm having been torn away by machinery. Primary amputation through the upper arm. Recovered. *Case* 49.—A boy, aged 14, in good health, under the care of Mr. Poppleton, in the Bradford Hospital, for a gunshot injury to the hand. An attempt was made to save the injured part, but amputation just above the wrist had to be performed a month after the accident. Recovered. *Case* 50.—A woman, aged 50, in poor health, under the care of Mr. Fox, in the Derbyshire Hospital, on account of disease of the wrist, of six years' duration. Amputation through the forearm. Recovered. *Case* 51.—A man, aged 40, admitted into the York County Hospital, under the care of Mr. Husband, on account of a gunshot wound, involving the wrist-joint. Primary amputation through the forearm. Recovered. *Case* 52.—A man, aged 25, admitted on account of his hand having been torn off by machinery. Primary amputation through the forearm. Abscesses subsequently formed in several parts of the arm, and death, with the symptoms of pyæmia, supervened on the thirty-eighth day. *Case* 53.—A man, aged 37, admitted on account of compound fracture of the upper arm, which necessitated immediate amputation at the shoulder-joint. Besides the fracture, he had sustained severe contusions of the abdomen and the right thigh; and from the effects of the latter he died one week after the injury. The stump was doing remarkably well.

[The insertion of the latter half of this Report is unavoidably deferred to the next number.]

Medical Times & Gazette.

SATURDAY, MARCH 24.

THE CIVIL HOSPITAL AT SMYRNA.

From information we have received from Smyrna, dated March 3, we learn that the difficulties which have beset the path of the Military Surgeons at Scutari and Balaklava will not have to be encountered by our civil brethren at Smyrna. Every arrangement had been made in England for preparing the Hospital for the reception of sick. The necessary stores and bedding had been provided; a large Medical Staff was organized; and every necessary provision had been made for securing a comfortable House and efficient medical treatment for our sick and wounded soldiers. Mr. Macleod and Mr. Eddowes, a Surgeon and Assistant-Surgeon, arrived in Smyrna on the 22nd of February, and found, to their surprise, that some 800 patients were already in the Hospital. All the establishments at Scutari were full, and it became necessary to find accommodation for those poor fellows also. Lord Raglan accordingly sent them down under the charge of Deputy-Inspector Humphreys, Staff-Surgeon Beatson, six Assistant-Surgeons, and a Dispenser. Fortunately, a most energetic Purveyor, Mr. Jenner, was also sent; and by his exertions, in less than a week, every man was in Hospital provided with temporary bedsteads and good bedding. Mr. Spencer Wells, one of the Surgeons on the Civil Staff, arrived on the 1st of March, and at once took charge of one division of the Hospital. Ten other members of the Medical and Surgical Staff were expected on the 8th, when it was supposed the civilians would release their military colleagues from their duties, and enable them to return to the Crimea. As might be expected from the large number of patients, the small number of Medical Officers, and the want of nurses, the patients were, by no means, so well attended to as we trust they will be when the Civil Hospital is in working order, but every man was well supplied with food, wine or porter if necessary, had sufficient clothing, good bedding, and such medicine as was absolutely necessary. The principal cases were either chronic dysentery or diarrhœa, mostly of a scorbutic character—some cases of remittent fever—a few pulmonary affections—and a great number of frost-bites. In several cases the toes had separated. In one case hospital gangrene, of a very severe type, had appeared.

The building would make an admirable Hospital for from five to six hundred patients, but it is too much crowded with the present number. Other buildings may possibly be obtained, capable of containing from one to two hundred more; but, as it is probable that accommodation will be required eventually for at least two thousand, and perhaps for double that number, we would urge upon the Government the imperative necessity of at once sending out both wooden temporary barracks and Hospital ships. Buildings, capable of containing one hundred patients each, might readily be prepared in this country, and sent out perfectly fit for occupation. If they are raised some one or two feet from the ground, and covered by a double roof, with a space of a few inches for air between the two coverings, they would, if placed in healthy situations near the supplies (which can be obtained in abundance at Smyrna), form the very best Hospitals which could be obtained in a warm climate. If sent in sufficient number we shall hear no more of the sufferings of our sick and wounded, which have disgraced the name of our country in the eyes of the civilized world.

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THE CANTON HOSPITAL.

Comparatively few of our readers have probably heard of Dr. Hobson; and yet Dr. Hobson is engaged in a task of great importance; a task, it may be, which has assisted largely in revolutionising a great nation. Dr. Hobson is Director, Physician, and Surgeon to the Hospital for the natives at Canton.

Having experienced the great difficulty of disseminating religious truths among the Chinese by the ordinary Missionaries, it was determined, some years since, to establish a Missionary Hospital at Canton. Dr. Hobson was placed at its head. The Chinese are very far behind Europeans in a knowledge of Medicine and Surgery; and it has been found by experience that the readiest way of subduing a portion of that strong antipathy which the natives in the South have so long cherished towards foreigners, is to heal their sick.

At first, Dr. Hobson rented a small house as a residence for himself and family. This house he fitted up with a dispensary, three small wards, and a chapel. The applicants for relief increased in number, and it became necessary to take a larger house. In accomplishing this object, Dr. Hobson had to overcome much opposition. Ultimately, however, he secured premises not far short of 500 feet in length and 45 feet in width. These premises afforded good accommodation for Dr. Hobson and his family, a native Medical assistant, and others connected with the Mission; a spacious chapel, sufficiently large to hold 500 persons; a good dispensary, with separate entrances for men and women; and a reception-room for Chinese visiters. On the ground floor are rooms capable of accommodating 150 in-patients, though at present there are but 45 beds occupied. Three or four beds only are placed in a ward. The whole building is light and airy, and is fitted up in Chinese style, so as to be pleasant to the Chinese taste.

The value attached to the advice, etc., given at the Hospital is shown by the number of the out-patients. During the year ending December 31, 1853, 21,965 persons attended at the Hospital; while, during the six months ending June, 1854, they amounted to 13,554, the men bearing to the women the proportion of two to one.

The sick are prescribed for four days every week; and, on these occasions, especially during the summer months, the Hospital is said to be like a market.

All the simple operations at the Hospital, on the eye, ear, and teeth, the removal of small tumours, opening of abscesses, dressing wounds, etc., are performed by Dr. Hobson's native assistant, Ho-King-man, who likewise assists in prescribing for the sick.

The patients are chiefly of the poor class, and the diseases generally of a chronic, cachectic form, the result of poverty, dirty habits, a foul atmosphere, and bad living.

We are not surprised to learn that suicide by opium is very common among the Chinese; still, we did not expect that so many as 117 cases of voluntary poisoning by opium could have fallen under the observation of a single Practitioner in the short period of fifteen months; 75 of the 117 recovered. About two-thirds of the 117 were females, chiefly young prostitutes. The last fact tells strongly against the morals of the Chinese.

Leprosy is very prevalent and obstinate. Dr. Hobson finds the seeds of the Chaul moogra of real service in this dreadful complaint; he has seen two cases cured, and several much benefited, by a steady employment of that drug. The seeds are to be bruised, and given in doses of sixty grains twice a-day; at the same time, the eruption rubbed occasionally with the expressed oil. The chaul moogra is also said to be useful in scrofula.

The more important operations performed between September, 1853, and June, 1854, at the Hospital were,—removal of the left mamma from a woman, aged 28 years, for cancer of the organ; excision of a cystic tumour from the neighbourhood of the left trochanter; removal of a tumour (soft cancer) from the outer side of the left arm: the disease returned in eight months.

The following case is of interest:—A man applied at the Hospital with a tumour involving, apparently, the whole orbit. On close examination, the pupil was found turned to the outer side, entirely concealed by the tumour, and the sight uninjured. The tumour was dissected out, and the patient discharged with good vision. Removal of a pendulous tumour from the vicinity of the axilla of a woman, aged 48 years; removal of a tumour the size of an infant's head, of fourteen years' growth, from the left side of the neck of a man; the patient rapidly recovered; removal of a tumour of the right cheek from a young woman.

Chloroform was administered in the last three cases. Removal, by ligature and knife, of a large nævus from the neck of a young married woman.

Dr. Hobson has not limited his labour to the practice of his profession; for, in 1851, he published in Chinese a Treatise on Physiology, containing, besides some lithographs, 210 woodcuts. This treatise excited so much interest among the Chinese that a reprint of it was made for the purpose of sale, by a wealthy and influential Chinese of Canton. The drawings were subsequently copied, transferred to wooden blocks, by native artists, and published separately, at the expense of the father of Yeh Ming-Chin, the Governor of the Two Kwang.

The following is a translation of Yeh Suy-ung's preface, copied from the *China Mail*, a Hong-Kong newspaper:—

"A western writer, Hobson, has published a treatise on Physiology, with illustrations, in which the subject is thoroughly elucidated. He first gives a general description of the entire body, and afterwards treats of its various parts separately. The illustrative figures are 271 in number; they were lithographed at the Free Hospital at Kam-li-fau, in Canton. These I have arranged, after the originals, on eight scrolls, which may be hung side-by-side, and so be conveniently studied; and they will be very suitable for presents. To persons desirous of acquiring the healing art they will give a complete insight into the internal and external structure of the body, and the principles of its organization, and possess them of the means to obtain a true diagnosis of diseases. They are properly characterised in the following terms:—

"The myriad processes of life are here displayed, and the human frame is opened to view. The internal and external organs are distinguished and accurately delineated. From the form the nature is demonstrated; what appears anomalous is shown to be well-ordered. It is the first time that we have beheld such productions. Our science, indeed, cannot compete with that of the philanthropic author.

"By Yeh Suy-ung; from the Palace of the Governor-General of the Two Kwang Provinces, in this 8th autumnal month of the 3rd year of Hien-fung."

Dr. Hobson's unostentatious labours must earn for him an honourable mention in the history of the progress of China.

THE WEEK.

An amount of sameness pervaded the speeches delivered at the Students' Meeting, on Friday last, which it was very gratifying to observe. Seldom indeed have we known a movement carried on with a clearer perception of what was wanted, or a firmer determination to keep all extraneous matter out of sight, and attend to the one thing. This unanimity is at once an evidence of the correctness of the position taken, and an earnest of success. The matter, indeed, lies in a nut-shell, and the students are resolved to keep it so. They will, we doubt not, achieve their end, and in so doing will not only confer a great benefit on the Medical Profession and Her Majesty's naval service, but earn a lasting honour to themselves. The lengthened report, which our readers will find in another part of this Journal, renders it unnecessary for us to add more in the way of comment.

When those out of the profession talk much on medical affairs, they generally contrive to make many curious blunders. Mr. Stafford (see Parliamentary Intelligence) thinks that the civil doctors at Smyrna will complain if they have sent to them from Scutari more than their share of severe cases;

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while the military doctors will, he thinks, complain, if they have left under their care more than their proportion of bad cases. Now, had the hon. gentleman been a member of the Profession, as well as a member of Parliament, he would have known, that, if the doctors at Scutari and Smyrna quarrel about the distribution of patients, it will be because those who first receive them keep too large a number of the severe cases, and so leave only trifling cases for their brethren to treat. A Surgeon likes better to take off a limb than dress an ulcer; a Physician to treat severe pneumonia than trifling catarrh.

On Tuesday last a gentleman was black-balled at the Pathological Society. If the information supplied us be correct, the rejection arose entirely from carelessness on the part of the carrier of the ballot-box. Only eight balls appeared when the box was taken to the President, and this in a meeting of at least three times that number. The ayes and noes were equal. Several members have complained to us that the box had never been offered to them. A rejection of this kind is a very serious and disagreeable matter for the gentleman concerned. The Society's officers ought to be very careful that it never occurs by mistake. We would advise the rejected candidate in this instance (whom we will not name, but who is a very deserving young Surgeon) to get himself proposed again.

Should this meet the eye of any of the class known in the Schools as "Chronic Students," we beg to direct their attention to an advertisement, designed for their especial benefit, which has appeared several times in our columns. The Governors of the York County Hospital want a House-Surgeon. They pay him liberally, and use him well, but they exact from him, as a *sine qud non*, that he shall have seen thirty summers. Here is a chance for some gentleman whom a wholesome dread of Messrs. Stanley and Guthrie prevented from showing his face in Lincoln's-Inn-Fields until the patience of friends was exhausted and the stoppage of remittances threatened; and who ultimately, after half-a-dozen annual failures, was permitted, for pity's sake, to squeeze through. What object the wise men of York can have in view, other than simple benevolence towards the class alluded to, it is difficult to conceive; and we trust they will carry out the spirit of their regulation, and select from those who may offer the one who appears by nature the most unlikely to succeed elsewhere. To be serious, however, we may remind them, that their kind-heartedness ought to be regulated somewhat by a sense of the duties which they owe to themselves, to the Medical Profession, and to the public. Self-interest should suggest, that age is, of all standards, the most delusive by which to measure wisdom. The interests of the public and of the Profession are, in this matter, the same, and combine to demand of all Hospital Governors that they shall do their utmost towards making their Institutions further the advance of Medical Science. The post of House-Surgeon is one which is invaluable to a young man; but is thrown away upon most of those who, being at thirty still unsettled, are, in all probability, not worth their salt. It is from amongst those who in early life have held such appointments that the public obtains its best Medical talent; and few greater injuries could be inflicted upon its interests in our Profession than the general adoption of such rules as that referred to.

A very important application of the steam-jet force to purposes of ventilation, has just been made during the alterations of the large sewers passing under the new Houses of Parliament. The apparatus being placed at the river end of the sewer, and a valve-trap above the point to which the operations were to extend, the whole of the fœtid gases were drawn down and replaced by pure air. The experiment was completely successful, and the workmen were enabled, without risk, to enter the sewer. The operations involved six hundred yards of a sewer, which is foul beyond conception. Mr. Goldsworthy Gurney, under whose instruction the plan was adopted, states in his report shown to the Board of Works, that, as measured by delicate anemometers, 25,000 cubic feet of gas were drawn out in a minute. The current generated was sufficiently powerful to extinguish instantaneously the flame of an exposed candle. We believe that the machinery involves very little expense, and it will, no doubt, soon be made applicable to other purposes besides that of sewer-ventilation. A supply of pure air to the shafts and tunnels of mines, might, no doubt, be secured in the same way.

Mr. Fuller and his staff proceed directly to Eupatoria, there to undertake the management of a Turkish Hospital. Here we have another instance of a gentleman placed by the War Office in a half-independent, and very anomalous, position. Mr. Fuller has, we believe, been permitted to select, privately, his own men. He is quite unconnected with the Army Medical Department; but although destined to take charge of the sick of our Eastern Allies, he and his staff are to receive their salaries from the Home Government. Against Mr. Fuller himself, as against Dr. Meyer, in the case of the Smyrna Hospital, we believe there is nothing to be urged, but the appointments of both have been made under the old, and in some respects very objectionable, system of private patronage. Our readers will be interested in reading the letter from Dr. Barclay, which we publish this week.

HEALTH OF THE CITY.

THE cholera having disappeared from the Metropolis, Mr. Simon, the Medical Officer of Health for the City of London, presented to the Honourable the Commissioners of Sewers a Report, in which he reviewed the progress of the epidemic within the limits assigned to his supervision, compared the ravages of the last epidemic with the inroads of the preceding, and deduced from these data some important conclusions.

In the few months during which cholera was last epidemic, there died of that disease in the city of London 211 persons out of a population of 130,000; *i. e.*, 16 of every 10,000 inhabitants. In 1849, the population being nearly the same as in 1854, there died in the City of London 728 persons—*i. e.*, 56 of every 10,000 inhabitants.

Now, although London generally suffered less from the epidemic of 1854 than from that of 1849, still the difference in the rate of mortality for the whole of London is much less than for the City of London; for, in 1849 cholera carried off 60 per 10,000 of the inhabitants of London, and last year 45 per 10,000; so that, while for London generally the epidemic of 1854, measured by the proportion of deaths, was 25 per cent. lighter than that of 1849, for the City of London it was 71 per cent. lighter.

"In the former epidemic," says Mr. Simon, "we contributed to the Metropolitan mortality 1-20th of its total; we, on this occasion, contributed less than 1-50th. To what is to be attributed this comparatively low mortality? A question this of vital moment. Is it due to one of those inexplicable caprices, if we may so say, of epidemics? or, is it the effect of ascertainable causes?"

We know—know absolutely—that if there be in a town half-a-dozen localities notorious for dirt, ill drainage, and bad supply of water, if cholera become epidemic, it will first appear in one of these localities; and we know, further, that in these same localities the mortality will be greater than elsewhere.

One of the great objects of sanitary reformers is to remove these conditions so favourable to the origin and spread of cholera,—not only of cholera, however, but of all epidemic diseases.

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Has, then, we may ask, anything been done by the City authorities to improve the area committed to their charge in regard of cleanliness, drainage, and supply of water? And if a great deal has been accomplished with reference to these matters, then we can scarcely refuse to admit, that it is very probable that the comparatively low mortality of the City during the epidemic of 1854 was, in a great measure at least, the effect of their exertions.

Since 1849, Mr. Simon says, the City authorities have established a sanitary Government; they have paved and sewered the City, even through its courts and alleys, have established daily scavengering, abolished cesspools, put water within the reach of all, set on foot the periodical inspection of houses with a view to their better cleanliness, and done what they could against overcrowding.

Expecting an outbreak of cholera, Mr. Simon caused to be made, during the months that immediately preceded it, "a methodical inspection of the City," inspectors going "from house to house, and from room to room, with tabulated forms in their hands for the registration of every hurtful particular;" the inspectors visited and revisited at least 9,000 houses. Among other things, these inspectors examined into the trapping of sinks, the acting of valves, the dryness of cellars, the paving of yards, and the fixing of ball-cocks to the height of water pressure.

Of the 9,000 houses thus examined during 1854, 3,600 required and underwent legal order for the abatement of causes of disease.

In 1849, the valley of the Fleet and the slopes which bound it suffered desperately from cholera. Having regard to this fact, and to the low level and tidal drainage of the valley, Mr. Simon directed his attention especially to this district. He ordered "examination to be made as to the completeness of trapping, not only in the poorer houses of the district, but even in those first-class dwellings that stand along the main street, extending the inquiry to every kitchen, sink, and to every drain-stone in an area." Nearly 38,000 people dwell in the area so minutely inspected.

The following is the difference of the mortality in the three sub-districts included in the area during the epidemics of 1849 and 1854.

Cholera Mortality per 10,000 of the population.

	In 1849.	In 1854.
West London Union,—		
South Sub-district	118 ...	11
North Sub-district	70 ...	9
City of London Union,—		
South-West Sub-District ...	107 ...	17

Mr. Simon made a careful analysis of the 211 deaths from cholera that occurred in the City:—In 8 cases no sanitary investigation was made. In 20 cases the fatal infection took place out of the City. "In very few of the remaining 183 cases had the sanitary relations of the deceased been such as to escape censure."

It seems, then, to be very clearly proved, that it was to the care taken by the City authorities to place the area entrusted to their charge in an improved sanitary condition that the comparatively small mortality from cholera in that area during the year 1854 was due.

The Profession have great reason to congratulate themselves on the success which has attended Mr. Simon's exertions; for it has fully established the propriety of appointing a Health Officer in every town, and in every country district in the kingdom, and shown the benefit that must follow on those appointments, provided Medical men of high scientific acquirement are appointed to fill them. Medical men must, in the matter of public health, occupy the first position, and not have a place assigned to them subordinate to some political supporter of Government.

REVIEWS.

A Practical Treatise on Foreign Bodies in the Air-Passages. By S. D. Gross, M.D., Professor of Surgery in the University of Louisville. Pp. 468. Blanchard and Lea. Philadelphia. 1854.

The inconvenience and danger of the entrance of foreign bodies into the air-passages are well known to all practical Surgeons; and it is an equally well-established fact, that, unless these bodies are expelled by some fortunate accident, an operation is essential for their removal. But Dr. Gross has expanded these truths into a bulky volume, in which he has collected all the cases which have been published of this accident. The industry of Dr. Gross is unquestionable; and, as a record of statistical facts, upon a limited branch of practical Surgery, his book will be valued.

As an instance of the extensive field of research travelled over by Dr. Gross, we quote the following description of the different classes of bodies which enter accidentally into the human air-passages:—

"The first class (vegetables) comprises beans, of almost every description; grains of corn; melon-seeds; pumpkin-seeds; peas; cherry-stones; acorns; prune-stones; chestnuts; filberts; tamarind-stones; apple-seeds; orange-seeds; raisin-seeds; apricot-stones; persimmon-stones; almond-shells; beech-nuts; cotton-seeds; pills; bread; carrot; cabbage; ginger; mushrooms; walnut-shells; sweet and Irish potato; potato-skin; wood; bark; cedar; spikes of oat; nutmegs; sealing-wax; linen; beech-nut burs; ears of grass, rye, and barley; cockle-burs; gum elastic; butternut-shells; pipe-stems; wooden stopper of an inkstand; berry of the bladder-senna; pea-nut shells; charcoal; fiddle-peg; threads; locks of tow; leaves, and other substances."

The list of mineral substances is no less miscellaneous: as "buttons; button-moulds; pins; needles; shot; bullets; marbles; different kinds of coin, as a sixpence, half sovereign, and sous; pebbles; slate-pencils; glass; delft; carpet tacks; brass nails; horseshoe nails; glass beads; pipe-stems; dress-hooks; ring of a watch-chain; silver tube; screw nails; and porcelain teeth."—p. 34.

Dr. Gross treats, *seriatim*, of the mischievous effects caused in the air-passages by this formidable catalogue of foreign bodies; but his general conclusions may be placed within a very narrow compass. He advocates the employment of laryngotomy when there is positive certainty that the body is lodged in the larynx; and of tracheotomy in all other cases; the opening being of sufficient extent to admit easily of the removal of the offending substance. In these conclusions most surgeons will probably agree.

Influence de la Vaccine sur la Population, ou de la Gastro-entérite Varioleuse avant et depuis la Vaccine, etc. Par M. A. Bayard, Docteur en Médecine. 8vo, pp. 100. Masson. Paris. 1855.

It suffices to say that Dr. Bayard, in his preface, writes thus:—

"The ancients sacrificed children that did not promise a strong and happy existence. Small-pox appeared, to spare to the people the sad sacrifices, and you have disarmed it; you have cast it down from that formidable tripod, whence it wielded with intelligence the sword of justice."

Dr. Bayard is a violent opponent of vaccination. His strongest argument against it, however, is that it prevents a large number of sickly persons dying before they attain the age of manhood.

The Cyclopædia of Anatomy and Physiology. Edited by Robert B. Todd, M.D., F.R.S., Fellow of the Royal College of Physicians, Physician to the King's College Hospital, etc. etc. Part XLV. 8vo. Longman, Brown, Green, and Longmans. London. 1855.

This part of the Cyclopædia of Anatomy contains the conclusion of the article "Pelvis," by Mr. Wood; "Vegetable Ovum," by Dr. J. B. Sanderson; and the commencement of the article, "Organs of Respiration," by Dr. Thomas Williams. The very high character of the work is fully sustained by the part before us.

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An Expository Lexicon of the Terms, Ancient and Modern, in Medical and General Science: including a complete Medical and Medico-Legal Vocabulary, and presenting the correct Pronunciation, Derivation, Definition, and Application of the Names, Analogues, Synonymes, and Phrases (in English, Latin, Greek, French, and German,) connected with Medicine, and employed in Anatomy, Animal Pathology, Astronomy, Botany, Chemistry, etc. By R. G. Mayne, M.D., Surgeon to the Leeds Lock Hospital, etc. Part IV. 8vo. Churchill. London. 1855.

We are glad to see that another part of this very learned work has appeared. The present part consists of one hundred and fifty-one pages, and includes all words between "Hydrinus" and "Lithologia."

Those not yet familiar with Dr. Mayne's Lexicon will understand its scope from the following extract:—

"Insaccātio, *ōnis*, f. (*In*, in; *saccus*, a sac.) Anat., term for the covering or surrounding of the organs with membranes, as the womb, urinary bladder, etc.; insacca'tion. Fr. anat., *insaccation*, f. Germ. syn., *Einsackung*, f.

Internōdium, *ii*, n. } *Inter*, between; *nōdus*, a knot or joint.
Internodius, *ii*, m. } Anat. Applied to the phalanges of the hand; between the joints formed by their united extremities. See Sotcalides. Bot., the spaces between two knots or joints. Fr. anat., *entrenœud*, m. Germ. syn., *Zwischenknoten*, m."

Its completeness gives to this work a very high value. We recommend it strongly to the consideration of our readers.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

FORMULÆ FOR PROTOSULPHATE OF IRON IN ERYSIPELAS.

By M. DEBOUT.

M. Débout, in allusion to the local application of sulphate of iron in erysipelas, recommended by MM. Velpeau and Devergie, (see *Medical Times and Gazette* for March 10,) states that the following formulæ are of approved value:—

The Ointment.

Sulphate of iron	5	to 10 parts.
Water	12½	„ 25 „
Oil	12½	„ 25 „
Lard	70	„ 40 „
	100	100

The Solution.

Sulphate of iron	10	to 20	or 40 parts.
Water	120	„ 110	„ 90 „
Glycerine	70	„ 70	„ 70 „
	200	200	200

Bulletin de Thérap., 1855, Vol. 48, p. 117.

TREATMENT OF ENURESIS.

As it is often desirable to have at hand various formulæ for the treatment of this troublesome affection in children, we may mention that Dr. Blaschko, of Freyenwalde, recommends a mixture of equal parts of *tinct. nucis vomicæ* and *tinct. ferri acet.*, of which from 10 to 15 drops are given twice during each evening. Dr. Hüber, of Zurich, recommends *ext. nucis vom.*, 1 p., *oxyd. ferri nigr.*, 48 p., giving 2 grains night and morning. Nägele gives 1 grain of *tannin*, night and morning.

Gaz. des Hôp., 1855, No. 22.

CHLORATE OF POTASS IN MERCURIAL SALIVATION.

By MM. HERPIN and BLACHE.

Encouraged by the success of Hunt, and others, in the employment of the chlorate of potass in the treatment of gangrenous affections of the mouth, M. Herpin has repeatedly employed it with the best effect in mercurial salivation, giving it in the dose of ʒss. to ʒi. per diem—the cure, when the case is taken early, being completed by the fourth day. He has long been accustomed to the employment of this substance, as recommended by Odier, in jaundice, whether simple or complicated, with engorgement of the liver. Odier carried the daily dose as high as 150 grains.

M. Blache also furnishes us with the results of his experience with this substance at the *Hôpital des Enfans*. He found that, while cases of *ulcero-membranous stomatitis*, treated by the fuming chlorhydric acid, or the chloride of lime, required a mean duration of treatment of twenty days, those treated by the chlorate of potass were quite cured in five or six days. In *mercurial stomatitis* he has also found it highly serviceable. He gives from 30 to 60 grains, in a gummy julep, in the twenty-four hours—a small dose, indeed, compared to the 300 or 450 grains prescribed by M. Socquet, of Lyon, in acute rheumatism.—*Bulletin de Thérap.*, Tome xlviii., pp. 26 and 120.

TREATMENT OF INTERMITTENT FEVER.

M. Bretonneau (*Archives Générales, Feb.*, p. 201) believes that much mischief has resulted from substituting the present mode of administering quinine, for that of the classic authors upon the subject. He considers that divided doses, although in the aggregate amounting to a considerable quantity, do not produce the same effect as even a less quantity given all at once. They so accustom the system to the presence of the drug, that much larger quantities are required to be taken before the fever can be cured, or its return prevented. A single proper dose, (15 grains of quinine, or from 12 to 15 times that quantity of good bark,) and repeated, if necessary, two successive days, will suppress a simple intermittent for a week. The quinine should be made into pills, and taken in broth, at the decline of the fever; or, best, when it has just passed its maximum of intensity. The next dose given after that which has cured the fever, with the intention of preventing a return, should be administered at an interval of six days. The following intervals should be then observed, viz., 7, 8, 9, 10, 11, 12, 14, 16, 20, 24, and 30 days—occupying altogether about five months. Substantial diet powerfully aids the preventive treatment. M. Bretonneau states, that his experience at Tours demonstrates the utter inefficiency of all indigenous bitters proposed as substitutes for cinchona.

Various other observers in France do not seem, however, to despair of discovering a *succedaneum*, and among the latest of those proposed are *parsley seeds*, or the active principle they contain, termed by MM. Joret and Homolle *Apiol* (*L'Union Médicale*, 1855, No. 20.) They observe that the desirableness of discovering some cheaper substitute for quinine becomes daily more evident. The Minister of War requires annually for the use of the military service in Algeria alone, 400 kilogrammes of this substance, which, at from 400 to 450 francs per kilo, amounts to no mean sum: while, owing to the substitution of inferior varieties of cinchona, the most variable products find their way into the market.

M. Joret remarks, that in our trials of succedanea for important drugs, we usually pursue an injudicious course, employing them only in the most severe cases, and condemning them if they fail in these, although in less severe ones they might prove efficacious. Our object should be to discover the amount of therapeutic value a given substance possesses, without reference to any other substances. In this way we may find a substitute for quinine, which, although not capable of coping with the pernicious fevers of hot climates, may yet prove efficacious in curing the ordinary intermittent of mild ones, our object not being so much to find the means of replacing quinine on all occasions as to discover some organic product which, by supplying its place in certain cases, may diminish its consumption.

M. Joret discovered the febrifuge power of parsley seed (*Apium petroselinum*) accidentally in 1847, when he administered a decoction of this substance with excellent effect in a quotidian fever. Subsequent experience in about 100 cases showed that this success was not fortuitous. The decoction is made by boiling for a short time 25 to 30 drachms of the seeds in a quart of water, and, as it does not keep well, it should be made as wanted. More recently, MM. Joret and Homolle have separated the active principle from the seeds and termed it *Apiol*. It is in the form of a yellow, oleaginous fluid, having a special odour and acrid taste, and may be administered in doses of five or six drops in tisane. Owing, however, to its acrid taste, it is best given in capsules, each capsule containing 25 centigrammes. The following syrup is readily taken by children:—Apiol 5, and white sugar 1000 parts. Rub them well together and dissolve at a gentle heat

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in 500 of water. In quotidian ague, four capsules are given five or six hours prior to the paroxysm, and in tertian the same dose is given on the apyretic day. In quartan, double the dose is given two days in succession. Generally, the first dose in quotidian and tertian, and the second dose in quartan, suffice to cut the fever short, after which the remedy must be given in doses diminished daily. The mean quantity of apiol required has been from 1½ to 3½ grammes, according to the type of the fever. The total number of cases in which the apiol has been hitherto tried in France, Martinique, Rome, Ajaccio, and Perpignan, amounts to 116, and of this number 66 were cured, the proportion of cases being 86 per cent. of the cases treated in France, and 50 per cent. of those treated in the other above-named places.

As far as the author's researches have extended, the action of *apiol* in *intermittent neuralgia* is no less powerful than that of quinine; and small doses have been found very useful in the *sweating of phthisis*. During its employment as a febrifuge, it was found possessed of very remarkable powers as an emmenagogue, recalling the discharge when long stopped, or regulating the function in dysmenorrhœa from irregularity, paucity, or difficulty of the flux. The minimum dose of 20 to 30 centigrammes per diem, should be given for a week prior to the menstrual period.

Dr. Cullen (American Journal of Med. Soc. vol. 29, p. 81.) furnishes an account of the great success that has attended the administration of sulphate of quinidia (quinidine) in 180 cases of intermittent fever, several of long standing, treated at the Philadelphia Hospital. He observes, that owing to the similarity of names the quinoidine of Serturner, the amorphous quinia of Liebig, has been confounded with the quinidine here indicated. It abounds in the cheaper cinchonas, especially the Bogota, whence it is extensively prepared in Massachusetts. When time permitted, its use was preceded by a purgative, and then it was usually given in 3-gr. doses every hour for 5 hours prior to the expected recurrence, repeating it next day if it failed to prevent the return. In cases of long standing 20 grains were given the first day. The day after the arrest a wine-glass full of the following infusion was prescribed three times a day, in order to keep up the anti-periodic influence:—

℞ Serpentar. Cinchon., Gentian. āā ʒiv., Ferri Citr. ʒfs, Aquæ Oj.

Of the 180 cases, 111 were quotidian, 35 tertian, and 31 tertian and quartan in different, parts of their course, and 3 double quotidian. They occurred chiefly amongst Irish and German labourers, of bad habits, much exposed to the weather, and not giving up till the last. In 129 cases, 15 grains of the salt sufficed, the infusion being then given, and 10 grains of quinine being added to it every 7th, 14th, and 21st, day if the patient was still in the hospital. Dr. Cullen declares the quinidine is quite as efficient as the sulphate of quinine, while it is only a third of its cost.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

EDINBURGH, March 19, 1855.

I SHALL in this Letter give you a hasty summary of those events which have principally interested us in Edinburgh since my last communication.

DRESSERS FOR THE NAVY.

Professor Balfour, as acting for Sir George Ballingall, having promulgated the wish of the Admiralty to secure advanced Medical Students as "dressers" for the Baltic fleet, and the advantages offered being considerable, there was at first a strong desire manifested on the part of the Students to accept the proposals. Suspicion, however, began to be awakened that this was an attempt on the part of the Admiralty to supersede the Assistant-Surgeons; and this view, whether right or wrong, having gained considerable credence, a meeting of the Students was held, which ended in a series of resolutions, requesting all the Students to sacrifice their private interests to the general good of the Profession, and to refuse to go.

I believe these resolutions will be very generally acted on, though, of course, there will be some exceptions.

EDINBURGH JOURNALISM.

The violent and abusive attacks which Professor Bennett has for some time been indulging in, reached their culminating point in the March number of the *Monthly Journal*. He there seems to admit that the sole object which actuated him in dragging the private affairs of the College before the public, and maligning the most respectable members of the Profession, was, that he was not considered fit, by the College, to hold any office.

We think the course he has since pursued shows the wisdom of the College; for, surely, temper and discretion are qualities largely needed in the office-bearers of any public body.

As a natural course of the policy which he has pursued, he has so far alienated from him both the contributors and readers of the Journal, that it has already passed into other hands, although we believe he has reserved the right to edit the April number.

The same parties who have purchased the *Monthly Journal*, have also become the proprietors of the *Quarterly*, which goes over with all its staff; so that there is every prospect of our possessing here a scientific journal, which shall not degenerate into a party organ.

UNIVERSITY REFORM BILL.

The Bill for Medical Reform, which I have several times alluded to under this title, turns out not to be the bantling of the University after all, but the production of three Professors, who, like the Tooley Street tailors, seem not unwilling to be dubbed, "We, the Senatus Academicus." It has, however, been disowned by several of the body, and turns out to have had its germs supplied by Professors Christison, Syme, and Simpson, and to have been licked into shape by two London solicitors.

While submitted to the Home Office, and some other public bodies, it was carefully concealed from the two Royal Colleges here. The College of Surgeons, however, applied to the Home Office for a copy, and have exposed its misbegotten proportions, in a document which is to be discussed to-morrow. I believe the College of Physicians have not even taken the trouble to apply for a copy of the Bill.

GENERAL CORRESPONDENCE.

ABUSES AT ST. BARTHOLOMEW'S HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—To lay open the abuses of a great school before the public eye, is neither a grateful nor a friendly task; when there seems no other remedy, however, it becomes a necessity. With deep regret, therefore, I state that the dresserships at St. Bartholomew's are still open to purchasers, and to purchasers only; the fact stands for itself, and needs no comment. A people justly disgusted with the wretched jobbery in our army, may, perhaps, be able to sympathise with a similar case in the first of our London Hospitals.

It is time that something be done. A petition from the Students to the Governors would be a legitimate course. There are many who would gladly join a movement like this, were it originated and supported by others; but there are few who would do so alone. It is for second and third years' men to superintend the matter, if any can be found to do so.

If the management of St. Bartholomew's devolved upon one man, and if that man had a single spark of shame, he would, I think, be anything but gratified at the present state of things, especially at the present exposure of the abuse of the dresserships. If a man of energy, he would either refute the objections, or reform the evil.

Unfortunately the Governors of St. Bartholomew's Hospital are a body of men, and, as usual, the blame and shame of the evil fall upon this body without affecting the members individually.

Appealing, therefore, as I do, to the public spirit of my fellow-students on the one hand, I would, on the other hand, earnestly and respectfully invoke the attention of those Governors who may chance to take an interest in the matter. Often they have proved most liberal, and most attentive to the welfare of the school, and I trust and believe that this good feeling is as potent to destroy an evil as to confer a benefit.

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Thanking you for the kind assistance you have given us in your pages, but regretting most strongly the necessity of that assistance, I am, etc. A First Year's Student.

St. Bartholomew's Hospital, March 10th, 1855.

DEATH REGISTERS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I read Mr. T. E. Aymott's letter in the Medical Times of March 3rd, and can only say, that in my district, when a death certificate is required, I am almost compelled to force the people to come for a certificate of cause of death; they invariably get buried without any certificates, as the accompanying ones, which you will receive, will convince you. I could say a good deal more, and will by-and-by.

I am, etc.

Guisboro', Yorkshire. G. Selwyn Morris.

[Mr. Morris encloses us four death certificates, the subjects of which have died during the last six months and been buried uncertified. The neglect of course lies with the Registrar, against whom a complaint ought to be immediately made.—Ed.]

THE SMYRNA HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

Sir,—As there are so many rumours and conflicting statements afloat regarding the Civil Hospital at Smyrna, perhaps you may be disposed to allow one who has been intimately connected with its history and progress, to give the Medical Profession, through your pages, a few details on this interesting subject.

I have hitherto been withheld, by a feeling that I should be supposed to be needlessly obtruding personal matters on the notice of your readers; and while no one has any right to do so without your permission, most will agree that the necessity for it can seldom arise. In the present instance, I will crave your indulgence, if I am obliged to transgress in this particular, and promise that your patience shall not be unduly taxed.

The gentlemen who have exerted themselves in endeavouring to obtain the assistance for our suffering fellow-countrymen in the East, of an efficient staff of Physicians and Surgeons, believed that there was enough of zeal for their Profession, and of generous feeling among our ranks, to secure the services of men who were something more than needy adventurers, and something more than Students who had just passed through their curriculum of study; provided that Government would, on their part, give them such a position as they could hold with credit, and such remuneration as they might fairly demand on going to such a distance, or running such a risk of loss of health, or life itself, and of all that makes life valuable—loss of position and practice here at home. To different individuals, these considerations must have more or less weight, according to the peculiar and private circumstances of each, and on the whole, with one exception, I must do the Government the justice to say, that the proposed terms were fair and reasonable, and that they had a right to expect fully competent persons to be found to occupy these posts. The gentlemen were to be entirely independent of the Army Medical Department, were to be solely amenable to the War Office at home, and were to have almost unlimited powers for carrying out the objects of the Expedition in the very best manner. But here came the first, the last, the only difficulty! Who should exercise this unlimited jurisdiction? Evidently it ought to be a man of good reputation, of good standing, and of good common sense, and one accustomed to the routine of Hospital management. Such a man cannot be made in a day; he is not to be found among the juniors; he must have toiled long and hard, and he must be reaping the fruits of his industry in professional income: and unfortunately, so uncertain are the rewards of merit in the Medical profession, that a year's absence would be to such a man equivalent to professional death,—annihilation: his practice would be dissipated ere he returned, and surely he had a right to ask for an equivalent, in the shape of a pension, when his services in the East should be no longer required.

This reasonable demand was utterly rejected, and no alternative remained but that of abandoning the scheme to any one who might chance to take it up, who might bring discredit on the Civil Hospital, and cause infinite damage to the sick and wounded, and to the status of the Medical Profession in the eyes of the world, or of soliciting the aid of one who was retiring from the more active pursuit of his Profession, and was willing and able to make this the plea for an earlier retreat to the quietude of private life.

However some may sneer at the infirmities of age, unquestionably the position of Sir John Forbes was one which entitled him to the respect of all who might be disposed to serve under him, and, as a man of honour and a gentleman, they could not hesitate to place themselves under his command. Nor is it the less creditable to his right feeling and high principle, that, so soon as he thought he had discovered that the task confided to him was beyond his strength, he placed his resignation in the hands of the Government.

Meanwhile, a staff had been collected, who were fully equal to the duties they had undertaken, and who might, under a proper head, have been the nucleus of all the Civil Hospitals which it may be found needful to establish in the East. But, alas! for those considerations which are said to serve as pavement-stones in a nether world, the good intentions of Government were in a moment overturned, and a little private interest was sufficient to obtain, as a piece of patronage, this Appointment for the late Superintendent of a Government Lunatic Asylum in Australia! Personally, from the little I have seen of Dr. Meyers, I believe him competent to discharge the duties of his new situation creditably, and it was my conviction that, if the then existing Staff could keep together, they must succeed in their undertaking, with almost any one at their head; but I believe that few, perhaps none of them, would have taken office, if it had been announced from the first who that head should be: nor do I believe, that any of those who had taken an active share in setting it a-going, would have done so, if they had known that that head was to be one, of whose qualifications the Profession at large, as well as themselves, were in utter ignorance. Had all resigned, the patients at Smyrna must have been the sufferers. Some could not resign, because they were already on their way. One was fixed, by his wife having undertaken the duties of Matron; and, on the whole, it seemed best that all should hold their appointments, if only a protest was made by the resignation of one who held professionally, not practically, the highest position in the Staff, against the choice which had elevated to so high a position a man who had no claim to it beyond that of private interest and Government employment. It was not without regret that, after having taken an active part in the details of the preliminary arrangements, I found myself compelled, out of respect to the Profession at large, to the College of Physicians, of which I have the honour to be a Fellow of some years' standing, and to my own position, however reluctantly, yet firmly, to resist all solicitations to continue in a position now so altered.

Government have found, too late, that they must yet do what ought to have been done at first. They must yet find a competent man, and give him fair remuneration. And so the poor Hospital at Smyrna will have to be superseded, and an independent scheme must be contrived!

Yet I trust that their friends in England will not forget those who have gone out the first; those who have been willing to place themselves foremost in the breach; who have ventured, under all disadvantages, to commence this arduous undertaking; and who have gone, especially the Assistants, in a position which they would not have accepted for its own sake, but were willing to hold until increased accommodation led to an increase of the Staff; and so, in all probability, to an improvement in their standing. I am, etc.

Bruton-street, March 12, 1855. A. Whyte Barclay.

[We have been informed, on what we deem the best authority, that the Matron of the Smyrna Hospital is not the wife of one of the surgeons.—Ed.]

LIFE IN THE BALTIC.

[To the Editor of the Medical Times and Gazette.]

Sir,—Considerable excitement being evinced in the junior medical world at the present time with regard to Naval Assistant-Surgeons, allow me, as one of that body, to offer a few remarks, in order to enlighten my professional brethren on the subject of the Naval Service.

I was rejoiced to hear of the stand which the Medical

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Students of the Metropolitan Hospitals had made to oblige the Lords of the Admiralty to offer them more advantageous terms before entering the service.

I entered the Navy, hoping to see some practice in the war, and was in the Baltic last year; but the practice I saw was dressing ulcers and dispensing medicines, in which a difference was made nearly every day. I had to see every dose of medicine administered, mess in the gun-room or midshipman's berth, with a lot of youngsters who kick up such a row that I would defy anybody to read even a novel; have to sleep in a hammock (of which, however, I have no reason to grumble, for they are very comfortable things; more so than swinging cots, which are in the cabins); but this is not all: I have to wash in the cockpit, where, without great indecency, one cannot enjoy a comfortable sponging; for men are passing and repassing every minute.

Upon entering the Navy, one of the conditions is to subscribe to the Naval Medical Supplemental Fund for the widows of Medical Officers; this is all very well if a man is married, but, upon entering the service, he is obliged to be *unmarried;* this tax is a week's pay at first, and £2 12s. per annum (or 1s. per week) afterwards. Then come income-tax, servants' wages, mess-money, and many other items, which diminish the amount in pocket to an uncommonly small sum—and a good outfit will not cost less than £80.

An order has just come down to allow Assistant-Surgeons 1s. per diem extra. This is not what we require;—it is not merely money; we are not mercenary—but comfort; and I may say rank and quietude, which can only be obtained in the ward-room.

Let the young Surgeons only still resist the narrowness and selfishness of a few individuals, and not enter the Navy until wardroom and cabin, or at least the former, is allowed, and the *generous* Lords of the Admiralty will be obliged to yield; and, although there are not nearly sufficient Assistant-Surgeons in the Navy, *these* will perform the arduous duties until they do yield, with pleasure, for the honour of the Profession, which they have given their words to maintain.

In conclusion, I would advise nobody to enter the service for the sake of *practice;* for, if they do, they will be disappointed.

With regard to Dressers, I refrain from comment.

I am, etc.

AN ASSISTANT-SURGEON, R.N.

P.S.—I enclose my card, but beg you will not reveal my name.

POOR-LAW SALARIES.

[To the Editor of the Medical Times and Gazette.]

SIR,—Under your "Notice to Correspondents" of this week's Journal, is a letter from a "Norfolk Union Surgeon," on the subject of the remuneration of Union Medical Officers. I think the plan he proposes should only be a *last resource*, and am of opinion that our object would be more readily accomplished by a direct appeal to those hard-hearted individuals the Poor-Law Commissioners. Some time ago, I had occasion to see one of the Assistant-Commissioners on the very subject of "salary;" he most courteously entered into the question, and freely expressed his opinion, that "*very few, if any, of the Medical Officers under the Poor-Law Board were properly remunerated.*" Now the power of altering this state of affairs rests with the *Commissioners* and not with the Guardians—the latter have not power, and certainly not will, to alter, only to *recommend* the alteration to the Commissioners—while the former have the power to raise, at discretion, the salary of *any officer*. A *strike* would render the future tenure of office in most cases *very unpleasant*, even if the salary were raised; whilst, if the object could be effected by combined effort directed in a conciliatory spirit towards the Poor-Law Board, no such collision and unpleasantness would arise; and I am fully persuaded that if the subject were brought formally before the Board, and at the same time a "*call*" made in the House of Commons for a Return of the "relative amount of services, and remuneration of Medical Officers in the various parishes and unions connected with the Poor-Law Board," that we should stand some chance of getting our services more adequately remunerated. I am, etc.,

March 19, 1855. AN UNION MEDICAL OFFICER.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

ANNUAL GENERAL MEETING.

SATURDAY, MARCH 3rd, 1855.

E. HEADLAND, Esq., President, in the chair.

THE members having deposited their balloting papers for the election of officers for the ensuing year,

The Treasurer read his annual report, which showed an income (including a balance in hand last year of £209 10s. 0¾d.) of £543 17s. 0¾d.; and an expenditure of £428 7s. 7½d., leaving present balance of £115 9s. 5¼d.

The report was received and adopted; as was also the librarian's report, which announced, in addition to the periodicals regularly taken in, the presentation of one hundred and thirty-five books and pamphlets to the society.

Mr. J. Baker Brown mentioned that about two years ago he had read in the *Medical Times*, of a method of treating *nævi* by applying tartarized antimony in ointment; and he had since tried the plan in eight or nine cases, all of which, with one exception, had been cured. He had used a drachm of tartarized antimony in an ounce of spermaceti ointment—a little to be rubbed in every night till pustules were thrown out on the nævus, all of which gradually disappeared. The remedy, he thought, acted in the same way as inoculation by vaccination. The last case which he tried was that of a large nævus at the top of the head, about the size of a small walnut. The child's mother rubbed in, he believed, too much ointment; and on his (Mr. Brown's) seeing the child, a tumour had formed on the scalp under the nævus, on puncturing which a large quantity of purulent sanguineous matter escaped. Leeches were ordered, but on the following day, the scalp had ulcerated away down to the periosteum. He had never seen such an accident before; and he mentioned it as a practical caution, and as suggestive of the question, whether the scalp was a proper place to which to apply such a method of treatment. He thought the tartarized antimony better, in some respects, than nitric acid and other escharotics; and it had the advantage of being less formidable to the parents.

Mr. Harding thought the application of all escharotics objectionable. Unless the skin was destroyed, producing a great disfigurement; he did not see how they could effect a cure any more than vaccination. The great object was to cause ulceration at the roots of the vessels, which could be done without tying, by passing a needle with silk backwards and forwards several times, and allowing the silk to remain; and in this way a cure might be effected with little or no disfigurement.

Mr. Weedon Cooke mentioned a case which had been ineffectually treated by needles heated by electricity; nitric acid was not used on account of the disfigurement which would have been produced; and if he saw the case again, he said he should certainly recommend the treatment mentioned by Mr. Brown.

The President said that the tartarized antimony should be used with caution, as the marks produced by it were very similar to those of small-pox.

Mr. Dendy said he had completely cured a nævus on the lower jaw, by first using escharotics to destroy the cutaneous part, and then applying strong liquor plumbi.

Dr. Richardson laid before the Society the heart of a child, exhibiting, as he believed, fibrinous deposits, distributed through the circulation.

Mr. V. De Méric then read a paper on infantine syphilis.

Mr. Weedon Cooke asked the author if he believed that a person who had had secondary symptoms could contract primary symptoms.

Mr. De Méric had no doubt that he could; and in such cases the primary symptoms were often very severe.

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Mr. Hunt said there was no evidence to show that the virulence of the symptoms in the case mentioned by the author had subsided as the mere effect of time. The husband might have gone through a course of mercury, and he suspected that such had been the case. He believed the disease would rather get worse than better if left to itself. He had seen cases in which women had borne diseased children, and themselves escaped infection. The liability of the mother to be infected probably depended upon the strength of her constitution. If there was any error in the author's treatment it was in giving small doses of mercury for three months after the disease had been partly subdued by large doses. He had seen no good arise from a longer course than a month. Smaller doses after large ones had no specific influence over the disease, but wasted the strength of the patient. Two or three energetic courses continued for a short time were preferable to a lengthened course, however mild. He had seen cases in which secondary syphilis, the result of the contamination of the father, had appeared at various ages after birth, from one day to forty years.

Dr. Webster had frequently seen cases such as those described by the author. Syphilis was a much more common disease than was generally imagined. Nearly half the deaths from syphilis occurred in children under one year old; and a large number died of the same disease in utero. He (Dr. Webster) concurred in the author's mode of treatment; but he should also have given mercury to the mother.

Dr. Rogers believed that secondary syphilis weakened with time, and almost, if not entirely, died out at the expiration of twelve or fourteen years. He had seen cases in which seven or eight children, of the same parents, had died successively of syphilis, of a paternal origin, and had been followed by a healthy and living child; the disease in the father having, he believed, worn itself out.

Dr. Willshire bore testimony to the author's mode of treatment. In most cases, the internal use of mercury would suffice; where it did not, it should be combined with external application. Care should be taken with the flannel bandages, as they were liable, when wrapped round the joint, especially the knee-joint, to remove the skin in two or three days. It was difficult to arrive at accurate statistics respecting syphilis, without first determining what was to be regarded as its open manifestations. On the Continent, pemphigus was usually regarded as one of the most general open manifestations; but he (Dr. Willshire) thought it one of the rarest. He believed that if a child laboured under congenital syphilis, it would, in ninety-nine cases out of a hundred, evince an open manifestation within the second or third month.

Mr. Dendy said, if certain hypotheses, which had been advanced, were correct, they would do away with all nosology, and a question would arise as to whether there was any other disease than syphilis raging through the land. Eruptions, commonly traced to syphilis, might have other causes; thus, what was called syphilitic pemphigus was often the sequela of a cachectic condition, which might be scrofulous, strumous, or scorbutic; and in such a case, mercury, given uncombined, might do harm. He saw no harm in giving a large dose of mercury to a child. The great art in treating syphilis, was to know where to stop, so as to prevent mercurialization. Tonics should often be combined with mercury to alter the condition of the blood.

Mr. W. Cooke said he formerly tried constitutional remedies, such as iron and vegetable tonics, and much, he feared, to the disadvantage of the patients. He had since used Sir Benjamin Brodie's plan with success. The endemic treatment, however, was not the only mode; by the use of hydrargyrum cum cretâ, combined with opium—several courses, if necessary—he had always found patients recover. He believed there was a tendency in syphilis to wear itself out in a series of years without the use of remedies. He thought there was but little difficulty in determining the symptoms of syphilis. The presence of snuffles, and eruptions on the skin, was generally conclusive. Syphilis, he believed, had nothing to do with scrofula.

The President said there was no evidence to show that syphilis could be communicated concurrently with the introduction of vaccine lymph.

The author then replied, and the Society adjourned.

SATURDAY, MARCH 10, 1855.

Dr. SNOW, President, in the Chair.

VOTES of thanks were unanimously accorded to the late President, Vice-Presidents, and other Officers of the Society, and to Mr. J. F. Clarke for his oration.

Dr. Snow delivered a brief address on taking the presidential chair.

Mr. Hunt read a paper on epidemic carbuncles and boils. He traced the history of the epidemic, from its commencement in 1847-8 to the present time, observing, that it had apparently commenced simultaneously in the four quarters of the globe, probably originating in some ubiquitous and universal cause. The epidemic was not often fatal, but the deaths from it had increased in London from 5 or 6 in a year to 50, 70, and (in 1854), to 91. Since the recent cold weather, however, the number of cases had diminished. In regard to treatment, he had tried almost every plan,—plastering, fomenting, lancing, cauterizing, and leaving the disease to nature; and his cases had all done well. If carbuncles were lanced, the incision should not be deep. For whitlows, poultices were rather hurtful than beneficial. Constitutional tonic treatment was more important than surgical appliances. The disease was not contagious, and, considering how extensively it had spread, the circumstance demolished the theory that cholera must be communicable, otherwise it could not follow the tide of human intercourse. Mr. Hunt, in conclusion, ascribed the disease to an asthenic condition of the public health; believing it, as he did, to be, not so much an epidemic as a sign of a general deterioration in the sanitary condition of the civilized portion of mankind.

Mr. J. B. Brown believed that the best way to treat a carbuncle was to freely open it. He had himself suffered from one in the back of the neck, and applied potassa fusa, which occasioned him great inconvenience, and did not soon relieve him. The carbuncle of the present epidemic differed from the older form in being more superficial. In the case of a whitlow he cauterized around the surface, and then covered it completely, so as to exclude the air and allow absorption to take place. He recommended tonic treatment, bark or steel, and large quantities of port wine, from which he had himself derived great benefit.

Mr. Henry Lee had observed that Medical men were very apt to recommend free incisions, except in their own persons. He had noticed in the present epidemic two kinds of boils—those consisting almost entirely of lymph, the opening of which he thought would be attended with no benefit, but would rather aggravate the inflammation; and those formed of fluid, which ought to be opened, so as to prevent the fluid from permeating the surrounding cellular tissue, and extending the disease; this would also apply to cases where only serum was formed.

Dr. Druitt, after alluding to the anatomical structure of the carbuncle, referred to the opinions and prescriptions of old Medical authors, with a view to show that there had been, of late years, a change in the type of the disease, rather than in the system of medicine. He also mentioned a case in which he had opened a carbuncle containing solid matter, to the great relief of the patient.

Dr. Webster mentioned that, in the years 1842-3-4, only 16 persons died in the metropolis of carbuncle; while, during the last three years, 211 persons had died of the same disease. Other eruptive diseases had also increased in the same period. During the last two months, however, only 10 persons had died from carbuncle. He thought the disease was somewhat connected with a prevailing debility of constitution, and was also, in part, due to eating bad food, the epidemic having greatly prevailed since the potato blight, and the vine disease. Tonic treatment was, no doubt, the best, preceded by aperients. He believed that the type of disease had of late years changed; inflammatory diseases had diminished; but he thought the recent severe cold had, to some extent, counteracted the previously existing tendency to debility.

Dr. Crisp maintained that there was no foundation for concluding that the human constitution had degenerated, and contended that the disuse of the lancet among Medical men was a great practical error. He mentioned two cases of bronchitis, in which the patients (one of whom was 85 years old) had been greatly relieved by bleeding. The great secret in

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bleeding was, to bleed early. If patients recovered without bleeding, it was often with damaged organs.

Dr. Hare had observed that children were less likely to be affected by boils than others, the most severe cases occurring in old persons. Anything irritating the skin might lead to boils; hence he had, in some cases, abstained from applying blisters, for fear of such a result. The disease was not confined to the lower classes; it often attacked those engaged in post-mortem examinations, and persons employed in the dissecting room. Dr. Prout said, he had constantly observed sugar in the urine of patients suffering from carbuncles; but that was not in accordance with his (Dr. Hare's) experience.

Dr. Richardson mentioned a case in which the disease was transmitted from the mother to the fœtus. The supposed deterioration of the species he believed to be a fallacy; it had been successfully shown that disease was considerably less, and that mortality was greatly reduced during the progress of civilization. The only disease, perhaps, that had increased was syphilis, but that was not now so violent as formerly.

Mr. Weedon Cooke mentioned a case in which he had successfully applied caustic to a carbuncle at the back of the neck. The carbuncle, he thought, was an aristocratic disease; the boil being chiefly confined to the poor.

Mr. Milton believed that the boils and carbuncles of the present epidemic were not so painful as the older forms. He thought yeast was a valuable remedy, though it sometimes disturbed the digestion of the patient.

The author then replied, and the Society adjourned.

NORTH LONDON MEDICAL SOCIETY.

FEBRUARY 14, 1855.

Mr. Filliter read the particulars of a case of

PROLAPSUS OF THE LOWER END OF THE ILIUM, FOLLOWING TUBERCULAR ULCERATION OF THE SMALL INTESTINE AND ILIO-CŒCAL VALVE.

By W. FILLITER, Esq.

Catherine B., aged 4 years, one of a family of six children, (of whom two show signs of a scrofulous diathesis), was before the attack apparently in robust health, excepting the occasional presence of worms in the motions, and a slight tendency to diarrhœa.

On the morning of January 31st, 1855, ten days before death, the patient was seized suddenly with vomiting, and twice during the day she passed small jelly-like motions, mixed with blood. The following day the belly became painful, and began to swell; the vomiting increased in urgency, and no evacuation followed the use of purgatives and enemata.

On February 7th, the child was admitted into the Marylebone Infirmary. She was very restless, continually asking for drink, with an anxious expression of face, and a moderately full but rapid pulse; the belly was swollen, but not tense,—tympanitic and tender only on strong pressure; the skin was hot, the tongue slightly furred and moist. A purgative dose of calomel was given, and repeated the following morning. A castor-oil injection was ordered; but before evening the bowels began to act, the vomiting ceased, and the child became quieter.

On the 9th, several small liquid motions, not containing blood, were passed. In the evening she became much lower, and died early on the morning of the 10th.

Post-mortem examination, made two days after death.—On opening the abdomen, the intestines were found distended, and their exposed surfaces slightly reddened. No lymph was found in the abdominal cavity. On removing the intestines, and opening the cœcum, which formed a large and somewhat resistant mass, it was found that a coil of the ilium, 6½ inches in length, was lying curled upon itself within it; this had descended through the ulcerated diacœcal valve, and, being invaginated, not less than 13 inches of the lower end of the ilium were contained in the cœcum. The uniform dark-red colour and swollen condition of the prolapsed intestine, together with the distended state of the bowels above, were such as to indicate complete strangulation; but the escape of a small quantity of fluid fœces from the distal extremity of the coil, and the diarrhœa which set in two days before death, showed that the canal had become in some degree pervious. The mucous membrane of the small intestine was the seat of numerous ulcers; they were most numerous in the ilium, in some instances corresponding with Peyer's patches, in others extending transversely round the intestine, and destroying the valvulæ conniventes. The prolapsed portion also exhibited several ulcers. The mesenteric glands were much enlarged. At the posterior and upper part of the lower lobe of the left lung were two deposits of yellow tubercle, about the size of a pea. The other organs of the body were healthy.

Dr. Ballard then delivered the annual oration, the subject chosen being, "The advance made in our knowledge of remedies, and their application to the cure of disease, during the past year."

The orator commenced by announcing that he had selected as his subject, "The advance made in our knowledge of remedies, and of their application to the cure of disease, during the past year," in accordance with the rule of the Society, which confined his remarks to the progress of practical medicine. The first portion of the address was occupied by a *résumé* of some of the more important and interesting observations which had recently been made, with respect to the *modus operandi*, and therapeutical employment, of a variety of remedial agents. The investigations of Dr. Parkes, in reference to the action of liquor potassæ on the healthy subject, as well as in Rheumatism and some chronic diseases, were first brought under notice, together with the interesting action of this medicine in promoting the destructive metamorphisis and oxidation of the blood and tissues. The stimulus which the observations of Dr. Stenhouse and Mr. Ormerod have given to the more general employment of wood-charcoal as a disinfectant, was next noticed, together with the recent recommendation by the latter gentleman, of this agent, as a means, not only of removing deleterious gases, but of hastening the decomposition of mortified tissues. He then passed on to direct attention to the remarks of M. Ancelon on the anæsthetic aptitude of poisons for the influence of chloroform, which that author believes to vary in great measure with the amount of fasting they have previously undergone, and the activity of absorption in different individuals. The *modus operandi* of saline purgatives, as resulting from the experiments of Aubert and Buckheim, was dwelt upon briefly, and also that of squill and its preparations, as established by the experiments and clinical observations of M. Chateau. Dr. Ballard next alluded to the benefit which Douders has conferred upon Ophthalmic Surgery, by pointing out the efficacy of very dilute solution of atropine in dilating the pupil, as little as one part in 9600 of water, being a solution considered by this surgeon sufficiently strong for use in the majority of instances. This was followed by a few remarks upon the researches of Dr. van Psaag, into the physiological operation of the alkaloids Delphinin and Veratrin. The orator now entered at some length into the very interesting and valuable experiments made by Dr. L. Lehmann, in his own person, upon the action of cold water, when applied in the form of the Litz bath, and remarked that such observations as these were calculated to transfer into the hands of the legitimate practitioner, a powerful agent for the cure of disease, which has too long been permitted to form the universal remedy of unscrupulous charlatans. The latter part of the first division of his subject was occupied in the announcement of the presence of arsenic, and its quantitative determination in a number of Continental mineral waters; and in considering what progress had been made towards attaining that great desideratum of the present day, a substitute for quinine in the treatment of periodical diseases.

The second division of the oration was devoted to some of the more interesting therapeutical questions which the past year has assisted to elucidate. The treatment of cholera was first referred to; high commendation was bestowed upon the elaborate Report on the Cholera of 1849, issued by Drs. Baly and Gull, under the auspices of the London College of Physicians; and the fate of two specifics proposed during the past year, namely, castor-oil and strychnia, was held up as a warning to such as are apt to generalize too hastily upon matters therapeutical. The orator then passed on to observe, that the great distinguishing character of the healing art at the present time is the increased caution with which depressing remedies are employed, and the greater confidence with which support and stimulants are given in the treatment of both acute and chronic diseases. In illustration of this

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fact he quotes largely from the recent works of Dr. Stokes, of Dublin, and Dr. Hughes Bennett, of Edinburgh; and, in concluding his remarks, referred to the contributions of Dr. Theophilus Thomson to the analeptic treatment of phthisis, by advocating the external use of cod-liver oil in the way of friction, and by the introduction of other oils as its occasional substitute for internal administration.

The fact of two cases of gastrotomy having been recorded by Fellows of the Society during the past year next led the orator to allude, first, to the operation for the relief of certain cases of obstructed intestine, and, next, for the removal of ovarian tumours. The first he regarded as, at present, merely experimental, expressing his belief, however, that the time would come, when not only would the cases to which it was adapted be better defined than at present, but that in these the operation would be earlier, and therefore more successfully, performed. Dr. Ballard is known to regard with complacency the operation of ovariotomy in properly-selected cases; and he showed that the statistics of it during the last year greatly preponderated in its favour. In connexion with this subject, he noticed the results of M. Duplay, Dr. Simpson, and others, in injecting the tapped cyst with tincture of sodium.

The last two subjects alluded to in the oration were the condemnation of the intra-uterine pessary by the Commission of the Academy of Medicine of Paris, and the very able and candid refutation by Dr. West of the fashionable doctrine which has, of late years, referred all the ills of womanhood to ulcerations and indurations of the neck of the uterus.

The subjects discussed in the oration were, from their very nature, disconnected, and, from the condensation to which they had already been subjected by the orator, our account of them, in the limited space at disposal, cannot but be meagre in the extreme.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, MONDAY, MARCH 19.

SICK AND WOUNDED SOLDIERS IN THE EAST.

MR. STAFFORD called attention to the medical arrangements for the sick and wounded soldiers in the East. He hoped he should be told that the unspeakable horrors of the hospital at Balaklava had been remedied, and that it was no longer a disgrace to any civilized country, as it undoubtedly was when he saw it. Now that the unhealthy weather was approaching, he understood the Government had opened a large hospital at Smyrna. (Hear, hear.) He did not blame them for having opened it, for it was far better to open one late than never, and he believed that when they received information of the success which had attended the experiment at Smyrna, the result, as compared with Scutari, in regard to the health of the troops, would be found to be most satisfactory. They must select as physicians and officers, men in whom they had confidence, and they must place in the hands of the officers they appointed, full power with regard to the internal and other arrangements of the vessels. Hitherto surgeons, unconnected with the military service, had been very unfairly treated. From conversations which he had with several medical men, he had ascertained that the most noble and disinterested offers had been made upon the part of certain members of the medical profession to the late occupants of the War-office, but answers had been received to those offers which, far from expressing any feelings of gratefulness for the patriotism displayed by those gentlemen, had excited the strongest feelings of indignation throughout the whole body. The War-office, however, did not avail themselves of the services of civil surgeons until they were urged to adopt such a course by public clamour. As there was now a civil service hospital at Smyrna, besides the military hospital at Scutari, it was not impossible that a feeling of rivalry might spring up between the medical officers of the two establishments. If all the serious cases were sent to Smyrna, the civil doctors might complain, and if the worst cases were kept at Scutari, the military doctors would be dissatisfied. It was, therefore, of great importance that an officer should be appointed at Balaklava or Scutari, or at both those places, who, in the apportionment of the patients between the hospitals at Smyrna and Scutari, would do justice to the civil and military services.

Mr. Peel wished to say a word or two with reference to the regimental hospitals in the camp before Sebastopol. There had been in those hospitals a very large number of sick,—at times, indeed, as many as 20 per cent. of the whole force under Lord Raglan's command. The great defects with regard to the hospitals, it appeared, had not arisen from any deficiency in the number of medical men, for he believed there had been no deficiency in the number of surgeons attached to the different regiments, but from the want of houses for the sick soldiers. With respect to the hospital at Balaklava, it appeared from a letter written by Dr. Hall in January, before Sebastopol, that wooden huts had been erected in the town in a most excellent situation, and that steps were being taken to erect from 20 to 25 huts for the accommodation of some 500 patients. The next point to which the hon. gentleman had called attention, was the state of the transports carrying the sick from Balaklava to Scutari. It was quite true, as he had stated, that there had been in very many instances, a great delay between the first embarkation of the sick, and the date of the transport leaving the harbour of Balaklava. A few sick being placed on board at first, the vessel remained in the harbour until it was loaded, and thus for several days those who were first placed on board were obliged to remain for some time in the confined atmosphere between decks. (Hear.) It was also true that the nurses on board in the transports were often unfit for their duty, and insufficient in number. (Hear, hear.) But arrangements had now been made, according to which, four or five vessels had been fitted up as hospital ships, to which were attached soldiers and orderlies qualified for the duty, and these vessels, exclusively appropriated for the conveyance of the sick, would run between Balaklava and Scutari. The supply of hospital utensils was sufficient, and there was an abundance of medical comforts on board. The Government had made, by private contract, arrangements with Mr. Brunel, the civil engineer, to provide wooden huts without delay for the reception of 1000 persons, and huts for a further number of 4000 persons would be provided by competition with as little delay as possible. Whether they would be erected on the Asiatic or European side of the Straits would depend on the advice of the local authorities. With respect to the hospital at Smyrna, an impression prevailed that the Government had selected for it a place which was unhealthy, and where fevers were very prevalent; but he believed that impression to be entirely erroneous, and unfounded, from the reports of the commandant and the principal medical officer, which had been received so late as Saturday last. The Government had not established the hospital at Smyrna, without making some previous inquiry with respect to the salubrity of the place. About 25 physicians and surgeons had been sent out there, and the rates of pay which those gentlemen were receiving, though not fabulous in their amount, as had been hinted at by some, were very liberal. He was quite unable to account for the remarks made by the hon. gentleman as to the treatment which certain civil practitioners received from the War-office, when they offered their services to the Government. He was quite sure that no intentional slight was offered to those gentlemen; on the contrary, there was every disposition on the part of the Government to avail themselves of such offers. (Hear.)

COMMITTEE OF INQUIRY.

STATE OF THE ARMY BEFORE SEBASTOPOL.

CAPTAIN SHAKSPEARE, Captain of Royal Horse Artillery, joined his troop at Varna on the 23rd of June. Then went to Yeni-bazaar, a place about fifteen miles from Schumla. The men became attacked with sickness, cholera, and fever at Yeni-bazaar, and six or eight died out of 189. When the troop started for the Crimea about 25 men were disabled by sickness. One assistant-surgeon was attached to the troop. Witness understood that there was a scarcity of medicine. The medicine was carried in a wooden box on a pony's back. When he left, the men were reduced to 140 effective men, which was not a sufficient force to man the guns. The men had fresh meat three, and sometimes four times a-week. There were no vegetables, but latterly there was some rice issued about the middle of January. The surgeon did complain of a want of medical comforts.

Mr. Crowe remained at Balaklava till the 25th of Novem-

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ber, when he left the Crimea from sickness. He returned on the 28th of January. Upon this last occasion their sanitary condition was very bad. The hospitals at Balaklava were improved, having stoves in them, and the sick there were tolerably comfortable. As they could not contain all the sick, the rest were sent on board ship. He was on board the Trent for fifteen days. At the time of the battle of Inkermann, the hospital tents were after that battle very crowded, and soldiers were lying about, brought from the tents because there was no room there to operate upon them. After the battle of Inkermann, the ordinary means for removing the sick to Balaklava were insufficient. The harbour of Balaklava was in a very bad state. He had seen the Turkish and English burying.grounds at Balaklava; they were very moist, and the dreadful smell was perceptible in the main street. He had seen the sick lying in rows on the beach, waiting to be taken off to the transport, and some he heard were there for four hours. The ground where they were placed was tolerably dry, but the air was damp and cold. There was a medical man superintending the embarkation.

Captain Kellock, late commander of the Himalaya, took charcoal from Constantinople to Balaklava. There were about 650 sacks. It was much wanted by the army. Witness was extremely anxious about the charcoal, and offered Captain Christie, if he would receive it, to land it by his own boats, and with his own crew, It was not received, and witness carried it back to Constantinople again. He took convalescents from Scutari to the Crimea; they were still mostly very sick and ill. He remonstrated with Major Bunbury on the absurdity of taking such men to the Crimea again, and twenty-five of them were landed and sent back to the hospital. Dr. Hall was on board with these men as a passenger. The harbour was in a very beastly condition, with offal floating about, thrown over from the ships. The burial-ground had become very offensive indeed; it was not 400 yards from the harbour. The charcoal on board the Himalaya was consigned to the agent of transports, who refused to receive it. He reported the arrival of the rest of the cargo to the other parties and departments to which it was addressed, and it was landed. Everything was received except the charcoal. The ship was decidedly not in a condition to accommodate 1000 sick.

Lieutenant-Colonel Sparkes, of the 38th Regiment. Charcoal was very difficult to bring up. Both men and officers suffered very much from cold.

Sergeant Thomas Dawson, of the Grenadier Guards. The men were in a very low state when they embarked for the Crimea. They could not march more than four or five miles a-day in coming down to Varna. The worst thing was the coffee. The men did not grumble so much about the provisions as about the green coffee. They had no tea after they left Balaklava for the heights. They had no means of cooking, except their own tin kettles. After going to Sebastopol they did not get fresh meat more than three days a-week. In roasting the coffee it was often burnt to a cinder, which they had to grind up. They broke it up with the mallets they used to drive in the tent pegs with. When on duty in the trenches a man did not get one whole night's rest in the week.

Mr. Macdonald went out as the administrator of a charitable fund collected by *The Times*.

When you personally inspected the hospitals, did you find any want of medical comforts?—Undoubtedly. I asked Dr. Menzies and Dr. Cumming what was wanted, and Dr. Menzies said nothing was wanted. That statement did not agree with my experience of the hospitals. There was a great want of utensils of all kinds, of all means of personal cleanliness, of towelling and shirts, which were in immense demand. During the time he was at Constantinople the head of the hospitals there was changed six times. There were four hospitals at Scutari, two at Kululee, two in the Golden Horn, and one at Abydos. The chief military authority, on his arrival, was Major Sillery, who was superseded by Lord W. Paulet He believed that in our service the medical men were not under the direction of the commandant, in which it differed from the French service. The naval authority at Constantinople was Admiral Boxer, who had important relations with the medical establishment. The transport of the sick and wounded was under his government. He directed the time and place of the landing. The sick received their medical comforts and medicine while on board the transports, from the medical department, and their food, utensils, &c., were provided by the Admiralty. The sick on their passage received the ship's rations of salt meat and biscuits, which was poisonous food for sick men. From your experience of hospitals, do you think the forms interfered with the delivery of things to men in a dying state?—Such a case might occur, but I think not. I do not know that I could give a better illustration of the effect of forms than the case of an officer, Captain Williams, of the Scotch Grays, who had distinguished himself in the charge at Balaklava. He was seized with dysentery and carried on board ship, utterly prostrate, and totally unable to comply with the forms required before an officer could be removed and taken down to the Bosphorus. When he arrived he was in such a state that it was more convenient to take him at once to Myssrie's Hotel, rather than to the hospital; and because he had not reported himself and complied with the requisite forms, he was in some extraordinary way put under arrest a few hours before he died. I believe every officer who comes from the Crimea must have a permission, with at least half-a-dozen signatures to it.

Suppose a man was dying and required half-a-pint of brandy, could he obtain it without a requisition?—I should say not.

Is it a fact that two medical men must sign a requisition before an article can be obtained?—Yes, for the purveyor's department.

To questions as to the difference between the nominal return of deaths in the hospitals and the actual number of burials, witness stated his opinion that it was caused by the pressure of work on the medical officers of the hospitals, which rendered a perfect registry impossible.

Was there any want of lint while you were there?—None of lint. I would explain that many of the apparent wants in the Government stores were not actual deficiencies.

With this deficiency in everything, immense stores of all kinds have been sent out from England, for which we have just got the bill. Can you tell us at all what has become of these things?—I cannot; is it quite certain they have all left England? (Laughter.)

Dr. Andrew Smith, Director-General of the Medical Department. He entered the medical service of the army in August, 1815, as hospital-assistant, and had had thirty years' experience as an army-surgeon. He had served with the 98th and the 48th Regiments, and the Cape Corps. His experience in army hospitals had extended to America, the Mediterranean, and the Cape of Good Hope, as well as to England. He was a staff-surgeon of the first-class when he was appointed to the Medical Board in March, 1845. I can hardly describe my position in respect to the purveyor's department. Sometimes I am told I have no power at all, and I must go to the War-office. If I found anything wrong there, I should write to the purveyor, and if he should, as is often done, cavil at my interference, and say it was no business of mine, I should go to the War-office, and get them to carry out what I think I ought to have the power of carrying out myself.

Has this uncertainty of power as to the provision of necessary comforts for the sick, been in existence ever since you have been in the medical department?—Yes, and for long before that.

There has been a perpetual conflict between the Secretary-at-War and yourself as to whose was the direct authority to order stores?—Yes—to interfere with the purveyor.

He received information from the Commander-in-Chief on the 10th of February, 1854, that an army of observation, consisting of about 10,000 men, was to proceed to Malta as soon as possible, and witness was required to provide all things necessary for the medical department of that army. The regiments at that time had only one surgeon, and he was suddenly called upon to provide not only an assistant-surgeon to each regiment, but, in addition, a certain number of staff assistant-surgeons, a supply of medicines and necessaries likely to be required for the hospitals, bedsteads, bedding, and such things, and medical comforts, to the extent required by an army of that number of men. He immediately issued instructions to the druggists employed by the army to furnish what he considered to be the necessary quantity of medicines for 10,000 men. He issued that order on the 11th of February, and on the 22nd all those medicines and surgical materials were at the Tower, ready for embarkation. He was not considered to have the slightest power or control over the shipping of those things.

The regulation is, I must write on every subject to the

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Commander-in-Chief. I am not allowed the right of corresponding directly with any department. When those things were sent to Malta we had no authority there which could be recognized as having a right to receive those things, except the senior medical officer, who was not the legitimate officer to receive them, but under the necessities of the case they were consigned to him. Those stores did not reach Malta for six or eight weeks after they had been put on board ship.

The witness said no communications took place between the military authorities and himself respecting the establishment of hospitals preparatory to the arrival of the troops at Constantinople. The uncertainty which prevailed respecting the movements of the troops prevented that. When the force was ordered to Gallipoli he despatched a deputy-inspector of hospitals, Dr. Forrest, overland, to make what arrangements he could at Gallipoli, but the troops had arrived there before him.

When the army was increased the medical hospital staff was increased from 24 to 56. Sufficient stores were sent out to supply the ordinary wants of such an army in the field, not afflicted with an epidemic, for six months. The practice as regards medicine is to send it all from this country. That, I think, is wise, for we get our supplies here from persons on whom we can depend, and if medicine be bad it is worse than useless. Stores are supplied by the department connected with the Ordnance on the spot. There might have been mishaps now and then; some got mixed up with other things, and some of the stores that ought to have been delivered at Scutari were knocking about from port to port for a month or so, as in the case of the Medway and the Robert Lowe. The medical officers in Turkey had authority to order the purveyor to purchase anything they might require, but the purveyor was not very tractable in that respect. There was the difficulty — who was the master of the purveyor?

It has been represented to the committee that no medicines, nor any convenience for carrying medicines, were found when the army arrived at Varna, except enormous medicine chests, which could not be carried upon the back of any animal?—I cannot account for that, if it is true, because every regiment had these panniers, and every surgeon was bound not to lose sight of them, and therefore I can only say if such a thing did happen it was the fault of individual surgeons. The first medical officer appointed to take charge of the hospital at Scutari, was Dr. Menzies, a staff-surgeon of the first-class. He remained in charge till the 1st or 2nd of January last. Dr. Menzies had repeatedly made application for additional hospital accommodation, and at last the barracks at Scutari were given up—at first partially, and finally wholly. Dr. Menzies had reported to witness that the hospital accommodation was insufficient, and that the Barrack Hospital was in a filthy condition and quite unfit for the reception of Europeans.

Whom do you consider responsible for not having better hospital accommodation provided for the sick and wounded? —Whoever was the authority empowered by the English Government to obtain from the Turkish Government sufficient hospital accommodation. I had no power to act in the matter.

It is stated by Mr. Macdonald, that he applied to you on November 5, for letters of introduction, and for information as to the state of the hospitals, when you told him that his mission was supererogatory, inasmuch as ample means had been provided, and every precaution taken, to obtain everything necessary for the comfort and care of the sick in the hospitals at Scutari. What reports had you from Constantinople at that time to justify that representation?—I had no reports which would have justified me in saying anything else.

What reason had you to believe that what the newspapers reported, and all the world credited, was false?—I was aware that I had despatched from this country ample provision for everything. In the next place, I considered that the medical authorities out there had what was wanted.

The Chairman.—What evidence have you to justify your last proposition?—I ought to comment to some extent on the last proposition. When the medical authorities wrote to me to that effect they were daily and hourly in expectation of receiving from Varna all the stores which had been left there. Those stores the Inspector-General of Hospitals had given orders to have sent to Scutari. The authorities at Varna made every effort to forward those stores, but could not, while the medical authorities at Constantinople were exerting their utmost powers to induce the Admiralty—the transport department—to send a vessel to Varna to fetch those stores. The medical officers were expecting that supply day after day, but they did not arrive; but I was not aware of it at the time I spoke of it. I had regular reports from the medical officers by every mail.

On what ground did you found the opinion you expressed to Mr. Macdonald, that there was an ample supply of everything required in the hospitals at Scutari?—Mr. Macdonald came to me to ask letters of introduction to the medical officers at Scutari, and said that as he was going out for a special purpose to the hospitals at Scutari, he did not think it would be right to go without communicating with me. I said, "If you will state to me on what principle the Fund is to be administered, I will give you all the information I can." He did not immediately reply. I said, "Perhaps you have not established any principle, and I will volunteer to give you some information. The medical officers of the army are held by the Government to be responsible that these men are supplied with all they want, no matter how expensive; but the medical officers are bound not to allow the men to receive anything which may be injurious to them. Under these circumstances," I said—and, assuming, as I am justified in doing—that the medical officers are supplied with all that is necessary for the first duty, and do not want any supply for the second—"anything which you may have to distribute must be of a neutral character, that will neither do harm nor good, but may please the men's palate. A medical man may know what is useful for the sick, and may give barley-water, instead of *capillaire* syrup; but if you propose to give the men drink, I don't know that the medical man will object. Such things you can give without harm. But I think the best application of the Fund would be for the benefit of the poor men discharged from hospital, and furnishing them with articles which the Goverment is not in the habit of providing. But do not," I said, "give them money, which may enable them to get drink, which will send them back to hospital."

I must presume that what has been given in evidence is correct; but there was a very large proportion of stores left behind at Scutari when the army proceeded to Varna.

Might not a full supply of clothing have been obtained at Constantinople?—Clearly.

Who is responsible for not obtaining it?—It must have been the purveyor; he had the power of purchasing, and ought to have been ordered to purchase.

As he is an inferior officer in the hospital, has he the power of contradicting and thwarting his superiors?—He may have supposed he had, but I do not think he has.

So that the primary cause of all the suffering and misery must have been the conflict as to authority between the superior medical officers and the purveyor?—He knew that the purveyor had called in question the authority of the medical officers; but on that point the Committee could have had better evidence from the medical men themselves. He had informed himself through Lord Stratford, that the purveyor had power to purchase anything that was required. He had an opportunity offered him, which he did not take.

If a similar state of things had occurred in Jamaica, or any other colony, who would have enforced the supply?—I think the general officer in command would have been the proper authority to do it.

Then the medical officer at Scutari ought to have given such orders for a supply?—He ought to have done so, if he felt he had the power. He did not think it was want of feeling in the medical officers, but timidity; an undue timidity.

Then, in fact, the conflict and uncertainty of authority in all the departments connected with the administration of the medical department produce, on the part of every person in the establishment, that kind of timidity and hesitation which leads to great embarrassment?—Clearly. I have been forty years in the service, and, during the whole of that time, I have been nursed in the idea that I must save money, not spend it. When this war broke out, and the screw was taken off, and I found I had actually a power to spend money, it was months before I could convince myself that such a power was vested in me.

The Duke of Newcastle sent out Dr. Brett to endeavour to raise an ambulance corps, but his mission was unsuccessful.

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Dr. Brett was told that these men would run away as soon as any firing began. The corps was not raised, and Dr. Brett was sent home again by Lord Raglan.

Would it not depend on the obstinacy of the purveyor whether an order for stores from Dr. Hall would be obeyed?—He might, possibly, refuse to obey it, but the case would not be parallel with the one he had described. In that case the purveyor was required to spend money; he would have given stores when he would not spend money.

Was there a difficulty in raising a sufficient number of medical officers in the present emergency?—Very great; it was almost impossible; he was called on suddenly to provide seventy surgeons, and up to that time, as there were very few outlets for employment, no more had been produced than were required by the army, navy, and the East India Company's service. As to the ages of the medical officers employed, witness read a list of those now in the service, from which it appeared that the oldest officer on duty was 64. Witness then explained the reasons why Mr. Ward, the purveyor, who was 70, was employed.—Lord Raglan did not order Mr. Ward home, and I had no power to do so. I could only order a Board to examine him—I could not remove him from his command. That could only be done by the Commander-in-Chief. Lord Raglan remonstrated against his removal, after the Medical Board had reported Mr. Ward as inefficient, and I left it with Lord Raglan; I had no power to do otherwise.

Had Lord Raglan the power of preventing the Board from being held?—Yes, if he knew it was going to sit; the Commander-in-Chief can do anything.

After a few questions as to the increase of the personal duties of witness, which it appeared had been doubled by the war, Dr. Smith was asked if he thought the perpetual referring to several authorities interfered with the conduct of the duties of the medical department?—Most seriously. The department had no power of acting for itself for good, though it had for evil. He had himself often been at a loss to know what department he should address himself to. He had addressed the Commander-in-Chief, and afterwards been told that he ought not to have applied to him.

[By the desire of the committee the witness read a return of the money expended in medical stores and comforts from the 21st of November up to the present time. The amount so expended was £38,496.]

Supposing any parties to be to blame, have you the power to punish or remove any one?—No; he thought the persons to blame were not in the medical department, but the transport service. The purveyor was responsible to the War-office.

Has he been recalled or punished?—He is there still.

Do you know of any medical officer having been censured in general orders by Lord Raglan?—In one case a medical man was censured for having allowed men to remain on the beach, much to their prejudice, for the want of boats. He knew Dr. Lawson was censured, but he did not know for what. He did not know the circumstance under which Dr. Lawson was sent from the Crimea.

Do you think it advisable that an officer who had had such an order issued on him should have been sent to Scutari, and placed in charge of an hospital?—That would depend on his character. Witness pronounced a high eulogium on the professional and personal character of Dr. Lawson.

MEETING OF MEDICAL STUDENTS.

A PUBLIC Meeting of Medical Students was held in St. Martin's Hall, on Friday, the 16th inst., for the purpose of considering the Admiralty Regulations respecting Naval Assistant-Surgeons, and adopting resolutions thereon. Mr. J. BRADY, M.P., occupied the chair. The meeting was very numerously attended, and the proceedings were highly animated throughout. Among the gentlemen present on the platform were Dr. Van Der Byl, Dr. A. P. Stewart, Dr. R. D. Thompson, Dr. Pavey, Dr. Lever, Dr. W. W. Gull, Dr. Semple, Dr. Goolden, Dr. Murphy, Dr. Wilson, Dr. O'Connor, etc. etc.

Letters having been read from the Students of many provincial schools, cordially sympathising with the objects of the meeting,

The Chairman said, he felt peculiar pleasure in presiding over such a meeting, held as it was in furtherance of a cause which every Medical man who loved his Profession was bound to promote. (Cheers.) The Students of London and of all England had united in a glorious struggle, and he would join them heart and hand in an enterprise so good and praiseworthy. An injustice had been done to them, and he asked them, would they tamely submit to it? (Loud cries of "No.") From their presence in such numbers at that meeting, he inferred that they were in earnest; he had every hope for the future, and promised them a glorious victory. The great difficulties under which the Medical Profession was placed were, that they were not a united body. They were notoriously the most disunited body in the country, and hence they were weak; once firmly united, and they were irresistibly strong. (Hear, hear.) The medical corporate bodies stood in the way of reform, each having its own crotchet, and neither being willing to yield. Once let them give up their individual and party prejudices and unite for the common benefit of the Profession, as the Students had done to-day, and they would at once rise in social position and professional status. An illustration of the evils connected with the Profession was to be seen in the fact, that the National Vaccine Institution (which, by the way, was no more really national than it was universal) was presided over by a military man. Was that right? (No, no.) The Registrar-General of Births and Deaths was a military man. (Hear, hear.) Who ever heard of a Medical man being placed over a military department? The thing was absurd. The Registrar-General received 1000*l.* a-year, the chief clerk 750*l.*, and the inspector of registration 700*l.*; while the Presidents of the College of Physicians and of the College of Surgeons received 100*l.* a-year. (Shame.) Such were the injustices done to the Profession, and they were only a portion of the system of oppression which the Students had met that night to crush, and he hoped to crush effectually. (Loud applause.)

Mr. Husband (Middlesex Hospital) proposed the first resolution, as follows:—

"2.—That this Meeting, in common with the nation at large, views with deep and unfeigned regret the ill-success which has attended the many efforts made by Members of Parliament and the Public Press to ameliorate the condition of the Naval Assistant-Surgeons. It anticipates with anxiety and alarm the unnecessary Loss of Life which would ensue, should an Action occur while the Navy is so inefficiently supplied with Surgical Aid,—and enters its earnest protest against Regulations, which are derogatory to the Medical Profession, and detrimental to the efficiency of the Naval Service."

He rejoiced that the Students of the metropolis had united on so glorious an occasion, involving not only the dignity and welfare of the profession, but also the interests and well-being of the country. The Naval Assistant-Surgeon had been for years placed in a degrading and anomalous position, one destructive of his self-respect, inconsistent with his liberal education and his scientific pursuits. Arrived at the age of manhood, he was treated as a boy; a gentleman, he was denied the society of his equals; an officer, he was held up to the ridicule and reproach of his inferiors. He ranked with the first lieutenant of marines, who was not condemned to the cockpit, but messed in the ward-room with his superiors; he was superior in rank to the carpenter and engineer, who were allowed cabins, while the Assistant-Surgeon had none. For the first grievance no excuse was offered; in regard to the second it was alleged that there was no space, but since that statement was made, three cabins had been added. (Hear, hear.) Notwithstanding Orders in Council, notwithstanding the expressed wish of the House of Commons, and the just remonstrances of the Examining Boards, the grievances were still unredressed; and was it astonishing that the naval medical service was in such a bad condition, and that there were no candidates for the office of naval Assistant-Surgeons? (Hear, hear.) What were the Admiralty doing? actually appointing first and second year students—gentleman totally unacquainted with the practice of the profession, and therefore unfit to be trusted with the lives of those whom they might be called upon to attend. He might be told that the present emergency was not a fitting occasion to seek a redress of these grievances, and that a spirit of patriotism should dissuade them from impeding the public service. He replied, they were making no impediments whatever. If the Ad-

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miralty would only do justice there would at once be a number of volunteers for the service; on them, therefore, rested the responsibility. The Medical Students were united, and resolved to obtain that justice which the nation and those unconnected with the profession, had petitioned for in vain. He doubted not that they would bring the movement to a successful issue; and that hereafter they would have the satisfaction of reflecting that in meeting to uphold the dignity of the profession, they were at the same time promoting the best interests of their country. (Loud applause.)

Mr. Hillier, in seconding the resolution, said, the present was really a serious crisis. England was probably on the eve of a great naval engagement; yet the Navy did not possess a medical staff such as it should have even in times of peace. There were, at present, he believed, a hundred vacancies for Assistant-Surgeons, and few candidates could be found for these posts. (Hear, hear.) The reason for this was to be found in the indignities to which these gentlemen had been exposed. From the position they had been compelled to occupy, they were not treated as members of an honourable profession, but as mere lads, unworthy of any consideration. No wonder that there were but few applicants, and that those who did apply, were, for the most part, men who, by the assistance of gentlemen known as "grinders," just managed to pass the College of Surgeons, and the Examining Board of the Navy, and nothing more. Could it be expected that men who were anxious to advance in their profession, and to devote their leisure hours to profitable reading, and scientific research, would enter a service where no accommodation was provided for such a purpose? ("No, no.") These things operated not only in bringing about an inefficient class of Assistant-Surgeons, but also inefficient Surgeons, the latter being supplied from the ranks of the former. One would have thought that the government, seeing the difficulty, would have raised the standard, and done every thing to make the service an attractive one. Their plan, however, was very different; as they could not get men who, though legally qualified, were yet absolutely unfitted for their posts, they were going to put up with men who were both legally, and absolutely, unfitted for the charge of any patients whatever. (Hear, hear.) In times of peace such a proceeding would be bad enough, but was it to be tolerated, that in times of war, the lives of gallant British seamen were to be intrusted to the care of those, who were as unfit to take care of any serious surgical or medical case, as any persons could be if taken at random from the public streets? (Cheers.) Were it merely a selfish question, perhaps the Students would be hardly justified in the course they were adopting at the present time; but the lives of the seamen were at stake, and the question was of national importance. The present was the only time in which they could hope to act with success; and let them not cease to act until they had obtained their object. (Cheers.)

The resolution was unanimously adopted.

Mr. Ramsdale (St. Bartholomew's) moved the next resolution:—

"2.—That this Meeting expresses its opinion, that the present Admiralty regulations are such as to exclude efficient members of the Medical Profession from the Naval Service, and pledges itself to adopt the most earnest and energetic measures to obtain redress of the existing grievances; and is firmly convinced that, in the mean time few, if any, Medical Students will accept an appointment in the Navy."

He wished, he said, to give out some objections which Medical Students had to entering the Naval Service. Naval Officers usually left school at about 12 or 13 years of age; and the rest of their lives was spent in the service, in acquiring sufficient knowledge to command a ship, and the like. The Medical Man, however, who entered the Navy was perhaps a member of the university. The officer possibly knew only the rudiments of his own language; while the Medical Man had received a classical and mathematical education, with, at least, an elementary knowledge of the sciences, which, then, according to his attainments, was entitled to the highest rank? The Admiralty themselves had decided that the Medical Man in the Navy should rank as the first lieutenant; but the first lieutenant, immediately on joining the Navy, was received into the ward-room, while the Assistant-Surgeon, his equal in rank, was condemned to the cock-pit, a place ill-calculated for the prosecution of their studies. It was a kind of purgatory; and no one who had spent several years in a university, and studied at a hospital, would willingly take up his residence, by night and day, in a place which did not receive the sun's light. (Hear, hear.) When the subject was mooted in Parliament, it was stated that there was not sufficient room to provide the Assistant-Surgeons with cabins for themselves; yet, since that time, three separate cabins had been formed for men far inferior in rank and education—carpenters, boatswains, and gunners. ("Shame!") The Assistant-Surgeons of the Navy, it was decided in 1805, should rank with those of the Army; yet such was not practically the case; for, if a man-of-war received troops on board, the Army Assistant-Surgeon would be admitted to the ward-room, whereas the Naval Assistant-Surgeon,—his companion, perhaps, at the university or the medical school—was obliged to mess with the midshipmen in the cockpit. (Hear, hear.) There were many indignities offered to Medical Men, of which they had good reason to complain. Any officer in the Army, who did a deed of humanity in the day of battle, would be rewarded for it; yet how many a valuable life had been saved by Medical Men, and how insignificant was the acknowledgment and reward of their services.

[The speaker here read a letter, written by an Army Surgeon of many years' standing, who had seen many engagements, and performed the most important services, but who never received any advance in rank or pay.]

He was glad to find so much unanimity among the Medical Students, in regard to the present movement. From many of the Hospitals, they had received lists containing the names of all the Students, protesting that they would not enter the Navy under the existing regulations. (Cheers.)

Mr. William Wilson (Westminster) seconded the resolution. He said, there were two things required to ensure their success—unanimity and the support of the public press. The first they had evinced that evening in a remarkable degree; and the second was not withheld from them. They had the support of the *Times*, and of almost all sections of the press, not excepting *Punch*. (Hear, hear)

Mr. Beaumont, of Hull, supported the resolution. He urged the necessity for the adoption of energetic measures, on the ground that all previous attempts had failed; and expressed a hope that no Medical Students would betray their brethren by accepting appointments in the Navy before the grievances complained of were redressed. In Hull, he said, the Students were unanimously in favour of the present movement, and desired to extend to it their cordial co-operation. (Applause.)

Dr. Lever, in supporting the resolution, said he was proud of the assemblage he saw before him. (Hear, hear, and cheers.) He sympathized in everything they had done; and he honestly believed that if they were united there was no Government that could withstand them. (Cheers.) The treatment to which they were subjected was not only derogatory but disgraceful. The cockpit was not a fitting or convenient place for the prosecution of their studies. (Hear, hear.) He had himself seen an Assistant-Surgeon writing with difficulty, owing to the inconveniences to which he was subjected; his ink spurting over his paper, and the midshipmen, perhaps, making a "shy" at his head. (Laughter.)

The resolution passed unanimously.

Mr. Mason (Guy's) proposed the third resolution:—

"3.—That the acceptance of the appointments proposed to Students by the Admiralty must tend to postpone reform, by providing substitutes for the want of qualified men, which has been produced by the evils of the present system; and that this meeting, therefore, strongly deprecates this proposal, and earnestly calls upon the Students of the United Kingdom to sacrifice, on public grounds, any private advantages which it may seem to offer."

The recent regulations, he said, issued by the Admiralty, were enough to arouse the honest indignation of all Medical Students, heaping as they did insult upon insult upon the Profession. The Admiralty had virtually acknowledged that they were unable to obtain duly-qualified men, and rather than redress palpable grievances they had resorted to the mean subterfuge of putting forth a bait to allure first-year men. Their late order, also, was equivalent to a bold declaration that they would not redress these grievances, and that they meant to set aside the Petitions addressed to them from time to time by influential bodies and the suggestions of Parliament itself. It was unworthy of a great nation like Great Britain, professing to be the land of the brave and the free, to resort to a trick for the purpose of supplying the places of qualified

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men by men totally unfit for the position they were called upon to occupy. Many of those who were required as dressers had seen little or nothing of dressing, and had never, perhaps, even applied a bandage. The movement of the Students had been called a strike. If it was a strike it was a noble one, and such as he rejoiced to belong to. (Hear, hear.) It was a strike for the honour of the Profession and for the welfare of every man in Her Majesty's Navy. (Applause.) Those who had sent their relatives and friends to fight their country's battles and gain her laurels had a right to expect, and did expect, that efficient aid should be provided to dress their wounds and alleviate their sufferings; hence they were all interested in the movement which the present meeting was assembled to promote. (Hear, hear.)

Mr. Down (London) seconded the resolution. The Admiralty, he said, had pursued a line of policy founded neither on justice nor on reason, and it naturally led to a deficiency of medical and surgical aid in the British navy. The scarcity arose not from a deficiency in the numbers of the profession, for their name was legion; not from a sense of personal fear, for when pestilence stalked through the land they were ever at their posts; not from a want of patriotism, for the love of country was inherent in the breast of every Englishman, but might readily be traced to the evils of the present system, a system that made demands which public opinion had never sanctioned, and humanity did not require. (Applause.) It was surely desirable that the men who were to have the care of British seamen should not be a whit behind those who practised in civil life. But what was the effect of the present system? It virtually said to Medical Students in the hospitals and schools: "Onward in your noble studies! There is a glorious future before you. Assiduous attention in your lecture theatres, and devotedness in the wards of your hospitals shall culminate in a participation with the juvenile pranks of the gun-room; the waste of your midnight oil shall be exchanged for the ineffable gloom of the cockpit." (Laughter and cheers.) Was it likely that with such stimuli to exertion the naval branch of the profession would acquire that eminence to which it was desirable they should attain? The question was a national one, and that was the truest patriotism which would insist upon the immediate reform of a system so pregnant with evils. What was the policy of the Admiralty in the present dilemma? Rather than yield to just demands, rather than lose their character for obstinacy, rather than forego the worn-out notions of the superiority of the art of killing to that of healing, they had called to their assistance inefficient aid; they had excluded the seamen of the fleet from that professional skill which they had a right to demand, and which it was the bounden duty of the Admiralty to afford. But should that trick succeed, seeing that its tendency was to postpone the reform which was so much desired and so urgently demanded, would the Students of Great Britain lend themselves to a movement which bound but the tighter the shackles of those already in the service and tended to perpetuate existing wrongs? ("No, no.") Was he to believe that the intelligent assembly was deaf to the claims on their integrity and unity of purpose at the present crisis? That the claims of the nation for the highest possible amount of medical and surgical skill in her service was to be disregarded by their lending themselves to a movement calculated to retain a system which so prevented the realization of its wishes; that the claims of the profession should be set at nought, and the profession itself be made to vacate its position on its lofty pedestal—that they would lend their aid to the production of such a result, induced by glittering tinsel, and in servile obedience to an oligarchical power? Was he to believe that the claims of posterity on the purity of their motives, and the singleness of their purpose were to be held of light account; that they would allow it to be possible for those who came after them to point to 1855 as a time in which a race of Students existed who had no aspirations beyond six shillings a-day, to whom an opportunity was offered of obliterating at once the injustice, but who neglected the opportunity because they had not soul enough for self-sacrifice, not dignity enough to resist a bribe? He would not believe that the Students of the present day would be so reckless of their duty, so careless of their fame. Let the resolution, then, meet with unanimous approval; and in any further overtures that might be made to them, let them prove themselves to be high-minded men, men who knew their rights and dared maintain them. (Applause.)

Mr. Pritchard, in supporting the resolution, said he was delighted to find, from the eloquence of the Students who had spoken, that they required no aid from their seniors, and that the whole credit of the present movement was due to them. If he could feel that at the present period of difficulty with the Government they were pressing unduly upon them, he would shrink from supporting the movement; but inasmuch as the naval authorities had taken a step in the wrong direction, tending to degrade the profession, he desired to aid the movement to the extent of his ability. (Hear, hear.) He envied not the feelings of the man who, when surrounded by the wounded and the dying, and called upon to perform important operations, felt his own utter insufficiency for the task. Such must be the position of many under existing regulations; and he shuddered at the prospect which such a state of things held out.

Dr. Pavey said, he entirely conincided with the movement, which he thought deserved the support and the thanks of the entire Medical profession. By means of a firm combination amongst themselves, and a resolute refusal of the offers now made by the Admiralty, they would no doubt gain the point for which they were striving, and which they well deserved to obtain. (Hear, hear.)

The resolution was unanimously adopted.

Mr. Wm. Ord (St. Thomas's) moved the next resolution:—

"4.—That this Meeting being deeply impressed with the urgency of the crisis, and desirous of offering to the Country those services which it is entitled to claim, resolves, that a Deputation wait upon the Board of Admiralty respectfully to lay before them these Resolutions, and to solicit that the grievances complained of may be redressed."

Notwithstanding the advances made of late years by the Medical Profession, the Assistant-Surgeons of the Navy were subjected to regulations which were fifty years behind their age. That the Profession generally appreciated the movement the meeting of to-night sufficiently proved. Probably not a tenth of those present had any idea of entering the Navy; but it was felt that the degradation of a branch, and that not the least branch, of the Profession, seriously affected the Profession itself; and that, in redressing the grievances of a part, they were maintaining the dignity of the whole. (Hear, hear.) They were doing nothing that was selfish or unpatriotic, but were simply exhibiting to the public the present state of things, and pointing out that, until better regulations existed, and more honourable treatment was bestowed, few persons, except those who were impelled by the utmost need, or who had good family interest and a chance of rapid advancement, would enter the Naval Service. (Hear, hear.) They were deeply indebted to the gentlemen of the Middlesex Hospital for so managing, that the feelings which the Medical Profession so long entertained might be collectively expressed; and he had little doubt that they would, by the means they had adopted, gain the point for which they had been contending.

Mr. Thomas (Charing Cross) seconded the resolution. He was not without a gleam of hope that the Admiralty would retrace the steps they had taken. In the Hospital to which he belonged, with one or two exceptions, there was not a man who would, under the present regulations, enter the Naval Service. (Hear, hear.) He urged all Students to come to a similar resolution, and to commit the same to writing.

Dr. Wilson supported the resolution, and expressed his concurrence with the objects of the meeting. The movement was not only a professional but a national one; and he hoped that it was but the beginning of a great professional and national combination, which should ultimately be of the greatest benefit to the country. Let them think of the Army Surgeon as well as the Naval Surgeon, and also extend their sympathies to their hard-worked friends at home, the Surgeons of the Union workhouses. (Hear, hear.) The movement should be a crescendo one, embracing, as it went, all legitimate objects within its sphere of operation.

The resolution then passed.

Mr. Holmes (St. George's) moved the next resolution:—

"5.—That an Address, together with a copy of the resolutions of this meeting, be presented to the Councils of the Royal Colleges of Physicians and Surgeons of London, Edinburgh, and Dublin, and to the Societies of Apothecaries of London and Dublin."

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He believed that the public bodies throughout the kingdom were favourable to the movement, and would do all in their power to support it.

Mr. Gascoigne seconded the resolution.

Dr. Crisp, who was in the body of the hall, asked permission to say a few words before the resolution passed. It was some time before he could obtain a hearing, but he ultimately succeeded. He declared himself an old medical reformer, and urged the students to look deeper than the surface, and seek out the origin of the grievances of which they complained. So long as places were bought and sold as they were in hospitals and other places, so that the best student had not the best chance of advancement, the Profession would never attain to the position which they desired to see it occupy.

Mr. Ure (St. Mary's) supported the resolution, which passed unanimously.

Mr. Duffin (King's College) moved—

"6.—That Petitions from the Students of the Medical Schools of England, Scotland, and Ireland, expressive of the said grievances, be placed in the hands of the Members of the House of Commons, to be brought under the notice of Parliament."

Mr. Hepworth, of Manchester, seconded the resolution, and stated that the Students of the Pine-street School of Medicine, would join most heartily in the movement.

Dr. Goolden supported the motion. He said he had spent a great portion of his life on board ship, and could duly appreciate the difficulty under which Assistant Naval-Surgeons had long been labouring. The present movement would certainly be successful, because it was conducted in a most constitutional and proper manner. (Hear, hear.) It had been said that Medical men were not men of business, and could not well manage their own affairs; but the present proceedings gave an emphatic refutation to the assertion. There were other grievances which he hoped to see remedied, and he had no doubt that by a similar combination amongst the members of the profession, the desired results would be obtained.

The resolution passed unanimously.

On the motion of Mr. Miller, seconded by Mr. Mason, it was unanimously resolved that the committee be constituted a permanent one, and in the event of any member resigning, his successor should be chosen from the Hospital to which he belonged.

The proceedings terminated with a vote of thanks to the chairman.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma, were admitted members of the College at the meetin of the Court of Examiners, on the 16th instant:—Messrs.

FARMER, WILLIAM LANGFORD, Warwick.
ELSEY, JOSEPH RAVENSCROFT, Highgate.
HILL, JAMES PETER, Honiton, Devon.
HALL, WILLIAM, Brunswick-terrace, Leeds.
TUNZELMANN, JULIUS WALDEMAR VON, Kennington.
NORTON, ALGERNON CHARLES WODEHOUSE, Middlesex Hospital.
PRATT, WILLIAM THOMAS CASSEL, Appledore, Devon.
ROBERTS, EDWARD COPLESTON, Eastleigh, Bideford, Devon.
ROLANDS, JOHN, Aberystwith.
WEBSTER, CECIL, Manchester, and
WRIGHT, JOSEPH HALL, Chatteris, Isle of Ely.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 15th March, 1855:—

WATKINS, DAVID REES, Carmarthen.
HALL, WILLIAM, Leeds.
HARRIS, SAMUEL, Quorndon, Leicestershire.
GARRARD, GEORGE SAMUEL,
HOLLAND, ROBERT CARR BRACKENBURY, Clifton, Bristol.
LOGAN, JAMES, Kettering, Northampton.
BROWNFIELD, MATTHEW, Milton, Kent.
GARDNER, THOMAS TURVILLE, Brighton.
MUNRO, HENRY, London.

UNIVERSITY COLLEGE HOSPITAL.—On Tuesday a dinner was given at the Freemasons' Tavern, Great Queen-street, in aid of the funds of the University College Hospital. The chair was taken by Lord Granville, supported by the Hon. E. Strutt, Sir E. Ryan, the Hon Mr. Denman, Sir R. W. Carden, and many of the highest ornaments of the Medical Profession. In proposing "Prosperity to the University College Hospital," the noble Chairman expressed the gratification which he had experienced from a visit paid to the hospital that morning, and that, too, at an hour when visitors were usually excluded. He was most struck by the cleanliness of the hospital, its ample accommodation, and its efficient and well-ordered staff of nurses. A list of subscriptions was read during the evening, amounting altogether to £1287. The report shows that during the last three years relief has been afforded to 3967 in-patients, to 13,550 out-patients, to 1296 lying-in cases, to 2084 ophthalmic cases, and to 28,070 casualty cases without recommendation.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.—A friend and early supporter of this charity having offered to give £100 towards a special fund of £10,000, contingent upon ninety-nine similar sums being collected, we are glad to announce that the Earl of Carlisle, and other gentlemen, have promptly responded to the appeal, and that £2000 has been already conditionally subscribed.

SMALL-POX HOSPITAL.—Seven persons died from small-pox confluent in the Small-pox Hospital during the week; none of these patients had ever been vaccinated; one was an infant, aged 6 months; the others were between the ages of 18 and 36.

DISEASE AT CONSTANTINOPLE.—Rumours have spread abroad that the plague has once more visited Constantinople, but that the authorities and the doctors do not wish the truth to be known. But this is only one of the reports which the present excited state of men's minds leads them to credit without examination. If there be anything new in the disease, it will probably be found to resemble the fever which carried off the Turks in such numbers at Balaklava. The blackness of the body, and the suddenness of the death, seem to denote some connexion between the two maladies.—*Times Correspondent.*—CONSTANTINOPLE, March 1.—The health of the Hospitals at Constantinople had much improved.

CONSTANTINOPLE.—One of the French hospitals has been burned to the ground. Ninety-six persons perished in the flames.

SCUTARI, March 5.—The "Times Correspondent" says:—The spring weather, the absence of severe engagements, the less rapid arrival of sick from Balaklava, the recovery of some departments from their paralysis, have combined to produce a lull; the catalogue of deaths has not been latterly quite so heavy. It must not, however, be assumed that either the management or the state of the Hospitals is as yet at all what it ought to be, nor, indeed, is it such as to forbid grave anticipations. Stores have been largely sent; but there is not a perfect relation between different purveyors nor proper certainty of transport. In the apothecary's department, there has prevailed a confusion amounting to disorganization, and it is now in temporary and inefficient hands, no regular successor to Mr. Reed having yet been put in charge. The state of the transport ships in harbour, more especially of the *Bombay*, is another case of unparalleled negligence. These, though complimented with the name of convalescent ships, have been just as much bad sick wards as anything else. Typhoid fevers have been rife on board the *Bombay*, and there were yesterday a dozen bad cases on board of her, though measures for separating them have been instituted, and were, the day before, partially carried out by removals.

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METEOROLOGICAL REPORT FROM BALAKLAVA, from February 23 to February 28, 1855 :—

Temperature of the Open Air in the Shade.			Barometer.	Winds. General Direction and Force.	
8 a.m. Deg.	3 p.m. Deg.	8 p.m. Deg.	Medium. Inches.	A.M.	P.M.
28	30	28	29·66	2, N.	3, N.N.E.
29	40	31	29·79	2, N.W.	3, N.W.
30	46	44	29·88	3, N.N.E.	3, South'ly.
45	45	53	29·57	2, S.W. 0 to 1.	6 to 7, S.W. 1,
46	57	52	29·43	South'ly. 1,	S. 4, S.W.
53	51	45	29·37	S.	& 2, N.

IMPROVEMENT OF LODGING-HOUSES IN THE METROPOLIS.—A report on the common and model lodging-houses of the metropolis (with reference to epidemic cholera in 1854), addressed to Sir B. Hall, President of the Board of Health, has just been presented. It is from the pen of Mr. Glover, superintending medical inspector of the Board of Health. Mr. Glover treats first on the common lodging-houses, and, secondly, on the model lodging-houses. The former, it is notorious, were especially the sources of epidemic diseases, and in 1849 suffered severely from epidemic cholera. The act of 1851, for the better regulation of these houses, has now been in active operation three years, and it is unquestionable that its results, especially with reference to the diminution of epidemic disease, have been far greater than even the most sanguine had anticipated. In 1853 there were registered houses of this kind, accommodating about 30,000 persons, yet during the year only ten cases of fever occurred. "Considering the class of persons," remarks Mr. Glover, "inhabiting these houses, it must be acknowledged that three cases of fever to every 10,000 of such persons is an almost incredibly small amount of sickness of this character." In all the houses, registered and unregistered, there were in the first nine months of last year 72 cases of cholera and 61 deaths—an amount of sickness, all things considered, "astonishingly small." The mortality from cholera in 13 weeks of 1854, in every 10,000 of the population, in the common lodging-houses under the superintendence of the police, thus amounted to seven only, whereas the lowest proportion in other districts of the superintendent-registrars was never less than 12 (Hampstead), while the mortality was as high as 162 in Bermondsey. With respect to the health of the inmates of the model lodging-houses, it appears from the various reports that these houses have enjoyed all but complete exemption from the cholera, the mortality among the inmates having been only in the ratio of about 26 in 10,000, whereas the mortality from cholera in the Potteries, Kensington, was in the ratio of 259 in every 10,000; and in Bermondsey 162 in 10,000.

THE EFFLUVIA FROM SEWERS.—On Thursday last was published a copy of Mr. Goldsworthy Gurney's report to the Office of Works on his experiment for withdrawing and decomposing the noxious effluvia from the sewers in the neighbourhood of the Houses of Parliament, dated from Westminster the 8th of January, 1855. It appears that in 1849, when the cholera was raging, Mr. Gurney made a successful attempt to draw out and destroy the pestilential gases which were constantly escaping from a sewer in the vicinity of Friar-street, in the Borough, by means of a steam jet, which, being set to work, produced a downward current at the furthest end of the sewer, sufficiently strong instantly to extinguish a naked light, and to ventilate the sewer so as to enable the men to work fearlessly in clearing out its contents. The protracted labours of the men, of course, caused a greatly increased evolution of noxious gases, but Mr. Gurney proved the practicability of depriving them of their noxious smell and character as rapidly as they were drawn out, by passing the jet through a coke fire. After this process no smell was perceptible, although it was previously intolerable, and the sulphuretted hydrogen gas had blackened silver and test-paper.

THE ADULTERATION OF FLOUR.—Mr. Scholefield, the member for Birmingham, has given notice for the appointment of a select committee of the House of Commons with a view to put down the adulteration of flour. Some cases of the kind have recently been discovered in the West Riding of Yorkshire, which have led to the conviction of several corn millers. In two cases the delinquents were fined £20 and costs. It appears that the flour was adulterated with sulphuric acid and oxide of iron!

MORTALITY NOTABILIA.—The mortality of London is still high; the deaths which had fallen from 1560 to 1377 in the previous week again rose last week to 1425. The mean weekly temperature was 40·8° in the beginning of March, higher by 14° than it had been in the latter half of February. It fell to 36°, and in the week that has now passed it was 38·5°. In the ten corresponding weeks of the years 1845—54 the average number of deaths was 1142, which corrected for increase of population is raised to 1256. 169 persons died above the estimated number. Of the 1425 who died last week 727 were males, 698 females. The deaths of 684 young persons (under 20 years of age) were registered, which is more than in any of the previous five weeks, not excepting those in which the weather was coldest. At all the more advanced ages the influence of warmth is apparent. The following are the deaths of octogenarians in the last six weeks: 95, 62, 71, 78, 66, and 51. Diseases of the respiratory organs were fatal in 339 cases, while the average is 260; besides these, phthisis numbers 160, hooping-cough 76, and influenza 9. Small-pox was fatal in 23 cases, 8 of which were amongst persons more than 15 years old.

BIRTHS.—The births of 906 boys and 873 girls—1779 children were registered; average 1537.

METEOROLOGY.—Mean reading of the barometer 29·339 in.; the highest 29·70 in. Mean temperature 38·5°, which is lower than the average by 2·8°. Sunday (the 11th) was cold; the highest temperature was 36.3°; and the mean 31·2°, or 9·5° below the average. The following days were warmer, and towards the end of the week the mean temperature rose above the average. Wind chiefly south-east and south. The highest temperature of the week was 53·3° on Friday; the lowest 24·5° on Sunday. The mean dew-point temperature was 33·7°, and the difference between this and the mean air temperature was 4·8°. Rain 0·70 in., about half of which fell on Monday. Horizontal movement of air 1185 miles; electricity positive and tension variable, except on Monday and Saturday, when it was negative.

DEATHS IN PUBLIC INSTITUTIONS for the Week ending March 17 :—

	Males.	Females.	Total.
Workhouses	86	82	168
Prisons	..	..	..
Military and Naval Asylums ..	3	..	3
General Hospitals	36	35	71
Hospitals for Special Diseases ..	7	4	11
Lying-in Hospitals	..	..	..
Military and Naval Hospitals ..	8	..	8
Hospitals for Foreigners, etc. ..	..	1	1
Lunatic Asylums	6	3	9
Total	146	125	271

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	3	..	4	12	1	2
North	490,396	9	3	9	20	5	7
Central ..	393,256	4	1	9	13	1	5
East.....	485,522	4	8	3	14	...	9
South	616,635	3	4	10	17	4	17
Total..	2,362,236	23	16	35	76	11	40

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DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, March 17, 1855.*

Causes of Death.	In the week ending Saturday, March 17, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
	Mean Temp. °						°
Mean Temperature	38·5						40·9
All Causes	1425	684	183	230	250	51	1142·2
Specified Causes	1393	679	183	230	250	51	1135·7
Diseases:—							
1. Zymotic Class	283	200	26	13	11	3	208·3
2. Dropsy, Cancer, and others of uncertain seat	68	7	6	21	32	2	50·2
3. Tubercular Class	231	102	73	49	7	..	203·5
4. Of Brain, Nerves, etc. ..	140	72	14	24	25	5	132·7
5. Of Heart, etc.	46	2	5	18	20	1	44·3
6. Of Respiratory Organs ..	339	146	24	65	94	10	236·6
7. Of Digestive Organs ..	60	29	12	8	9	2	63·8
8. Of Kidneys, etc.	14	2	3	4	4	1	15·0
9. Of Uterus; viz. — Puerperal Disease, etc. ..	8	..	4	4	..	..	7·0
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	11	3	2	5	1	..	7·2
11. Of Skin, etc.	1	..	1	..	..	..	2·5
12. Malformations	3	3	..	..	..	..	3·7
13. Debility from Premature Birth, etc.	41	37	..	3	1	..	26·9
14. Atrophy	49	38	..	..	11	..	24·6
15. Age	57	..	..	..	30	27	56·5
16. Sudden	28	11	5	3	4	..	10·6
17. Violence, Privation, etc...	44	27	8	3	1	..	37·3
Causes not specified	32	5	..	..	..	..	6·5

TO CORRESPONDENTS.

On the Forms of Chronic Disease.

[To the Editor of the Medical Times and Gazette.]

Sir,—As I live in a small country village, eight miles from any other Medical man, I can assure you it is a great treat to find your paper on my surgery table when I return home from my Saturday morning's ride. I cannot but see the rapid strides that are being daily made in the practice of medicine and surgery, and nearly all arising from a more accurate knowledge of chemistry, and more correct views of the functions of the brain and spinal marrow. From my earliest acquaintance with the treatment of disease I have always tried to treat the cause, and not the effect. I divide, in my practice, all my cases into two classes, accidental and induced, and I find I have nineteen cases of induced complaints to one accidental. The accidental cases are generally acute, and require immediate and active treatment, such as pleurisy, English cholera, etc. The induced are those which in children are brought on by improper diet, or some mismanagement, or original taint, such as rickets, imperfect dentition, and disordered viscera. After puberty (or, even in rare cases before, in the female) come in the great bulk of cases which assume such a serious aspect. To enumerate all the diseases in this class, would, directly or indirectly, be to name, as I have said before, nineteen out of every twenty. I will leave out for the present the labouring class, and confine my views to those in higher, or what is as bad, wealthier classes; those swaddled in flannel, cradled in down, nursed in the lap of luxury, living in over-heated apartments, and accustomed to the glare of dazzling light, and carefully educated. But for what? Why, very often to obtain the very contrary of robust and good health, and if they escape the more serious maladies to be all their life-time subject to some "constitutional annoyance," as they term it, which nobody knows about but themselves. Now, what I wish to be perfectly understood is the following statement, (it may appear very ridiculous to many, but not so to all, as I find Dr. T. Thompson hits hard upon it in his chapter on Consumption, and so does Dr. R. H. Goolden on Diabetes, and I plainly see so many are beating the bush that if I do not look sharp they will be starting the game I have for a long time had in view, viz., that diabetes, consumption, *nearly* all renal affections, periodic headache, chlorosis, melancholy depression, adult anæmia, etc., all arise from the same cause, and what medicines will cure one disease will cure (if it be possible) all the rest. The causes of all are an anæmic state of the blood, producing a want of nervous tone, and a changed or imperfect elimination of the proper secretions. In my own mind I feel certain of the inducing cause of all, as daily experience strengthens and corroborates my views. Hoping you will excuse the hasty and unstudied manner in which this letter is written;—I am, etc.

Glentham, Market Rasen. Jos. Aston.

Liverpool Royal Infirmary.

School of Medicine, March 14, 1855.

At a meeting of the Students of the Liverpool Royal Infirmary Medical School, held on Wednesday, March 14th, after hearing a circular from the sub-committee of deputies from the various Metropolitan Hospitals,

It was proposed by Mr. Campion, seconded by Mr. Mackinlay, and carried unanimously,—

"That this meeting fully agrees with the objects of the one held in London with regard to the condition of the Assistant-Surgeons of the Navy, and pledges itself to use its utmost efforts to carry out the purpose for which the meeting was held."

It was proposed by Mr. Fryer, seconded by Mr. Kerman, and carried unanimously,—

"That in accordance with the preceding resolution the Students present be requested to attach their names to the following statement:

"The following Medical Students of the Liverpool Royal Infirmary School of Medicine refuse to enter the Naval service under the existing Admiralty regulations."

F. D. Fletcher, Chairman,
R. Fryer, Hon. Sec.

Treatment of Catarrh, etc.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your "Answers to Correspondents" in the last number of this Journal, I find that you recommend "sucking the juice of a dozen or even twenty oranges," as an efficient and rapid way of curing a "common cold."

In a short paper on the treatment of Coryza, that appeared in the *Medical Gazette*, July 13th, 1849, I recommended injecting the nares with a solution of sulphate of zinc. In describing the strength of the injection, it was erroneously stated to be gr. iij., instead of gr. i., to ℥i, of water. I did not discover the mistake until too late for correction. Since that period I have continued this mode of treatment with success. An ordinary 1 oz. male syringe is required, and the patient must stoop over a basin during the time of injecting. At the commencement of the attack, frequently one injection—viz., ℥i. to each nostril—will quite arrest it. Under any circumstances, it stops the discharge for a time; and, as it returns, the injection must be renewed. Seldom is it required to be done more than three or four times, and usually, in twenty-four hours, the disease is cured, without confinement to the house. The benefit of the injection is most marked in arresting the discharge of thick mucus, which renders the subsidence of a cold so very disagreeable. Perhaps its greatest utility is in removing a congested and relaxed state of the Schneiderian membrane, which renders a patient so susceptible to cold, and, for the relief of which, aid is often sought, unsuccessfully, in constitutional, without local, treatment; not but what "the slop" mode of treatment and nursing unquestionably increase this susceptibility, by relaxing the system. My objection to the "dry diet" is, that it increases the acrimony of the discharge, and that the inflammation is more likely to descend to the air-tubes. It certainly, also, is very disagreeable to the patient. Why should not an inflamed or congested pituitary membrane be treated on the same principles as similar states of the conjunctiva? Of course, powerful stimulation would give great pain in the frontal sinuses, and would not be admissible. Depletion, also, of course, would not be applicable. Although the nose is a less useful organ than the eyes, it is of some importance to keep it in working condition; for, as I have before stated, it "is nature's respirator;" and, when its lining membrane is inflamed, and too swollen to allow of breathing through it, the air, passing unwarmed to the larynx, proves an additional excitant to disease."

It is with some satisfaction that I read in your remarks, in the same number of your Journal, on Mr. Paget's treatment of piles by blue pil and castor oil, that "the only true radical measures are those which appeal to the cause of the disease, and relieve the congestion of the liver and loaded state of intestines, which have produced the venous distension about the anus;" as these accord with the paper you did me the honour to publish in November, 1852. I should prefer, for a continuance, the Magn. sulphas to the Ol. ricini, and would use a small ivory bougie, as described in that paper, for relieving the venous "distension about the anus." Yours, etc.,

31, Bayham-terrace, March 19, 1855. J. R. Pretty, M.D.

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M.D., Newcastle-upon-Tyne.—Your note cannot be inserted anonymously.

A Victimised Provincial M.B.—The money is recoverable by the same methods as any other legal debt. Should any difficulty occur, let the circumstances of the case be laid before the Secretary of State for the Home Department.

An Old Subscriber.—Rymer Jones' "Principles of Comparative Anatomy."

One Interested.—Sir John Richardson has been mentioned as not unlikely to succeed Sir William Burnett. The appointment is as yet, however, very uncertain.

Mr. Gurney.—We know no more than is expressed in the advertisement. You had better go to the spot and make inquiries.

Mr. Metcalfe, Wisbeach.—The plan you suggest of proceeding in a court of law against the Board of Guardians for the recovery of the debt, is the best that could be pursued. The case is one of extreme injustice, but as Mr. Burman is in possession of the minute empowering him to secure additional assistance, he has the whip-hand of the Board, and can doubtless compel them to pay a reasonable charge. We shall be glad to be informed of the result.

Mr. Legge.—The case shall appear.

Mr. Prentice, Cheltenham.—Your letter shall appear next week.

Student, Edin.—Every candidate for admission as a Fellow of the Linnæan Society must be proposed by two Fellows. The election is by ballot. An admission fee of six guineas is required, and a further sum of thirty pounds must be paid as composition against all future payments, or an annual subscription of three pounds guaranteed. For any further information write to the Secretary, at Soho-square.

W. H. F.—Dr. Wilson—Dr. Glover—Your communications shall receive attention next week.

An Amateur in Medicine.—Some of the numbers of "Orr's Circle of the Sciences," contain excellent articles on popular medicine, etc.

Mr. Winter.—Thanks for the Cases.

Mr. Toynbee's Lectures, Dr. Cotton's communication, Mr. Osborn's paper, etc., are in type, but are with many others unavoidably deferred insertion.

No Drug-Drencher.—Clauses 1 and 2 not objectionable. Clause 3 not clearly expressed. Clause 4 decidedly unprofessional.

Mr. B——t.—We do not insert notices of militia appointments, as to give all would occupy too much of our space.

An Inquirer.—Mr. Fuller has occupied an important post for many years in the Medical Staff of the Indian Army, and is of large experience. He is considered by those who know him to be well fitted for the responsible office which he has accepted. His staff includes several house surgeons, but not, we believe, any who have held higher public offices.

M.D.—Dr. Goolden has, we are informed, given up for the present his intended plan.

[To the Editor of the Medical Times and Gazette.]

SIR,—As we have no Medico-Ethical Society in London I beg to ask you whether it is consistent with professional etiquette and dignity for a surgeon to a charity to append his name to advertisements asking for assistance from the public. Surely it is a system of puffing that ought not to be tolerated. Mr. Harvey, of the Dean-street Ear Dispensary, has for a long time been the only person having recourse to the plan, but now I find Mr. Yearsley, not content with following Mr. H.'s example, advances a step, and *adds his address* in full. Now, Sir, what influence can Mr. Yearsley's name and *address* have towards inducing the public to subscribe to his Ear Dispensary? Would it not be well for the future for both these gentlemen to leave out their names, unless they really think it desirable to sacrifice professional etiquette for the benefit of the poor! In the six advertisements of medical charities which accompany Mr. Yearsley's in to-day's *Times*, not one, no, not even the Cancer Hospital, publishes the names of its medical officers. Yours, etc.,

March 14, 1855. R.

COMMUNICATIONS have been received from—

Mr. LEGGE, The Westminster Hospital; Dr. WILSON, Florence; Dr. GLOVER (with enclosure); A UNION MEDICAL OFFICER; M.D.; Mr. FERGUSON (with enclosure); Mr. J. BAKER BROWN; AN OLD SUBSCRIBER; Mr. WINTER, The Brighton Hospital, (with enclosure); A VICTIMIZED PROVINCIAL M.B.; AN AMATEUR IN MEDICINE; Mr. FRYER, Liverpool Royal Infirmary; AN ASSISTANT-SURGEON R.N.; Mr. HOPLEY (with enclosure); Mr. MILLIARD (with enclosure); Mr. STEWART (with enclosure); ONE INTERESTED; Mr. GURNEY, Norwich; STUDENS, Edinburgh; Mr. R. J. METCALFE, Wisbeach; THE SECRETARY OF THE NORTH LONDON MEDICAL SOCIETY; W. H. F., Northampton; Dr. CLARKE, Lyme Regis (with enclosure); Dr. BENJAMIN RIDGE (with enclosure); NO DRUG-DRENCHER; THE SECRETARY OF THE KENT COUNTY OPHTHALMIC HOSPITAL (with enclosure); Mr. BELL, Gateshead; Mr. PRENTICE, Cheltenham; Dr. MCLEOD, Ben Rhydding; THE SECRETARY TO THE HUNTERIAN SOCIETY; THE SECRETARY OF THE LINNÆAN SOCIETY Mr. T. BALLOTT.

APPOINTMENTS FOR THE WEEK.

MARCH.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
24. SATURDAY....	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	MEDICAL SOCIETY OF LONDON, 8 p.m.: W. A. Adams, Esq., "On Infantine Paralysis." ROYAL INSTITUTION, 3 p.m.: Dr. J. H. Gladstone, "On the Principles of Chemistry." ROYAL BOTANIC SOCIETY, 3½ p.m. PATHOLOGICAL SOCIETY OF DUBLIN, 4 p.m.
26. MONDAY.....		
27. TUESDAY	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at Guy's, 1 p.m.	ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. ROYAL INSTITUTION, 3 p.m.: Professor Tyndall, "On Electricity." ZOOLOGICAL SOCIETY, 9 p.m.
28. WEDNESDAY..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days); St. Mary's, 1 p.m.	HUNTERIAN SOCIETY, 8 p.m.: Mr. Ward will read a communication "On a Case of Rhino-plastic Operation." NORTH LONDON MEDICAL SOCIETY, 7½ p.m. MICROSCOPICAL SOCIETY, 8 p.m.
29. THURSDAY....	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	ROYAL SOCIETY, 8½ p.m. ROYAL INSTITUTION, 3 p.m.: Mr. Donne, "On English Literature."
30. FRIDAY	Royal College of Surgeons, 4 p.m.: Professor Quekett's Histological Demonstrations. Cambridge Lent Term ends. Operations at the London, 1½; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	CHEMICAL SOCIETY, 8 p.m. Anniversary. ROYAL INSTITUTION, 3½ p.m.: Rev. J. Barlow, "On the Application of Chemistry to the Preservation of Food."

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ROYAL MEDICAL BENEVOLENT COLLEGE.

Notice is hereby given, that the Election of Pensioners and Foundation SCHOLARS is appointed to take place in London, on Thursday, the 19th of July next.

Candidates for PENSIONERSHIPS must be duly qualified Medical Men, who have been in practice in England or Wales, at least five years from the date of their diploma, or the Widows of such.

Candidates for FOUNDATION SCHOLARSHIPS must be the Sons of duly qualified Medical Men, or the Orphans of those deceased.

The Names of Candidates will not be received after the 1st of May next.

The Governors vote by ballot, either personally or by proxy, having votes in the proportion of One for every Guinea subscribed annually, every Ten Guineas given, every Twenty Guineas collected. Proxy papers, containing a list of the Candidates, with particulars relative to the Election, will be duly forwarded to every Governor, one month previously.

Those gentlemen whose Subscriptions are due would oblige by remitting them at their earliest convenience, as no Annual Governor whose Subscription is in arrear will be entitled to vote.

Members of the Profession who may be desirous of having their Sons admitted as EXHIBITIONERS, are requested to make early application to the Council.

Office, 37, Soho-square, March 22, 1855.

JOHN PROPERT, Treasurer.

Royal Medical Benevolent College.

At a Meeting of the Council, held on the 7th instant, SIR JOHN FORBES, M.D., in the Chair, the following resolution was adopted:—

"That Ladies making Donations of Five Guineas to the College at its Opening, be constituted Life Governors."

Ladies availing themselves of this privilege will be enabled to vote at the ELECTION OF PENSIONERS and FOUNDATION SCHOLARS, which is appointed to take place on Thursday, the 19th of July next.

JOHN PROPERT, Treasurer.

Office, 37, Soho-square, March 8th, 1855.

New Medical Glass Bottles. At

MESSRS. E. AND H. HARRIS, 2, UPPER COPENHAGEN STREET, BARNSBURY ROAD, ISLINGTON, LONDON.

6 & 8 oz.,	Green,	any shape,	plain or	graduated,	10s. per gross.
3 & 4 oz.,	do.		do.	..	8s. 6d. do.
1½ oz.,	Moulded Phials	..	..	..	7s. do.
1 oz.	do.	..	..	..	6s. 6d. do.

Country orders attended to on remittance. Full list of prices sent on application. No charge for package, if returned. Goods delivered free within seven miles.

Laboratory of Physiological and Path-

OLOGICAL CHEMISTRY, under the superintendence of Dr. Marcet. On Monday, April the 30th, Dr. Marcet will commence at his Laboratory a Practical Course of Physiological and Pathological Chemistry. The pupils will manipulate under Dr. Marcet's directions, and throughout the whole course their attention will be especially drawn to such points as bear more directly on the practical parts of the medical profession. The class will meet every day for two successive hours until the 31st of July. Fee, three guineas per month, or eight guineas for the whole course. Apply at Dr. Marcet's Laboratory, 8, Chapel Place, Belgrave Square, between 3 and 5 o'clock; or at 36, Chapel Street, Belgrave Square.

Dr. Kahn's Museum Re-opened at

4, Coventry-street, Leicester-square, consisting now of One Thousand highly-finished Wax Models, illustrating every part of the human frame, in health and disease. Open (for gentlemen only) daily from half-past 11 till 5, and from 7 till 10. A new Series of Lectures by Dr. Sexton, F.R.G.S., etc., at 12, 2, 4, and half-past 7 in the evening. Admission, One Shilling. A new Catalogue, containing Lectures on the most interesting branches of Physiology, by Dr. Kahn, illustrated. Price 6d., (by post 4d. extra.)

The Respirator.—The assumption of

the name "Respirator" for various discreditable and defective imitations of Mr. JEFFREYS' Instruments, the value of which, in Medical Practice, has given a wide reputation to the name, can only mislead unwary persons not acting under Professional advice. City Office for the Respirator, 25, Bucklersbury; West-end Depôt, 25, Holles-street, Oxford-street, London. In London and all Towns, the principal Chemists and Surgical Instrument Makers are Agents for Mr. Jeffreys' Respirators.

Allsopp's East India Pale Ale, as

especially ordered for Scutari, recommended by Baron Liebig and the most eminent Medical Profession, in Bottles and Casks (eighteen gallons and upwards), imperial measure.

Address, Harrington Parker and Co., Beer Merchants, 5½, Pall-mall.

Charcoal Bandages.—The most cleanly

and effectual method of applying Charcoal to gangrenous and foul wounds. Approved by Dr. Stenhouse and the Medical Authorities of the London Hospitals. Samples forwarded on application.

THE IMPROVED CHARCOAL RESPIRATOR. Sanctioned and approved by Dr. Stenhouse. The only Respirator (except the original Cambrous one) in which the object sought by Dr. Stenhouse, viz., the purification of an impure or infected atmosphere, is entirely effected. Price 5s. 6d., or post free on receipt of 6s.

Darby and Gosden: 140, Leadenhall-street, London.

To Physicians, Surgeons, and

DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING TISSUE.—PREPARED FROM PURE CANTHARIDINE.

An elegant preparation, vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments, as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the New York Journal of Medicine.

"March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this Article is a very simple and neat dressing."

"10, Finsbury-place South, March 16, 1852.

"Dear Sir,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks. I have given both preparations a thorough trial, and cannot retrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to insure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"Honorary Surgeon to the Royal Free Hospital, etc., etc.

"To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

"ANDREW SMITH, M.D.,

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared and sold by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON, and by the Sole Consignee, Mr. WILLIAM BAILEY, Wolverhampton; and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

Varicose Veins and Supporting Belts.

—SURGICAL ELASTIC STOCKINGS and KNEE CAPS, on a New Principle, pervious, light in texture, and inexpensive, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of lacing or bandaging. Likewise, a strong, low-priced article for Hospitals and the Working-classes, ELASTIC NET CORSETS of the same beautiful fabric. ABDOMINAL SUPPORTING BELTS for both Sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the Manufacturers, POPE and PLANTE, 4, Waterloo-place, Pall-mall.

The Profession, Trade, and Hospitals, supplied.

Bland and Long, Philosophical and

CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d. 8s. 6d., 15s., and 30s. each.

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DR. DE JONGH'S
LIGHT-BROWN COD-LIVER OIL.

PREPARED FOR MEDICINAL USE IN THE LOFFODEN ISLES, NORWAY,

AND PUT TO THE TEST OF CHEMICAL ANALYSIS.

EXTRACTS FROM

OPINIONS OF MEDICAL JOURNALS.

"THE LANCET,"

(*July 29th*, 1854.)

"Cod-liver Oil has become one of the most generally prescribed and popular remedies of the day, and there are but few medical men who have prescribed it largely who do not bear witness to the benefit very frequently derived from this remedy, especially in cases of scrofula and phthisis.

"After a careful examination of the different kinds of Cod-liver Oil, Dr. de Jongh gives the preference to the Light-brown Oil over the Pale Oil, which contains scarcely any volatile fatty acid, a smaller quantity of odi ne, phosphoric acid, and the elements of bile, and upon which ingredients the efficacy of Cod-liver Oil no doubt partly depends. Some of the deficiencies of the Pale Oil are attributable to the method of its preparation, and especially to its filtration through charcoal. **IN THE PREFERENCE OF THE LIGHT-BROWN OVER THE PALE OIL WE FULLY CONCUR.**

"We have carefully tested a specimen of the Light-brown Cod-liver Oil, prepared for medical use under the direction of Dr. de Jongh, and obtained from the wholesale agents, Messrs. Ansar, Harford, and Co., 77, Strand. We find it to be genuine, and rich in iodine and the elements of bile.

"ASSOCIATION MEDICAL JOURNAL,"

(*September 1st*, 1854.)

"It is important that the profession should know how to procure, as well as how to administer, the right kind of Oil, or that which is really most efficient in disease. Three kinds of Cod-liver Oil are in the market —the Pale Oil, the Light Brown, and the Darker Brown. Of these, the second has been found more efficacious than the first, and its chemical composition is very different; the third is offensive, bitter, and acrid, and scarcely available for internal use.

"No man has given so much attention to the analysis of Cod-liver Oil as Dr. de Jongh; and the books at the head of this notice present the substance of his researches. He has now undertaken himself to ensure a constant supply of the most powerful and genuine Cod-liver Oil for medicinal purposes. The Oil is prepared in the Loffoden Isles, shipped from Norway to the author, who undertakes to submit it to careful analysis before it is exposed for sale. **Such an undertaking appears on the face of it to have a strong claim on the encouragement of the Profession, who are certainly much interested in obtaining a purer article than those which are now so marvellously cheap in the market."**

"THE DUBLIN MEDICAL PRESS,"

(*December 13th*, 1854.)

"Whatever scepticism may exist respecting the medicinal virtues of this remedy, no doubt can reasonably be entertained that this specimen [Dr. de Jongh's Light-brown Cod-liver Oil] possesses them; and this it is of importance to establish at a time when much impure and adulterated Oil is offered for sale, and freely accepted by practitioners as sufficient for the purposes of routine practice. It is well that practitioners should be enabled to secure for patients some genuine kind upon which they can place firm reliance, in cases demanding all the advantages which this agent can afford.

"It follows that if the practitioner wishes to give his patient this remedy, he must take the trouble of aiding him to obtain it of a genuine quality; it will not do to write a prescription, and leave the bearer of it to find a person who will obey it honestly."

Sold in Bottles, labelled with Dr. de Jongh's stamp and Signature, **without which none are Genuine**, by

ANSAR, HARFORD, AND CO.,

77, Strand, London,

Dr. de Jongh's sole accredited Consignees and Agents for the United Kingdom and British Possessions.

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Cork: W. & H. M. Goulding, & W. Harrington & Son.
Edinburgh: Raimes, Blanshards, & Co.
Glasgow: Donald Campbell,
and
Glasgow Apothecaries' Company.

HALF-PINTS (10 Ounces) 2s. 6d.

PINTS (20 Ounces) 4s. 9d. | QUARTS (40 Ounces) 9s.

IMPERIAL MEASURE.

New Equitable Assurance Company,

(Incorporated by Act of Parliament, 7 and 8 Vict. cap. 110.)
Chief Offices—449, STRAND, LONDON.
Branch Office—SAVINGS'-BANK, WORCESTER.
CAPITAL, £100,000.

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DIRECTORS.

SIR CHARLES HASTINGS, M.D., D.C.L., Chairman of the Board.
GEORGE BEAMAN, Esq., M.D., F.R.C.S., Deputy-Chairman.

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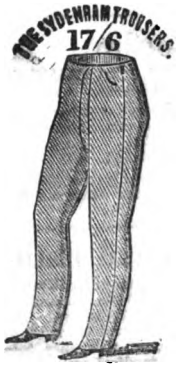
The Directors acknowledge and consult all duly-qualified Medical Practitioners as the Medical Advisers of the Company, and uniformly pay a Fee of Two Guineas for every Medical Report, when the Proposal for Assurance is for £200 and Upwards, and a Proportionate Fee for a Smaller Amount.

Medical Practitioners are also entitled to Ten per Cent. Commission on First-Year's Premiums, and Five per Cent. on all subsequent Payments, for Assurances effected through their Introduction.

Every Description of Life Assurance Business Transacted.

Prospectuses, Forms for Proposals, and any further information, may be had on applying to the Resident Director, or Secretary, at either Office, or of the Company's Agents.

N.B.—Active and influential Agents Wanted.



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29, LUDGATE HILL,

Inventors and Sole Manufacturers of the

SYDENHAM TROUSERS,

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Unequalled for superior Style, Fit, Quality, perfect Ease, and Gracefulness, so requisite for Gentlemanly appearance, and so rarely obtained.

Patterns Sent Free, on application.

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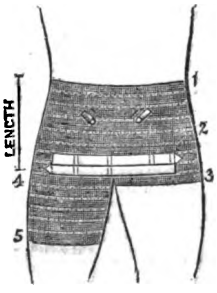
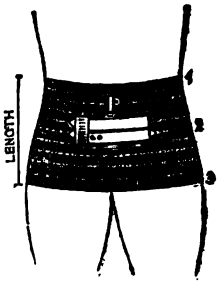
FOR THE PRESENT SEASON,

Is worthy of your inspection.

Mr. Bourjeaurd's Registered Elastic

APPLIANCES, acting Spirally and Free from Seams; to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris. At home from One till Five.





THE BELT AND AIR-PAD FOR FEMORAL HERNIA.—Mr. Bourjeaurd begs to state that this has been extensively tried, and has met with great approbation, especially at Guy's and St. Bartholomew's Hospitals. (See "Lancet," Jan. 10th, 1852, page 43; and March 13th, 1852, page 267.) The air-pad is carefully adjusted, so that it may exactly rest on the femoral ring, the tube and stop-cock being free, to allow of the pad being subjected to more or less insufflation. The belts in all these apparatuses possess the great advantage of encompassing the abdomen without distressing the patient, and of giving such support to the intestines, as to lessen the chance of hernial protrusion. It is, in fact, extremely erroneous to confine the pressure to the rings; the whole abdominal mass should be well supported, and the pressure on the rings will then be effectual, without being exerted with the violence so often connected with the steel trusses.

APPARATUS FOR UMBILICAL HERNIA.—The belt is of the same kind as those figured in the other diagrams, but an air-pad sufficiently large is here fixed in the centre of the belt, and has the advantage, by its yielding and resilient properties, to fill, in some degree, the umbilical ring; thereby preventing protrusion, and leading the way, especially in children, to the final closure of the ring. Mr. Bourjeaurd has had several cases of radical cure with young subjects. See "Lancet," July 12th, 1851, page 33; and Feb. 12th, 1853.)

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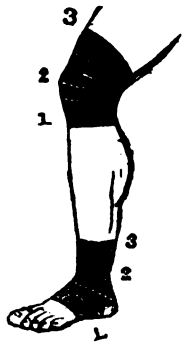
CAUTION.

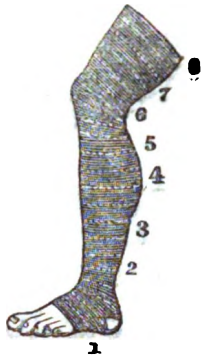
Knee Cap and Ankle Piece.



Abdominal Supporter.

Spinal Supporter.

Stocking and Thigh-Piece.



Mr. Bourjeaurd, in submitting the above four Engravings as illustrating the nature and special design of his apparatuses, most earnestly begs to call the attention of professional gentlemen to the gross and nefarious practices of unprincipled parties, who attempt to impose on the public by advertising their spurious apparatuses, accompanied with the closest imitations of his diagrams, and with the use even of the same words and plan of measurement, in order to obtain, by these fraudulent means, a portion of the patronage with which he has been especially honoured by the Profession. Mr. Bourjeaurd wishes, therefore, to caution Medical gentlemen against the dishonest proceedings of his imitators, and hopes they will not accept any of the appliances put forward under the name of Spinal Supporter, except the articles come from his own Establishment, No. 11, DAVIES-STREET, BERKELEY-SQUARE (opposite Mivart's Hotel), LONDON; and RUE DES BEAUX ARTS, No. 17, PARIS.

Adnam's Improved Patent Groats and BARLEY.—THE ONLY EXISTING PATENT, and STRONGLY RECOMMENDED BY THE MEDICAL PROFESSION.

TO INVALIDS, MOTHERS, and FAMILIES.—The important object so desirable to be obtained, has at length been secured to the Public by J. and J. C. ADNAM, Patentees, who, after much time and attention, have succeeded by their IMPROVED PROCESS, in producing preparations of the purest and finest quality ever manufactured from the Oat and Barley.

The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged.

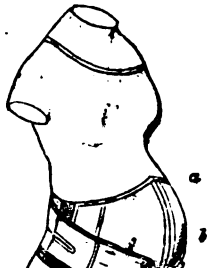
A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined:—

"Chemical Laboratory, Guy's Hospital,
"February 19, 1855.

"I have submitted to a microscopical and chemical examination the samples of Barley-meal and Groats which you have forwarded to me, and I beg to inform you, that I find in them only those principles which are found in good Barley; there is no mineral or other impurity present, and from the result of my investigation, I believe them to be genuine, and to possess those nutritive properties assigned by the late Dr. Pereira to this description of food. (Signed) "A. S. TAYLOR.

"Messrs. J. and J. C. Adnam and Co."

To be obtained Wholesale at the Manufactory, Maiden-lane, Queen-street, London; Messrs. Barclay and Sons, Farringdon-street; and Edwards, St. Paul's-churchyard; Sutton and Co., Bow-churchyard; and other Wholesale Houses. Retail in Packets and Canisters at 6d. and 1s. each, and in Canisters for Families at 2s., 5s., and 10s. each, of all respectable Grocers, Druggists, etc., in Town and Country.



Huxley's Fulcrum Abdominal BELT will be found, from its mechanical arrangement, acting diagonally, and producing the required support for the lower part of the Abdomen, to be the most complete and comfortable arrangement ever invented. It is extremely light, weighing only 4 oz. Price 18s.

Measures required. — Circumference at A, B, and C; depth from A to C.

A discount of 20 per cent. to the Profession.

HUXLEY AND CO.,
8, OLD CAVENDISH-STREET,
Late of 5, Vere-street, Oxford-street.

Abstract regarding Economy in CLOTHES, from the "Times," October 30:—"EVERY YARD of CLOTH SOLD at the LONDON CLOTH ESTABLISHMENT is Sold at the WHOLESALE PRICE.—Gentlemen Purchasing Cloth at the London Cloth Establishmetn (if they wish) have it made up on the Premises, at the expense of only the Workman's Wages, in addition to the price of the Trimmings." *The Economy of this system is proved* by the saving of from Thirty to Fifty per cent. in the price of every garment; in addition to the very obvious advantage of selection from such a stock, and the guarantee of a Superior Fit, Good Taste, and the Best Work.

LONDON CLOTH ESTABLISHMENT—16, COVENTRY-STREET.

The Best Food for Children, Invalids, and others.—ROBINSON'S PATENT BARLEY, for Making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinæ of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE, and CO., Purveyors to the Queen, 64, RED LION-STREET, HOLBORN, LONDON.

The Proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s., 5s., and 10s. each.

Fr. G. Ernst's Manufactory of SURGICAL, ANATOMICAL, and ORTHOPÆDIC INSTRUMENTS, 43, LAMB'S CONDUIT-STREET, FOUNDLING HOSPITAL. Every kind of Apparatus for the Cure and Relief of Bodily Deformities, from the simplest splint up to the finest application of the rack and pinion power (the agent in modern Orthopædy), including the principles of the spring, lever, etc., etc., may be obtained at the above Establishment, as well as every kind of Elastic Bandages, Belts, Trusses, Artificial Legs, Arms, and Hands, Crutches, etc., etc.

Fr. G. ERNST particularly solicits the attention of the Faculty to his newly-invented SPINAL SUPPORT, which has met with the entire approbation of the most eminent Practitioners.

Surgical Instruments Made to Order, and Kept in Repair.

Charcoal Respirators.—Mr. Rooff, 8, Willow Walk, Kentish Town, having spent many months in perfecting Charcoal Respirators for Dr. Stenhouse, begs leave to state that he is the only authorized manufacturer—none are genuine unless stamped with his name—of whom they may be had. Also of Mr. Maw, 11, Aldersgate Street. Charcoal Ventilators as in use at Mansion House and Guildhall. Copy of letter from *Times* sanctioning the above, with full particulars, free on application.

A New Discovery.—Mr. Howard, SURGEON-DENTIST, 52, FLEET-STREET, has Introduced an entirely NEW DESCRIPTION of ARTIFICIAL TEETH, Fixed without Springs, Wires, or Ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer: they will NEVER CHANGE COLOUR or DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed Teeth rendered Sound and Useful in Mastication.

52, Fleet-street.—At home from Ten till Five.

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MESSRS. LANE AND LARA,

MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC ASYLUM REGISTRARS.

14, JOHN-STREET, ADELPHI.

(Established A.D. 1828.)

Commission on Transfers charged only to one party; permanent Assistants provided without expense to Principals; and every other description of business transacted for the Profession at a fixed and moderate cost. A postage-stamp must be enclosed in every communication requiring an answer.

*** Office hours from 12 till 4.

Kent.—A First-Class General Prac- TICE, from which the receipts average over £1600 per annum, is to be TRANSFERRED, with a couple of years' PRELIMINARY PARTNERSHIP, for 1½ year's purchase of the gross returns, half cash and the remainder at the end of Introduction. Apply to Messrs Lane and Lara, 14, John Street, Adelphi.

King's College, London. — Medical DEPARTMENT.—The SUMMER SESSION will Commence on May 1st, when new Students will be admitted.

All Students entering at this period will be entitled to compete for the two Warneford Scholarships of £25 per annum for three years, which will be given in October next. The examination will be in the following subjects:—Divinity, Classics, (the same subjects as for the Matriculation Examination at the University of London,) Mathematics, History, and the Modern Languages.

The particular books selected for examination, and all other information, may be obtained from J. W. Cunningham, Esq., Secretary, King's College, London.

March 18th, 1855. R. W. JELF, D.D., Principal.

House-Surgeon.—St. Mary's Hospital. —A Resident Medical Officer is required for this Hospital, who must possess a qualification in medicine from one of the Universities, Colleges, or Halls, or be a Fellow or Member of one of the Royal Colleges of Surgeons in the United Kingdom. Gentlemen desirous of filling the above office are requested to send in their Testimonials on or before Saturday, the 31st instant, addressed to the Secretary, at the Hospital, from whom further information may be obtained, and they must be in attendance at the Hospital at half-past Four o'Clock in the afternoon of Monday, the 2nd of April.

March 19, 1855. ROBERT J. NEWMAN, Secretary.

Norfolk and Norwich Hospital.— HOUSE SURGEON WANTED.

The Board of Management, in compliance with the 23rd Rule, give Notice that, in consequence of the resignation of Mr. G. R. Cubitt, the office of HOUSE SURGEON and APOTHECARY is now vacant, and that the Election for a successor will take place at the Anniversary Board, to be held at the Hospital, on Saturday, the 7th day of April next, at 12 o'clock at noon.

The Salary will be £80 per annum, with Board and Lodging, and the privilege of taking one In-door and two Out-door Pupils.

By Rule 24—Persons who intend offering themselves as Candidates for the vacant Office, must deliver in their names, in writing, to the Board, at least one week preceding the day of Election, and must be nominated by a Governor, when the General Board is about to proceed to the Election.

By Rule 25—All Governors shall be allowed to vote by proxy, by signing a paper, according to the Form No. 1, in the Appendix, such paper to be given in to the Election Committee during the hours of the ballot, by a Governor, who shall be held responsible for the genuineness of the signature.

The name of the Candidate and the signature must be in the handwriting of the Governor recording his vote.

By Rule 47—The House Surgeon and Apothecary must always be a Single Man, and when elected not less than 25 nor more than 45 years of age, and that every Candidate for the Office produces evidence of his being a Member of one of the Colleges of Surgeons of the United Kingdom and a Licentiate of the Apothecaries Company.

By Rule 26—No Governor can vote whilst his Subscription is unpaid, nor until six months after his name has been entered on the Subscription Book of the Hospital.

Any further information may be obtained by application to the Secretary at the Hospital.

ROBERT E. HOUGHTON, Secretary.

Norfolk and Norwich Hospital,
March 20th, 1855.

Liverpool, Southern, and Toxteth HOSPITAL.—Wanted, a JUNIOR HOUSE-SURGEON. Salary, 50 Guineas per Annum, with Board and Lodging in the Hospital. Candidates are required to have the Diploma of one of the Royal Colleges of Surgeons, and the Licence of the London Society of Apothecaries.—Applications, with Testimonials, to be addressed to James Houghton, Esq., Treasurer, at the Hospital, on or before Tuesday, the 27th March.

N.B.—The Candidates whose Testimonials are satisfactory will have notice to appear before the Medical Board on or before the day of Election.

Institution for the Insane, Coton-hill, STAFFORD.—President—The Earl of HARROWBY.—This Institution, established for the Insane of the Higher and Middle Classes, under the supervision of a Committee of Magistrates and Subscribers, is now ready for the reception of Patients.—For Forms of Admission, and other particulars, apply to the Superintendent, Dr. Hewson, Coton-hill Stafford.

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Those intending to become Candidates are requested to forward their diplomas, etc., on or before Thursday, the 5th April, to the Professor of Medicine.

ANDREW FYFE, M.D., Professor of Medicine.

Aberdeen, March, 1855.

St. Luke's Hospital for Lunatics: es- TABLISHED A.D. 1751. DISPENSER WANTED.—A sub-committee will meet at the Hospital, on Friday the 30th March instant, at 12 o'clock precisely, to receive applications in writing, with testimonials as to ability and character, from qualified persons who may wish to offer themselves as Candidates for the office of Dispenser, on which occasion the candidates are requested to be in attendance. Candidates must be accustomed to the compounding and dispensing of medicines, and must possess a competent knowledge of Chemistry and Materia Medica. Salary £50 per annum, without Board or Residence. Further information may be obtained on application to the Secretary.

GEORGE MENCE, Secretary.

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March, 1855. H. A. BATHURST, Hon. Secretary.

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The Medical Times and Medical Gazette incorporated.

No. 248.—New Series. LONDON, SATURDAY, MARCH 31, 1855. SEVENPENCE. Stamped Edition 8d.

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Advertisements intended for insertion in the NEXT NUMBER should be forwarded to the Office by Two o'Clock on WEDNESDAY NEXT. The "MEDICAL TIMES and GAZETTE" will be published on THURSDAY, instead of on (GOOD) FRIDAY.

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ABSTRACT REPORT OF THE CROONIAN LECTURES,

DELIVERED AT THE

Royal College of Physicians,

By PATRICK BLACK, M.D.,
Assistant-Physician to St. Bartholomew's Hospital.

ON THE FORCES OF THE CIRCULATION.

Lecture I.

There was probably no subject in the whole range of physiological science which commanded a higher interest than that concerning the forces of the circulation—none which had been investigated by men more distinguished for their ability and learning—none, and this last point is very remarkable, where their labours had been attended by such various and even contradictory results, as in the estimates they had severally formed of the force of the heart as the great agent of the circulation.

The Lecturer did not propose to consider the whole question of the circulation, or even what might appear to some as the principal or most interesting points involved in such an inquiry, but rather to confine his attention to the elucidation of some parts of the subject which bore the application of the principles of mechanics.

He enforced the necessity of a previous acquaintance with the abstract laws of physics which are applicable to the physiology of the heart as a dynamic organ, in order rightly to understand the influence of hypertrophy, of dilatation, and the combination of these two conditions.

The heart's physiology was more unsettled than was generally supposed, even in fundamental points.

Hales estimated the force of the left ventricle at about 51 lb., Poisenille and Magendie at a little over 4 lb.; Valentin computes it at 3 lb.; Borelli and Keill stand in the remarkable contrast of 180,000 lb. to from 5 to 16 ounces.

We are thus led to ask, are the principles the same on which the calculations have been made, or, if they differ, which principle is the right one?

The estimate of Borelli, historically the first one, was the most remote from the truth. He was wholly unaided by experiment, and directed his demonstrations to a *false issue*. It is in this single point that the fallacy of Borelli's reasoning is to be found. He gave to the heart a function which it does not discharge, and assigned to it a task which it was absolutely impossible it could accomplish. This fallacy has not been properly exposed, and many who have rejected Borelli's estimate have acquiesced in the view which he took of the heart's primary function, without perceiving to what a conclusion they would in consequence stand committed. Borelli's logic is, consequently, less faulty than that of many who have arrived more nearly at the truth.

Keill had the great merit of laying the foundation-stone of that superstructure of knowledge which we now possess on this subject, but erred in substituting the arterial tension for the heart's force: the philosophical principles on which he rested were sound in the abstract, and he had the great merit of originality in applying them to the determination of the question respecting the heart's force. He deduced the arterial tension from the velocity of the blood in the arteries—*not* the actual velocity, but that which it would have if unresisted.

This appears to be a sound principle, but his experiments were defective; and even if they had been worthy of confidence, would have shown only the arterial tension, and not the force of the heart.

Michelotti corrected Keill's error, and showed that if his estimate was trustworthy, it would not determine the absolute force of the heart, but only the amount of pressure at the orifice of the aorta, whereas, in order to get the whole amount of the weight which the heart has to bear at each contraction, you must multiply the weight which Keill obtained into the whole internal surface of the ventricle. Thus, if the pressure at the orifice of the aorta was equal to 8 ounces, and the whole internal surface of the ventricle was ten times greater than the area of the orifice of the aorta, the total pressure on the ventricle at the instant of its contraction would be, not 8, but 80 ounces. The experiments of Hales were founded on the philosophy of Keill and Michelotti; that is, he adopted the principle of measuring the heart's force by the height of the column it would sustain; but this he ascertained by *direct* experiments, instead of computing it in a circuitous and inferential method from the result of experiments, which, though just in their abstract conception, were most defective and fallacious as the basis of a calculation.

This correction of Keill's error, which was first given by Michelotti (1721), and adopted by Hales, is of the greatest importance, as well in its bearings on pathology as in its physiological aspects.

This relation might be thus illustrated:—Let two tubes of equal height be affixed to bulbs of which the diameter of one is equal to 2 inches, and that of the other equal to 3 inches, and let both be filled with water. Now, as the surfaces of spheres are to each other as the squares of their diameters, the relative pressure on the internal surface of the two bulbs will be as 4 : 9.

Now, to apply this to the heart—may we not say, that, as the pressure is, so should be the power which has to overcome it; and, if the two bulbs were considered as hearts, and the area of one had a thickness equal to 4, the area of the other would demand a thickness equal to 9. Hence the power of a ventricle is, cæteris paribus, inversely proportional to the square of its diameter.

This principle gives us the measure of enfeeblement by dilatation, and will show approximately the compensating power of hypertrophy. It elucidates the great danger and frequent syncope in cases of slight dilatation, where it has been unaccompanied by hypertrophy, and removes the anomaly of a very feeble pulse in cases of great hypertrophy by explaining the influence of the concomitant dilatation.

We read with surprise, in modern treatises on Physiology, that "the heart's force in man probably does not exceed three pounds." Have not the authors confounded two distinct things; viz., the arterial tension, and the total force of the heart?

The former may be equal to three pounds on a square inch; but the latter must be this amount multiplied into the internal surface of the ventricle.

It has been shown by Poisenille and others, that a column of fluid is supported at the same height by the pressure in the arteries of the largest and smallest animals; but, if we conceded this, should we therefore allow, that the total force of the heart was the same in these contrasted examples? The total force may differ as a million to one; and yet the blood-pressure in the vessels of an animal whose heart contains only one drop, may stem or overpower the torrent in the aorta of a whale.

Poisenille committed the same error which has been proved against Keill: he introduced the use of mercury as a barometric gauge, which was probably more convenient, though it involved no new principle; but when he had found the height of his column, he multiplied this by the area of the aorta at its orifice, and said that this was the force of the aortic ventricle.

Poisenille's experiments were admirable, but his reasoning on them was erroneous; and neither he, nor so accomplished a physiologist as Magendie, appear to have profited by the able exposition of the subject by Michelotti and Hales.

Borelli erred in founding his demonstrations on principles which were foreign to the issue he had to determine; he took a false view of the heart's physiology, ascribing to it a function which it does not perform, and assigning to it a task which it was absolutely impossible it could accomplish.

Keill penetrated the philosophy of the question, and is worthy, notwithstanding the imperfection of his experiments, and the error we have already noticed, to share, with Hales and Michelotti, the honour of having placed this interesting problem in physiology in a satisfactory light.

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ON THE
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CAUSING DISEASE IN THE BRAIN OR ITS MEMBRANES.

DELIVERED AT

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By JOSEPH TOYNBEE, Esq., F.R.S.

Aural Surgeon to the Hospital; Lecturer on Aural Surgery at St. Mary's Hospital Medical School; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, etc.

Lecture VI.

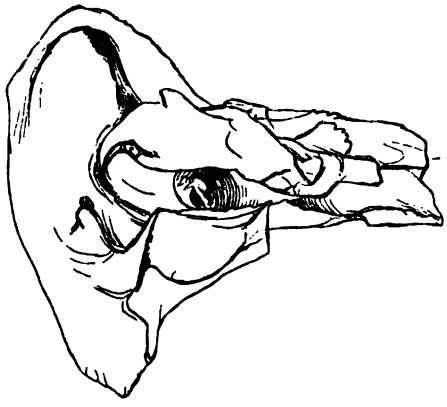
Gentlemen,—When addressing you on the subject of disease occurring in the mastoid cells, I have already taken the opportunity of informing you that the cause of the disease advancing to the lateral sinus and the brain, is the retention of the discharge within the mastoid cells, instead of there being a free egress for it through the external meatus.

In the cases of death from purulent infection which I detailed to you in my last Lecture, you saw that there was merely a small aperture in the membrana tympani, through which only a part of the matter could have been discharged from the mastoid cells, and I think it probable, if from any cause, a sufficient portion of the membrana tympani had been removed at the commencement of the attack, so as to permit of a thorough evacuation of the contents of the mastoid cells, that the bone would have remained free from disease.

The following case is corroborative of the above opinion; for you will observe that the scarlet fever seems to have attacked the mastoid cells of each ear equally. In each ear the lower half of the membrana tympani was destroyed; but in the organ of which the bone became diseased, you will remark that the lower margin of the remnant of the membrana tympani fell inwards towards the promontory, to which it became attached; and by this means the escape of matter from the mastoid cells was prevented; while, in the other ear, the lower margin of the membrane remained free, and the discharge freely escaped. The case, of which the particulars were sent to me by a friend, together with the petrous bones, is of interest on other grounds; it shows that you may have disease in the tympanic and mastoidal cavities, coexisting, and producing, at the same time, disease in the cerebrum and cerebellum. It is also of interest in showing how very little relation exists between the condition of the bone forming the lateral sulcus and the contents of the lateral sinus. In some cases, already detailed to you, the lateral sinus contained a considerable quantity of pus, but the bone was not carious; whereas, in the following case, where the bone forming the lateral sulcus was so much diseased that a large portion was necrosed and completely detached from the surrounding parts, there was no pus in the sinus. The explanation of this circumstance, which I have observed in other cases, is most probably to be found in the fact that, when there is extensive caries of the substance of the bone, there is more space for the matter, and the pressure upon the sinus is comparatively slight.

Catarrhal Inflammation of the Mucous Membrane lining the Mastoid Cells of each Ear; Retention of the Discharge in the Right Ear, by the adhesion of the Membrana Tympani to the Promontory; Caries of the Right Lateral Sulcus, and Abscesses in the Cerebrum and Cerebellum.—J. R., aged 12, had an attack of scarlet fever two years previously, since which he has had a discharge of matter from each ear, and a considerable diminution in the hearing power. On the 13th of February, 1854, he complained of rigors, and general *malaise*; these were followed by febrile symptoms, and pain behind the left ear. On the 15th, a small abscess was observed behind the ear, which, when opened, discharged a sanguineous fluid. There was a slight degree of stupor. The discharge continued, without relief to the pain. On the 20th, he had somewhat improved; pain less, stupor diminished; discharge takes place from the meatus, as well as from the abscess. On the 21st, another abscess formed over the mastoid process; pulse small, and frequent, the discharge very fœtid. 22nd, decidedly improved in every respect; but the pain and feverish symptoms returned on the 23rd, in an aggravated form; the drowsiness much increased, so that he had to be roused up to take his food, and he soon fell back again into the same state. He gradually became weaker, the urine and fæces were passed involuntarily, the stupor increased, and the prostration was extreme. On the 14th of March he had two severe rigors, and he constantly cried out on account of the severe pain in the head. The pain gradually increased till the 6th of March, when attacks of pain came on every ten minutes, and they were of so acute a character as to cause him to scream. During the succeeding seven days he suffered much less pain; there was a copious sanious discharge from the ear, and from the abscess. On the 15th, the stomach became irritable, and rejected everything introduced into it. The pain, at times, was extreme. On the 16th, at twenty minutes past twelve, he became suddenly convulsed, the face and chest were of a deep blue, the pulse became imperceptible at the wrist, the pupils dilated, and fixed, and in this state he died. Upon inquiry it appeared that, since the fever, this patient had suffered from frequent head-aches, languor, and drowsiness.

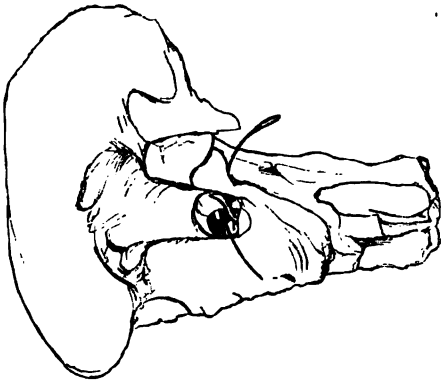
Fig. 12.



Showing the membrana tympani fallen inwards and attached to the promontory, so as to prevent the matter escaping from the tympanum and mastoid cells.

Autopsy.—The blood-vessels of the dura mater were highly congested. In the sulcus lateralis was a portion of necrosed bone, about three quarters of an inch long and half an inch broad; it was quite detached from the surrounding bone; its outer part formed a portion of the mastoid process; between this portion of bone and the dura mater was a considerable quantity of purulent matter, which communicated with the superficial abscess behind the ear. An abscess was found in the substance of the middle lobe of the cerebrum. Upon examining the ear, the lower half of the membrana tympani was found to have been destroyed, and the inferior half of

Fig. 13.



The lower half of the membrana tympani is absent, but the remaining portion of the membrane is not attached to the promontory, and a bristle passes from the tympanum into the meatus, showing that there was free egress for the matter from the tympanum and mastoid cells.

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the upper part was attached to the promontory, and thus the upper portion of the cavity of the tympanum and that of the mastoid cells was closed, and the matter there secreted had no exit. The tympanic mucous membrane was thick and ulcerated in parts. The mastoid cells presented a large cavity full of pus. In the opposite ear the lower two-thirds of the membrana tympani were absent, but the upper part was not adherent to the promontory, so that there was ample room for the egress of discharge from the tympanum. The tympanic mucous membrane was thick, but it was not otherwise diseased; the bone was healthy.

A case very similar to the last cited was brought under my notice by Dr. Ogle, who was so good as to give me the preparation. In this case the disease had made way externally, so that the mastoid process was broken up, while the sulcus lateralis was comparatively but slightly affected; the veins seem to have been the medium of communication with the lateral sinus, and the cause of the deposit of pus within it. It is probable that the question may be asked, Why, in these cases of disease in the mastoid cells does not the matter make its way outwards through the anterior wall to the meatus, or directly outwards through the external wall of the mastoid process? It will be observed that this outward advance of the disease has already been noticed in three of the cases, but while this was going on the internal wall of the mastoid cells or the lateral sinus was so much diseased as to destroy life. It must further be borne in mind, that cases are of very frequent occurrence where the disease advances externally, destroying part of the mastoid process, which often comes away *en masse*, and where the brain and its membranes suffer but slightly. Cases of this kind generally originate in an attack of scarlet fever or from cold; they are sometimes accompanied by but slight symptoms of cerebral irritation, at others they are very severe; these symptoms, however, usually subside when there is a free discharge externally. These cases will be alluded to more particularly when speaking of the treatment.

I have stated, in the course of the previous observations, that, in cases of disease within the tympanic cavity, catarrh of the dermoid meatus takes place as the result of sympathetic action, and without the existence of any orifice in the membrana tympani. It is important to bear this fact in mind, because the attention of the surgeon is apt to be drawn from the real disease, in order to treat the affection of the meatus; indeed, in many cases of irritation of the external meatus, arising from obstruction of the Eustachian tube, the primary disease is often wholly overlooked, and the cause of deafness is supposed to reside in the irritation of the meatus. The meatus externus not only sympathizes with the condition of the tympanic cavity by becoming the seat of catarrh, but not unfrequently polypi are developed within it. When this takes place, in cases where there are symptoms of disease in the bone, great care must be taken not to increase the irritation of the ear by interfering with the polypus. The following case, bearing upon the subject, is worthy of being carefully considered; it was laid before the Pathological Society in 1851, by Mr. Avery, and reported upon by myself.

Caries of the Mastoid Cells; Polypi in the External Meatus; Abscess in the Cerebellum.—A man, aged 35, had suffered for some years from frequent ear-ache, of a severe character, accompanied by discharge. About five weeks before his death, a large polypus was removed from the external meatus. This was followed soon after by great pain at the back of the head, on the right side, and down the neck and shoulder, of a plunging intermitting character.

These pains were treated at first as neuralgic; but they increased in severity and frequency, and rest could only be obtained by oft-repeated doses of laudanum. He appeared generally to be dull, heavy, stupid, and incapable of making any exertion He several times remarked, that people must have thought him intoxicated when in the street, as his gait was so very unsteady, that he was often obliged to lay hold of the rails to prevent himself falling. He ultimately became comatose and died.

Autopsy.—The brain was found to fill the cranial cavity, and the convolutions were very closely pressed together. The arachnoid membrane was uncommonly dry; the lateral ventricles contained a very considerable quantity of clear limpid fluid, and the fornix and septum lucidum were very white and soft. On separating the cerebellum from the fibrous portion of the temporal bone, a gush of thick creamy pus took place, and an abscess was found occupying a cavity in the right lobe, large enough to hold a pigeon's egg. The contents of this cavity were very fœtid, and the walls were firm and lined by false membrane, and were thin at the point where the cerebellum rested on the aquæductus vestibuli of the temporal bone. At this spot, there was a small ulcerated opening in the dura mater, communicating with a carious portion of temporal bone, and it was here that the disease had been continued to the cerebellum. There was no loose lymph in the cavity of the arachnoid, and only a thin film covering it near the ulcerated opening in the dura mater. The unsteadiness of his gait, in connexion with the abscess in the cerebellum, was very remarkable; but it could not be ascertained, on repeated inquiry, that the want of power over the co-ordination of his movements affected one side of the body more than the other.

(To be continued.)

ORIGINAL COMMUNICATIONS.

DETECTION OF BLUE MATTER IN THE URINE OF A CHOLERA PATIENT.

WITH REMARKS ON THE

ACTION OF ACIDS ON THE SAME.

By H. OSBORN, L.R.C.P., etc.

The patient whose urine was subjected to the following examination was under the care of Mr. Cheesman, of Southampton, in October, 1854, and was recovering from the collapsed stage of cholera.

The urine presented rather a dark colour and turbid appearance. It was acid to litmus paper. Its specific gravity, 1·020.

On adding a little pure nitric acid to a portion of the urine, it changed, first to a reddish colour, which passed to a deep violet, and deposited a precipitate of a blue colour.

Another portion of the urine, treated with nitrous acid (a), caused considerable effervescence, and a light-brown precipitate subsided; but, under the microscope, a few blue specks were discernible; the supernatant fluid remained of a straw colour, instead of the deep violet.

Hydrochloric acid acted precisely the same as the nitric acid, in producing the blue precipitate and violet discoloration of the fluid.

The blue precipitates, treated with alcohol, yielded matter of a purple colour, while the former remained insoluble. On adding a solution of potash to the blue precipitate, the solution gave, with a per-salt of iron, a pale blue; and, with a proto-salt of that metal, a greenish precipitate, insoluble in hydrochloric acid. Sulphate of copper threw down a reddish-brown precipitate from the solution by potash.

A portion of the urine, treated by adding, first, a few drops of potash, and then sulphate of copper, produced a green mingled with a reddish colour, and a precipitate of a similar colour deposited; but this precipitate, I regret, was not examined.

In cases of subacute muco-enteritus, I have found the potash and copper test impart a deep red-brownish colour to the urine, and ultimately a precipitate of the same tint, mixed with other constituents, while the supernatant fluid remained unchanged. On one occasion, however, when the urine was very low (1·005) I obtained the precipitate in an unmixed state, exactly resembling in appearance ferro-cyanide of copper. On examination, I found it to contain a compound of cyanogen and iron; but it required a further examination, in order to determine the precise nature of that important compound, and as the epidemic was on the decline, no favourable opportunity offered itself.

I found the red-brown colour, which the potash and copper test(b) imparted to the urine, to vary in proportion to the

(a) The acid used for this purpose contained about one part of nitric to two of hyponitric. The latter acid has a greater affinity for the former; but when it is mixed with water, it passes into nitrous acid, $N O_3$, which has a greater affinity for water than it has for nitric acid. The nitrous acid commonly sold by druggists is chiefly composed of nitric, $N O_5$, and containing only a small portion of hyponitric, $N O_4$.

(b) Sulphate of copper and potash produce a red solution with biurate, $C_4 H_5 O_4 N_3$, one of the products of the metamorphosis of urea. (Lehmann's Phys. Chem.) I have not proved, however, that the red colour of the urine by the copper test was due to the presence of that substance. But the existence of a prussiate may be derived from the metamorphosis of urea, and borrowing the iron from the blood.

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symptoms: *i. e.*, when the pulse fell to 60, then the colour was very deep, and this was accompanied by great depression and prostration of strength; but, on a return to the healthy state, the red colour diminished in intensity. It should be observed, that the red colour could not be developed by the test after treatment by acids; the urine then changed to a greenish colour, and a similar change took place, when calomel and quinine were administered in combination. The remedies may probably exercise a decomposing influence on some constituent in the urine, either before or after its elimination by the kidneys. I should have stated, that the urine of Mr. Cheesman's patient gave a less amount of the blue precipitate as convalescence became established; but the urine which passed on the second or third day (after the first was tested) contained a large amount of albumen.

(To be concluded next week by "Remarks on the Treatment of Cholera by Nitrous Acid.")

ON A PREVAILING FORM OF CHRONIC PNEUMONIA.

(Read before the Medical Society of London, Dec. 9, 1854.)

By RICHARD PAYNE COTTON, M.D.,
Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

It cannot fail to have been observed that acute diseases have been numerically declining, whilst chronic disorders have been decidedly on the increase. In no class of diseases, however, is this general truth more demonstrable than in those affecting the pulmonary organs. Fashion is apt to tyrannize as much over physic as over other things; but it is neither from fashion nor from caprice in the treatment of these maladies, that the lancet has been suffered to grow rusty, or that we now employ perhaps less than a tithe of the calomel and antimony used by our predecessors. With a change in our moral and physical habits, and with unceasing alterations in circumstances around us, the type of disease has, *pari passu*, been likewise changing. To trace such changes in their operations would be a task as interesting as it would be difficult: I can here merely allude to them as the probable explanation of the increasing frequency of a disease to which I am anxious to direct attention.

Pneumonia, in its chronic form, has hitherto been chiefly recognized as the occasional sequel to a more or less acute variety of the same disease. As an original and independent disorder, commencing insidiously, and running a course like that of any purely chronic malady, it has attracted the attention of but few writers. I believe, indeed, that only of late years has such a form of pulmonary inflammation been much observed; whilst I am prepared to show that it is becoming, year by year, more frequent.

Instead of entering upon a wearisome detail of such individual examples of this form of disease as have at different times fallen under my notice, I shall offer a sketch of the origin, progress, and results of this malady, founded upon a general summary of my own notes and observations. And I think it will soon become apparent that although we have not before us any new disease, we have at least an old one dressed—I had almost said disguised—in a new garb.

Commencement of the disease.—The form of chronic pneumonia to which I would direct attention, may arise in persons under the most opposite circumstances as regards temperament, age, and predisposition. The strong and robust are as often its victims as are the feeble and the fragile. The old and the young are equally liable to its attacks. I have met with cases at the ages of four and of fourscore; but the middle period of life affords the greater number of patients.

Its exciting causes are those which might induce bronchitis, pleuritis, or a more active pneumonia,—such as exposure to cold and damp, sudden changes of climatic condition, and the like. Certain states of the atmosphere, however, seem to exercise a great influence upon its development, several cases often occurring simultaneously, and having many of the characters of a true epidemic. Sometimes it is the sequel to a tedious or neglected attack of bronchitis, more especially of the capillary form of this disease, in consequence of the extension of a low, inflammatory, or congestive action into the cellular structure of the lungs.

The initiatory symptoms are not always alike, but they are for the most part slight and singularly deficient in all external manifestation of local disease. There is seldom pain in the affected lung; generally, indeed, not the least uneasiness is complained of. Dyspnœa is rarely observed; and the breathing is, in most cases, scarcely, if atall affected until the pulmonary disease has made considerable progress. There is generally, however, more or less cough, which, in some instances, has a spasmodic character, and is severely distressing to the patient; yet I have seen a few cases in which this symptom was entirely absent, even at a period when a part of the pulmonary structure was unmistakably impervious to air. The expectoration is no less variable; sometimes it is entirely absent. I have twice seen slight hæmoptysis, and, on three or four occasions, a few brown or rust-coloured sputa; but, in the greater number of cases, and throughout the early stage of each individual case, little else is expectorated than frothy or slightly muco-purulent matter.

The pulse is at first very little affected, seldom exceeding 80 or 90 in the minute; but in this symptom much variety may reasonably be expected. Its frequency and strength, however, are of great use in prognosis, the quickness of the circulation being in constant proportion to the extent and severity of the attack. There is seldom much, and oftentimes no symptomatic fever; but night perspirations are more or less observable.

The patients are, for the most part, singularly unwilling to regard their disease in a serious light, flattering themselves that they are affected merely with dyspepsia, or with such an attack of bronchitis as a little care and a very little physic will easily remove. The early symptoms, indeed, are generally of so slight and almost negative a character, as scarcely to excite the apprehension even of the medical attendant; and nothing but their long persistence, added to a feeling of debility, with a gradual loss of spirits and of health, leads to a suspicion that the malady is, after all, not quite so simple in its nature.

Progress of the disease.—The disease may thus go on for a considerable time without producing any very decided, and no alarming symptoms. Weeks, indeed, may pass away, the patient complaining perhaps of little else than general debility, together with a more or less troublesome cough or slight dyspnœa. Sooner or later, however, less flattering symptoms are too liable to present themselves. The cough becomes severe and spasmodic, breaking the patient's rest by night, and sadly harassing him by day. The dyspnœa is more marked, and unfits the sufferer for all active pursuits. Night perspirations grow more frequent and more copious. Emaciation steadily advances. Hectic fever makes its appearance. The spirits flag; and the hopeful fancies of the patient are exchanged for doubtfulness or despair.

Termination of the disease.—In by far the greater number of cases, the chronic pulmonary disease of which I have been speaking terminates, under timely and judicious treatment, favourably; the formidable symptoms just now enumerated do not occur; the patient gradually regains health and strength; and, although it may be some length of time before the disabled lung thoroughly resumes its proper functions, yet the local mischief is stayed, and finally disappears. Unhappily, however, even under the most careful treatment, the course of the disease is not always so encouraging. The cough, the night-sweats, the loss of flesh, with the consciousness of being, and the necessity of acting as an invalid, tell sadly upon both mind and body, and it is only after a long, severe, and doubtful struggle that the malady is dissipated.

When the disease is destined to terminate fatally, it does so in one of three ways. 1st. By so wearing out the sufferer by its obstinacy, as to render him the ready victim to some other malady: or, 2nd. By inducing structural changes in the pulmonary tissues, which lead to a set of symptoms having all the general external characters of phthisis: or, 3rd. By laying the foundation of true pulmonary tuberculosis.

1st. Of the first of these three results I have seen but one example. This was in a patient at the Consumption Hospital, whose disease resisted, for several months, every kind of treatment, and whose health finally gave way, death taking place from an attack of diarrhœa which, under other circumstances, would, in all probability, not have proved fatal. In this case, the lung was simply contracted and consolidated; there was no softening of its tissue, nor any tubercular complication.

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2nd. The second result is, of the three, by far the most common. After a career of a few weeks, or sometimes even of a few months, during which time the general symptoms are progressively advancing, the tissue of the lung softens, and a fatal issue is too evidently threatened. Hectic fever, with profuse expectoration, night-sweats, or diarrhœa rapidly supervene, and the patient ultimately sinks, exhausted and emaciated, as in ordinary phthisis. I have met with five examples of this kind; in all of which, had it not been for a knowledge of the previous history of the patient, and for the local disease being concentrated at the lower and middle lobes, rather than at the apices of the lungs, I might have mistaken the malady for true tubercular consumption.

Some patients, however, even at this stage of the disease, will struggle on for months, or perhaps years; the disease passing nto *chronic pulmonary abscess*. When this happens, there is usually, from time to time, an expectoration, or rather a discharge of a quantity of fetid muco-purulent matter, which, for a while, relieves the urgency of the symptoms, and flatters the sufferer with hopes of recovery. But the secretion is quickly renewed, to be discharged again at a subsequent period; and the system, at length worn out, succumbs to the disease. I have lately seen this in a lady, who, for upwards of four years, has been in the habit of expectorating little less than a pint of offensive purulent matter, every six or eight weeks. During the intervals she rallies considerably; but each attack leaves her more exhausted than the previous one, and she has, for a long time, been a confirmed invalid. Recovery, however, is not absolutely impossible, even at this advanced and apparently hopeless stage. In a few cases, the health may be restored; the lung gradually contracting, and the pulmonary symptoms disappearing. Such instances, however, are comparatively rare.

3rd. The third result does not exhibit itself, except where the disease is associated with a tuberculous predisposition. Phthisis originating in this way is invariably of a most intractable, and sometimes of a fearfully rapid kind, presenting, in many respects, the character of ACUTE CONSUMPTION. The consolidated portions of the lung seem to undergo tuberculous degeneration, and are found after death to be more or less in the condition known as *tubercular infiltration*. The patients often die before vomicæ have had time to form; but occasionally true tuberculous excavations are abundantly met with.

Pathology of the disease.—In the *first stage* the lung is, probably, in a state of engorgement, and presents the usual and well-known appearances of that condition; as a general rule, its volume is unchanged; but, in a few cases, it is, I believe, slightly augmented.

In only two instances have I been able to see the local consequences of the malady. In one of these—which may be regarded as representing the disease in its *second stage*—the entire lung was diminished in volume; it crepitated slightly at the apex, but below this the whole tissue was dense, firm, and resisting, appearing, indeed, as if it had been filled up with some albuminous or fibrinous exudation, which had afterwards contracted. The pleural covering was thickened, but no adhesion existed between the visceral and costal membranes.

In the other case—which may be looked upon as an illustration of the disease in its *third stage*—the lung was softened in its structure, of a reddish gray colour, and filled with a dark purulent matter; towards its base were several small cavities, separated from each other by soft and easily-broken tissue—the lung, in fine, presented the usual appearances of *gray hepatization*.

We might, perhaps, expect in the majority of cases to meet with some evidence of pleuritic inflammation, and, probably, in none should we find that the pleural membrane had not participated in the attack. But I am anxious to draw a broad distinction between the disease I have been describing, and that which is termed *pleuro-pneumonia*, wherein the pleura is prominently, and, in most cases, principally involved. In the chronic form of pneumonic inflammation to which I would direct attention, the pleura appears to be only secondarily affected, and even then to an inconsiderable extent; there being little, if any disposition to pleuritic effusion. There may, of course, be an occasional exception; and the one form of disease may even pass into the other; but the great majority of cases which have fallen under my notice have exhibited the peculiarity in a very marked degree. It is probable, from this circumstance, that the disease has both its commencement and its intensity more frequently in the central and lower portions of the lung than towards the circumference or at its very base.

Physical Signs.—Inspection and Mensuration.—At the outset of the attack, and when the lung is simply engorged, there is no change in the form of the affected side: but, with the advance of the disease, and as the lung diminishes in volume, the thoracic parietes become more or less contracted. In cases of long standing, this contraction is usually very striking, manifesting itself even to the eye.

The respiratory movements are affected in proportion to the extent, the stage, and the duration of the pulmonary disease. When this is inconsiderable, or of recent date, it may not be easy to detect any difference in the two sides, except, perhaps, on deep inspiration; but, it is impossible for the lung to be much, or for any length of time, involved, without at once betraying its condition during the respiratory act, in the diminished movement of the costal structures.

Percussion, carefully employed, will generally, even at an early period, indicate both the existence and the extent of the local disease. At first, there is simply diminished clearness; but, as the pulmonary consolidation increases, the sound becomes more and more dull, until, at last, it often acquires the quality which has been termed *wooden*. The sense of resistance to the percussion-stroke is also gradually developed, and is, I think, oftentimes more distinctly marked than in any other pathological condition. The *wooden* character of the sound, when fully developed, is very peculiar, and may help to distinguish the disease from pleuritic effusion.

(To be continued.)

IMPROVED APPARATUS FOR PARACENTESIS, ETC.

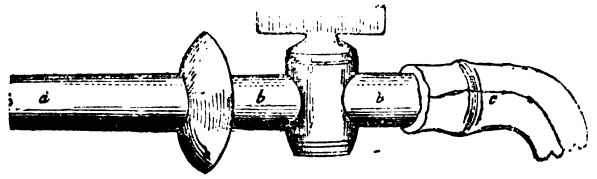
By WILLIAM E. STEWART, Esq.,

Surgeon to the St. Marylebone Provident Dispensary.

IN the removal of fluids from the cavity of the chest or of the abdomen by tapping, and even from the bladder, by the catheter, operators frequently experience inconvenience from the difficulty of directing the fluid into the vessel intended to receive it.

The difficulties are greater when the patient is confined to bed—perhaps to the prostrate position. He thus suffers the miseries of wetted bed and bed-clothes, which cannot often be very conveniently changed. To obviate these inconveniences I have contrived the apparatus, a sketch of which is annexed. It will be seen to consist of a short tube, *b b*, provided with a simple stop-cock. This tube is made slightly conical at one end, to fix in the canula on the trocar being withdrawn. On the other extremity is attached a piece of India-rubber tube. This may be from three to four feet long. The principle and mode of using the little apparatus are almost too obvious to require indication. It will suffice to say, that on withdrawing the trocar from the canula, the tube with India-rubber attached is fixed into the canula, and the fluid can be thus conveyed to the vessel placed to receive it.

The Figure represents the instrument, full-sized, as used in tapping for ascites.



a Canula, into which is inserted
b b, a tube, provided with a stop-cock.
c India-rubber tube (cut short) fixed on the other extremity.

It will be seen that in any case in which it may be desirable to remove the fluid of ascites, or hydrothorax, from a patient in the prone position, it can be accomplished with great facility by the proposed method. The little instrument is so simple, and at the same time so obviously useful, that possibly it is not now for the first time brought forward. As I am, however, not conscious of the fact, I beg to place it in the hands of my professional brethren.

8, Weymouth-street, Portland-place, March, 1855.

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THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S AND THE HOSPITAL FOR DISEASES OF THE SKIN.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

TREATMENT OF CATARRH.

Several methods more or less novel for the treatment of the ordinary coryza, or catarrh, are just now occupying a good deal of attention. In Hospital practice we have not seen the plan of injecting a solution of sulphate of zinc, as recommended by Mr. Pretty, at all tried. The remedy is one, which from what we know of its influence on the conjunctival and urethral mucous membranes, might be expected to be very useful. The nares, however, offer considerable difficulties to its application. In the eye and the urethra it may easily be got in contact with the whole inflamed surface, to accomplish which must be impossible in the case of the Schneiderian membrane. The trouble also involved is a drawback. A much more convenient method, and one which we hear spoken very highly of, is the inhalation of the fumes of opium, as recently suggested by Dr. Lombard, of Geneva(a). A piece of metal is heated in a spirit lamp, and a few grains of powdered opium having been sprinkled upon it, the patient is directed to hold his head in the fumes, and to make a few forced inhalations. It is said to afford most marvellous and speedy relief to the distressing pain and sense of weight so commonly felt in the frontal sinuses. As addressed to this particular symptom, this expedient might be advantageously combined with "orange-juice treatment," so useful in allaying the fever, restlessness, and general disturbance which often attend this common and most disagreeable complaint.

CREOSOTE OINTMENT.

The following is the formula for a compound creosote ointment, in common use at the Hospital for Diseases of the Skin. It is chiefly employed against the chronic forms of scaly disease. It should be omitted or suspended for a time when the irritation is sufficient, as shown by the patches becoming red and destitute of scales :—

℞. Creosoti ʒfs. ad. ʒj.
Unguenti Hydrargyri ʒj.
Hydrargyri Nitrico-Oxydi levig. ʒfs.
Adipis recentis ʒxvj.
Misce. Ft. Ung. (Pharmacop. page 41.)

INJECTIONS OF ACETUM LYTTÆ IN URETHRAL FISTULA.

A boy is now under Mr. Lloyd's care in St. Bartholomew's Hospital, on account of a small perineal fistula after lithotomy. The operation was performed in the usual manner about two years ago, and the wound healed well. A week after his discharge from the hospital, and ten days after the wound had healed, the cicatrix, however, gave way again. Instead of at once applying for readmission, the boy continued without treatment for some time. Subsequently he was under care in a provincial hospital, where, without success, several plans were tried, including the application of the actual cautery. The fistula is now a very small one, situated at the anterior part of the cicatrix, and just admitting a common-sized probe. Mr. Lloyd remarked, in some clinical observations on the case a few days since, that he had never seen the actual cautery successful in closing a fistula of this kind. On more than one occasion he had, however, succeeded by the injection of the acetum lyttæ by means of a small syringe. The effect of the injection generally was to cause inflammation, and swelling of the part, on the subsidence of which the canal would be found closed. He thought that the difference between the actual cautery and an irritant injection was very great, the one only acting on the mouth of the fistula, or at best, on a small part of its extent, the other destroying the false mucous lining of the whole of the tract. It was only after the latter that obliteration from the urethra outwards could be expected, and if any portion were left for the urine to accumulate in, it would be vain to hope for closure of the external orifice.

(a) Gazette Médicale, July, 1854.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE LAST QUARTER OF 1854.

(Continued from page 285.)

EXCISION OF BONES AND JOINTS.

The case of excision of the knee-joint, mentioned from the Bristol General Hospital in our last quarter's report, has not done well. Soon after the operation, the child got the parts misplaced; the femur protruded through the outer part of the wound, and could not be reduced. A portion of the bone exfoliated, and although the incisions have now almost healed, yet, as the patient has very little power over the limb, it bids fair to be a useless member, and will probably have to be amputated. In the case of excision of the os calcis, also reported from the Bristol Hospital, it became necessary, subsequently, to take away the astragalus also; after the second operation, erysipelas occurred, and having extended above the knee, and disorganized the parts, amputation through the thigh was performed. The child has recovered well from the amputation, and the stump is healed. The other case of excision of the os calcis, also performed in the same Hospital, has done well, and the man has recovered with a sound cicatrix and a useful foot.

The following have been performed during the quarter :—

Case 1.—A lad, aged 17, was admitted into the Leeds General Infirmary, under the care of Mr. Smith, on account of a compound fracture, with dislocation of the elbow-joint. The humerus was broken and protruded so much that it was thought best to saw away about three inches and a-half of its length. There was also a compound fracture of the ulna, and a simple one of the radius. The case has done well; the parts are now nearly healed, and a good joint will be the result.—*Case* 2.—A man, aged 21, had excision of the elbow-joint performed, on account of carious disease of the ulna and humerus. He had done well, and the parts were almost healed, when symptoms of pyæmia came on, and the granulations all disappeared. The usual train of symptoms were subsequently developed, and death ensued at the end of the fourth week. Purulent deposits were found in the lungs, and also beneath the clavicle. *Case* 3.—A girl, aged 18, admitted with disease of the elbow-joint, under the care of Mr. Meade, into the Bradford Hospital. About two months after admission, excision of the entire joint was performed in the usual manner by the H-shaped incision. The case has done well, and the parts are almost healed. *Case* 4.—A man, aged 25, suffered from strumous disease of the shoulder-joint. Excision of the articulation was performed: a flap, consisting of the deltoid having been dissected up, the head of the humerus was sawn through, and the glenoid cavity scooped out. The patient did well for a period of six weeks, and then died with symptoms of uræmic poisoning. *Case* 5.—A girl, aged 14, pale and strumous looking, was admitted into the Derby Hospital, under the care of Mr. Fox, suffering from caries of the os calcis. The disease had followed an injury received nine months before. Mr. Fox employed the trephine and gouge, and removed a portion of the affected bone. At present, there is not much promise of benefit. The girl remains under care as an out-patient.

REMOVAL OF NECROSED BONE.

In two cases, mentioned in former reports, under the head of "excision of bones," in which gouging operations had been performed, for the removal of carious bone from the head of the tibia, the patients have been again under care. In each the wound had remained unhealed, and in each, on examination, a fragment of loose necrosed bone was found in the cavity. No incisions were needed in either case, and in both, after the extraction of the dead portion, the parts were quickly healed. The patients were under care in the Derby Hospital.

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During the last quarter, the following have been performed. *Case* 1.—A lad, aged 17, was admitted into the Derby Hospital, under the care of Mr. Johnson, on account of necrosis of the left side of the lower jaw. The disease had existed nine months, and had commenced with toothache and gum-boil, which were attributed to the awkward extraction of a tooth. Several pieces of bone had come away at different times, but at length it became evident that something further must be done. An incision was carried from the angle of the jaw to the chin and several fragments having been first removed, the whole ascending ramus, with its articular and coronoid processes entire, was taken away, all being dead and denuded. The mental extremity of the diseased bone now projected into the wound in a carious condition, it was accordingly laid bare by dissection, and cut through in the healthy structure near the symphysis. At first the case did well, the parts closed, and the swelling subsided; but more lately the teeth, in the other half of the jaw, have loosened, and it is evident that the disease is advancing. Symptoms of hip-joint disease have also come on, notwithstanding which the patient's general health remains good.

LIGATURE OF ARTERIES.

Case 1.—A man, aged 53, under the care of Mr. Stubbs, in the Liverpool Royal Infirmary, on account of diffuse aneurism of the popliteal artery. Ligature of the femoral was practised, and the ligature came away on the seventeenth day. Gangrene of the foot supervened, and the patient died five weeks after the operation. (For full details of this case, see *Medical Times and Gazette* for January 20.) *Case* 2.—A married woman, aged 27, was admitted into the Liverpool Southern and Toxteth Hospital, on account of a popliteal aneurism, the size of a goose's egg. It was believed to have been caused by a blow, and had existed four months. Mr. Minshall, under whose care she was, placed a ligature on the superficial femoral artery at the usual place. The ligature came away on the twenty-first day, and a perfect cure resulted. *Case* 3.—A man, admitted into the Cheltenham General Hospital, having wounded his leg with a bill-hook. Mr. Hartley, the House Surgeon, placed a ligature on the anterior tibial, and the case did well.

TREATMENT OF ANEURISM BY COMPRESSION.

A case, in which a popliteal aneurism was successfully treated by pressure, has been under care in the Liverpool Royal Infirmary. The full details respecting it have already appeared in our Hospital Reports, and we need not here repeat them. See *Medical Times and Gazette* for January 20th and 27th.

REMOVAL OF MALIGNANT GROWTHS.

Case 1.—A man, aged 48, under care in the Kent and Canterbury Hospital, on account of epithelial cancer of the lip, of twelve months' duration. It was excised, and the wound healed well. *Case* 2.—A man, aged 64, under Mr. Smith's care, in the Leeds General Hospital, on account of an epithelial cancer, the size of a crown, on the left temporal region. Excision was performed in October, and the cicatrix remains sound to the present time. *Case* 3.—A woman, aged 46, under the care of Mr. Smith, in the Leeds General Infirmary, on account of returned cancerous growth in the labium. A second operation was performed, but it is already again appearing. *Case* 4.—A woman, aged 38, under the care of Mr. Huntingdon, in the Hull Infirmary, on account of scirrhus of the breast and axillary glands. All the diseased parts were excised at the same operation. Recovered. *Case* 5.—A man, aged about 45, under Mr. Craven's care, in the Hull Infirmary, on account of a large epithelial cancer of the lip. It was removed by the V-shaped incision, and the wound quickly healed. *Case* 6.—A man, aged 60, under Mr. Huntingdon's care, in the Hull Infirmary, on account of epithelial cancer of the lip. Recovered. *Case* 7.—A woman, aged 24, with the aspect of malignant cachexia, was admitted, under the care of Mr. Minshall, into the Liverpool Southern and Toxteth Hospital, on account of a tumour at the back part of the left thigh. The growth had existed for three months, and had caused intense pain. It was found to be developed in the substance of the sciatic nerve, and had a size of about that of a large fist. The woman continued, after the operation, to suffer from severe and constant vomiting, which everything failed to relieve. Death followed about a week after the excision, there having, meanwhile, been no attempt at union in the wound. At the autopsy there was found a small tumour, apparently malignant, in the pyloric orifice of the stomach. *Case* 8.—A woman, aged 50, stout, and in good health, was admitted, under the care of Mr. Gisborne, into the Derby Infirmary, on account of a small and deeply-seated tumour near the inner border of the left breast, but unconnected with the gland. It had existed for several years, but only recently had become painful. It was increasing in size, and the skin over it was puckered. After excision it was found to present the ordinary appearances of scirrhus. Recovered. *Case* 9.—A man, aged 73, under the care of Mr. Gisborne, in the Derby Hospital, on account of a cancerous growth in the lower lip, of one year's duration. Excision. Recovery. *Case* 10.—A chimney sweep, aged 60, in good general health, was admitted into the Royal Berkshire Hospital, under the care of Mr. Bulley, on account of a growth of epithelial cancer on the scrotum. Excision. Recovery. *Case* 11.—A married woman, aged 49, the mother of a family, under care in the Kent and Canterbury Hospital, on account of a scirrhus tumour in the left mammary gland. The catamenia had ceased a year ago, and the growth had existed for four months. It had been painful at times. The whole gland was removed, and, excepting some sickness from the chloroform, the recovery was uninterrupted. *Case* 12.—A woman, aged 42, married, and the mother of a family, under care in the Kent and Canterbury Hospital, on account of a scirrhus growth in the left breast, of eight months' duration. The whole breast, and also an enlarged gland in the axilla, were removed. For three days after the operation she was troubled with sickness, probably due to the chloroform; in all other respects she recovered well. *Case* 13.—A robust woman, aged 24, under the care of Mr. Bradshaw, in the Huddersfield Infirmary, on account of an ulceration on the lip, considered to be epithelial cancer. It was excised, and the parts healed. *Case* 14.—A married woman, aged 40, under the care of Mr. Roberts, in the Bradford Hospital, on account of scirrhus of the right breast, with great enlargement of the axillary glands. The disease was of two years' duration. The patient, after having been fully warned of the danger attending an operation urgently desired its performance. The hemorrhage resulting from the excision of the breast was so great that the removal of the axillary tumour could not be attempted, as had been intended. The breast weighed two pounds and a-half. The wound healed slowly, but the axillary growth rapidly increased, so rapidly indeed as to preclude the possibility of attempting its removal. Death followed about four months after the operation, the tumour having meanwhile grown to an enormous size. *Case* 15.—A married woman, aged 35, under the care of Mr. Roberts, in the Bradford Hospital, on account of scirrhus of the left breast, of six years' duration. The tumour was the size of a hen's egg, and situated immediately behind the nipple. The axillary glands were not affected. Excision. Recovery. *Case* 16.—A man, aged 65, under care in the Bradford Hospital, on account of epithelial cancer of the right lower eyelid. It had been growing for two years, and had attained the size of a walnut. Excision. Recovery. *Case* 17.—A woman, aged 71, under care in the Bradford Hospital, on account of epithelial cancer of the right labium pudendi. It was about the size of a penny piece, and had been growing for six months. The wound healed quickly after the excision, but in about three months the disease made its appearance in the opposite labium, and at the same time the axillary lymphatics began to enlarge. Her health failing, no further operation was proposed.

See "Amputations," cases 3 and 15; also, "Excision of the Testis."

EXCISION OF THE TESTIS.

A man, aged 25, was admitted under the care of Mr. Poppleton, into the Bradford Hospital. Three years ago he had received a blow over the left testis which had caused him pain for a few days, but of which he subsequently took no notice. About five months afterwards he discovered that it was larger, harder, and heavier than the other, but it was quite painless. From that time it continued steadily increasing in size until at the time of admission it had become as large as a turkey's egg. It was of stony hardness, and felt very heavy. It did not adhere to the scrotum, nor had the spermatic cord become involved. Excision was performed, and the wound healed rapidly. Microscopic examination discovered the appearances characteristic of scirrhous cancer.

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REMOVAL OF NON-MALIGNANT GROWTHS.

Case 1.—A married woman, aged 30, under the care of Mr. Meade, in the Bradford Infirmary, on account of a large sero-cystic tumour of the breast. It was of three years' growth, and weighed after removal two pounds. Recovered. *Case* 2.—A woman, aged 36, under the care of Mr. Smith in the Leeds Infirmary, on account of there growths of hypertrophied cellular tissue over the sacrum. Excision. Recovery. *Cases* 3, 4, 5.—Fatty tumours of ordinary character removed from different parts of the body. All recoveries. *Case* 6.—A man, aged 52, under the care of Mr. Maurice, in the Royal Berkshire Hospital, on account of a fibrous growth in the neck, which in the operation was found to be attached to the spinous process of the seventh cervical vertebra. Recovered. *Case* 7.—A man, aged 57, in good general health, was admitted under the care of Mr. Whittaker Johnson, into the Derby Hospital. He stated that for twenty years he had had a tumour about the size of a pigeon's egg, over the right side of the chin, (sebaccous?) which he had attributed to the effects of a blow on that part. Within a few months of his admission it had suppurated and ulcerated, and on admission there was present a large unhealthy-looking ragged wound having all the features of an open cancer. The growth was fixed to the bone, and preparations were accordingly made to remove part of the latter should it be found diseased. During the operation, however, the bone was found after exposure to be not involved, and it was accordingly not interfered with. The growth was carefully examined after removal, and no evidences of malignancy detected. It appeared to be an example of ulcerated follicular tumour. The wound has, however, not healed, but has again assumed the aspect of an open cancer. The bone appears enlarged, and masses of unhealthy granulations have sprung up. Under treatment (a). *Case* 8.—A healthy man, aged 57, under the care of Mr. Greenwood, in the Huddersfield Infirmary. Three encysted tumours, the largest as big as an orange, were dissected from under the scalp. Recovered. *Case* 9.—A healthy man, aged 24, under the care of Mr. Tatham, in the Huddersfield Infirmary, on account of an epulis. Excision. Recovery. *Case* 10.—A woman, aged 33, under the care of Mr. Tatham, in the Huddersfield Infirmary, on account of a large fatty tumour over the shoulder. The patient was pregnant at the time of the operation. Recovered. The tumour weighed nearly two pounds.

OPENING OF THE CHEST IN EMPYEMA.

A man, aged 20, was admitted into the Hull Infirmary, suffering from empyema of the left chest. The acute stage had already passed, and he now laboured under great difficulty of breathing. There was complete dulness over the affected side, and the intercostal spaces bulged considerably. Mr. Lambert selected for puncture the space between the fifth and sixth ribs, where the bulging was greater than elsewhere. With a large-sized abscess lancet the integument was first divided, and afterwards the layer of muscles. About three pints of pus were evacuated, to the great relief of the patient, after which Mr. Lambert plugged the wound with a large tent of lint. The discharge continued very profuse for several days, and the pus became extremely fœtid. The patient sank on the tenth day, and permission to make an autopsy could not be obtained.

OPERATION FOR UNUNITED FRACTURE.

A man, aged 23, is under Mr. Cooper's care, in the Liverpool Royal Infirmary, on account of an ununited fracture of the femur. Seven months having elapsed since the original accident, and no union existing, Mr. Cooper cut down upon the part, and removed about an inch and a-half of the upper fragment, and two inches and a-half of the lower fragment, after which the parts were put into position, and confined on a double-inclined plane. The case is doing well, but is yet under treatment.

PUNCTURE OF THE BLADDER.

A healthy "navvy," aged 26, was admitted into the Durham Hospital, under the care of Mr. Green, on November 20, suffering from retention of urine. Three days previously, whilst stooping, he had received a fall of earth and stones on his back and perinæum, and had not since been able to empty his bladder. The distended viscus reached a point in the abdomen higher than the umbilicus. On attempting to introduce a catheter, the end of the instrument was felt to slip into a cavity, about the membranous portion, further than which it would not pass. A little bloody fluid, but no urine, escaped. Mr. Green, under these circumstances, punctured the bladder above the pubes. Not a single bad symptom ensued; the man, indeed, scarcely had any pain, and not the least inflammation. On the eighth day after the operation, urine flowed by the natural passage, and the canula was accordingly taken out. Subsequently, an abscess formed in the perinæum, burst, and resulted in a perinæal fistula, from which latter the man still suffers, being, however, in all other respects perfectly well. It should be stated, that the surgeon who had tried catheterism before the man was taken to the Hospital, encountered precisely the same obstacle as that found by Mr. Green, and that it did not appear that any violence had been used.

OPERATION FOR INFILTRATION OF URINE.

A man, aged 50, the subject of old stricture was admitted into the Leeds Infirmary, under the care of Mr. Smith, suffering from large extravasation of urine. There was an abscess in the median line, which opened into the urethra. Free incisions into the scrotum and perinæum were practised. Several large sloughs subsequently separated, and the parts slowly assumed a healthy condition. At the end of six weeks, a No. 10 bougie could be passed, the dilatation having been commenced with catgut.

OPERATIONS ON TUMOURS OF THE UTERUS.

Case 1.—A woman, aged 35, under the care of Mr. Teale, in the Leeds Infirmary. She was quite blanched from repeated hæmorrhages, which had continued to recur for nine months past, the cause not having been suspected. Mr. Teale discovered a fibrous tumour in the cervix uteri, and succeeded in removing it by enucleation. The patient recovered well. *Case* 2.—A woman, aged 46, was brought into the Derby Hospital with a uterine polypus, fully as large as a child's head, protruding from the vagina. Great hæmorrhage had attended its expulsion, which had taken place about twenty-four hours before. She had been subject to "floodings" for a year, and was supposed to suffer from prolapsus uteri. The pedicle of attachment of the tumour was about as thick as a finger, and two inches long, growing from the left side of the cervix. Mr. F. Gisborne, under whose care the patient was admitted, applied a strong ligature of twisted cotton to the pedicle, and then cut it through. No blood was lost, and the woman quickly recovered.

INJECTION OF CYSTS.

A girl, aged 18, under the care of Mr. Samuel Hey, in the Leeds General Hospital, had a small cyst in the thyroid gland injected with iodine. A radical cure ensued.

OPERATIONS FOR THE CURE OF NÆVUS.

Case 1.—A child, aged 15 months, under the care of Mr. Maurice, in the Royal Berkshire Hospital, on account of a nævus, the size of a penny-piece, over the right shoulder. Injection with the perchloride of iron has been practised. Under treatment. *Case* 2.—A healthy woman, aged 40, under the care of Mr. Clarke, in the Huddersfield Infirmary, on account of a large nævus involving the right half of the upper lip, and extending into the cheek. It was excised, and the bleeding vessels secured. Recovered.

OVARIOTOMY.

In a case under the care of Mr. Booth Eddison, in the Nottingham General Hospital, the extirpation of a large ovarian tumour was performed. The larger cyst had been punctured four days previously. At the operation the greater part of the tumour was found to be solid, but there were a few cysts. The mass altogether weighed fifty ounces. The patient sank and died soon after the operation. (Mr. Eddison intends to publish the details of this case.)

PLASTIC OPERATIONS.

Case 1.—In a case of double entropion, under Mr. Smith's care, in the Leeds General Hospital, the usual operation of removing elliptical portions of skin was performed with complete success. *Case* 2.—A boy, aged 7, who was much dis-

(a) This case strikingly resembles in its history one which is now in Guy's Hospital, under the care of Mr. Hilton, and which has been mentioned several times in our Statistical Reports for the London Hospitals. We believe that these two furnish the first examples yet recorded in which follicular tumours have returned after excision.

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figured by the cicatrix resulting from a burn which had dragged down the chin into approximation with the chest was submitted to operation by Mr. Minshall, in the Liverpool Southern Hospital. The measure adopted consisted in dividing freely the integument and platysma, and the wound made was subsequently dressed with water dressing. Some benefit resulted, but not to the extent which had been anticipated. *Case* 3.—A boy, aged 14, who had been severely burnt over the face and neck about seven years previously, was admitted into the Hull Infirmary, under the care of Mr. Huntingdon, on account of the deformity from contraction of the cicatrices which had ensued. The contracted bands were divided in several directions, and the punctured portion liberated. Great apparent benefit resulted, but the case is yet under treatment. *Case* 4.—A female, infant, aged 7 months, under the care of Mr. Wood, in the Gloucester Infirmary, on account of single hare-lip. The usual operation was performed, and was successful.

Medical Times & Gazette.

SATURDAY, MARCH 31.

THE NEW PUBLIC HEALTH BILL.

The late Board of Health expired amidst the contempt of the Public and the apathy of the Profession. The former had discovered that the Board was become a mere machine of jobbery, and the latter felt that the doctrines of medicine were neglected, and its Professors repudiated. Great expectations were entertained that the new Board, under the superintendence of an active and energetic President, would remedy the defects of the old; and, among other improvements, it was fairly anticipated that the Medical Profession would be duly represented in the new councils. When the present Board, however, was constituted, we viewed with considerable alarm the omission of all Medical names among its members, and the antecedents of the worthy President himself did not tend to inspire us with confidence, as we took occasion to state at the time.

We are, therefore, not much disappointed, although we are still deeply grieved, to find that in the new measures submitted to Parliament on the subject of the Public Health by Sir Benjamin Hall, the claims of Medical science have been ignored, and no mention of any Medical Officer has been made in the proposed enactments. Had we not too often suffered the mortification of seeing the systematic neglect with which our Profession has been treated, we might be disposed to enter at large into the present question, and point out to the Government the monstrous absurdity of proposing measures of Public Health without any distinct reference to the practitioners of Medicine as functionaries of the New Board. Who are the persons that study the diseases of the human frame, and their treatment? Who are the persons most likely to estimate the laws of life and death; the progress, prevention, and cure of epidemics? Who are they who, in the hospital, the workhouse, the crowded alleys, and the charnel-houses, have practically studied the laws of disease, and the phenomena of morbid action? Not, surely, the aristocracy, who never toil at the active duties of our Profession; not, surely, the amateur statesmen, seeking for place and power; not, surely, the barristers, eating their dinners at the inns of court, or listening to the disputes about technicalities at Westminster; but the over-worked, ill-paid, and ill-treated members of our own Profession.

The subject is so trite that we are almost afraid of wearying our readers with continual complaints of the manner in which we have been habitually treated by the Legislature and by the Public; but the present aspect of affairs gives us courage to persevere, and the indications of combined movement in our ranks give a cheering prospect that our efforts may be eventually crowned with success.

In the hope, therefore, that so great a wrong may not be perpetrated as the introduction of Public Health Bills into Parliament which contain no reference to the appreciation and employment of Medical services, we earnestly beg the members of our Profession to employ their utmost vigilance while these Bills are passing through the Legislature. The period has, we hope, passed away, or at least is passing, when the younger sons of the aristocracy are to share with briefless barristers all the offices of honour and emolument in our Civil departments; and we claim nothing more than is justly our due, when we insist upon the proper representation of the Medical Profession in a Council of Health.

We published last week some abstracts of the measures laid before Parliament, and we this week conclude them. The Profession will now be able to determine how far the proposed Bills deserve Medical support.

For our own parts, a diligent perusal of the abstracts before us does not make us enamoured of the new system, of which, little more in its favour can be said than that it is not worse than the old one. In certain respects it may, perhaps, be better, in simplifying the present complicated arrangements, by which the cleansing of the Metropolis and the large towns is committed to a great number of different bodies. But we cannot view with any great degree of favour a series of measures which carefully provide for the appointment of a number of officials, but make no direct mention whatever of Medical services. Nor can we contemplate with much satisfaction the idea of continuing to intrust the working of the proposed Acts to the ratepayers of the respective districts. It is true that some slight control will be exercised over the local authorities by the General Board; but the government of the parishes is so carefully guarded from interference, that we doubt whether, in practice, the local Boards would not be allowed to have pretty much their own way. In fact, our opinion is, that the Bills of Sir Benjamin Hall show too much of the spirit of the Marylebone Vestry, and that they have been carefully drawn up with a view to the hustings. At present the great difficulty is to establish the existence of a nuisance in any locality, and the efforts of science and the influence of education have too often been found unavailing in overcoming the ignorance and the prejudice of local Boards. We do not find that the proposed Bills offer any remedy for these evils, nor do we find any provision for efficient Medical superintendence in pointing out and abating nuisances.

As members of the Profession, too, we strongly deprecate the uncontrolled power given to the local Boards over Medical practitioners; for, although no definite mention is made (as we have before remarked) of any Medical appointments at all, we find that the local authorities are to appoint "other officers;" and to "remove them," whenever they please. In this clause we see before us, in perspective, a repetition of all the gross acts of meanness, extortion, and tyranny which have been too long and too successfully practised against us, and we cannot hope, under such a system, that any Medical officer will be able to discharge his duties with justice to himself, and at the same time to please his employers. The smallness of the salaries and the uncertain tenure of their appointment will tend to dissuade the better class of Medical men from accepting office, and the posts will probably be filled by persons who will be compelled to adopt the terms which are offered, and to wink at any abuses which may be perpetrated.

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THE WEEK.

It is rumoured that the Admiralty have refused to receive the deputation of Medical Students appointed to remonstrate against the recent proposition respecting dressers for the Navy. That enlightened and most liberal board could not better serve the interests of Medical Reform, than by a little huffiness. The appeal may, under such circumstances, easily be transferred from it to the House of Commons, and the abuse is so palpable, that the verdict of the latter body could be neither doubtful or delayed. In the mean time those who have so well managed the matter hitherto must not relax their efforts. If the victory is to be won, now is the time to press forward.

A high-sounding title is often a passport to fortune, but it may sometimes reverse its influence. The name of Director-General of the Army Medical Department, although in itself unexceptionable and of flattering fulness, is, we fear, about to prove the ruin of one of the best and most indefatigable of Her Majesty's servants, Dr. Andrew Smith's one misfortune has been his official name. He has been expected to derive might from mere words, and his responsibilities have been measured, not by the powers intrusted to him, but by the dignified title by which he was designated. He is likely to be victimized and made the subject of public odium, not because he was, but simply because he was not, the Director of a certain department at a time during which want of success marked its administration. Had the sword of authority been given him as well as the gilded bauble of an honourable but empty name, England would not have had to listen to some of the tales of horror which have recently been told. To be explicit,—had Dr. Smith really been Director-General, a corps of workmen would have been despatched early in last summer to make the Turkish hospitals fit for the reception of English sick; a medical commission would have been sent yet earlier to investigate the sanitary topography of the regions to be the seat of war; a larger staff of surgeons would have accompanied the army; an efficient ambulance corps would have been organized; separate vessels would have been allotted to the conveyance of medical stores; and, lastly, the purveyors of the hospital would have been really subject to the orders of the Medical-Superintendents. We have not space to mention one-third of the precautions which Dr. Andrew Smith's foresight enabled him to suggest, but the adoption of which the Director-General was powerless to direct. Dr. Smith having requested the Committee of Inquiry to allow him to appear before them again, to explain more fully certain points in his evidence, we shall refrain from farther comments till his evidence, the key to all the other Medical evidence, is completed. To criticise closely his conduct at the present moment would be, it seems to us, unjust.

Sir Benjamin Brodie has conferred another obligation on surgical science by the excellent paper on Lithotrity, communicated to the last meeting of the Medico-Chirurgical Society. His results are extremely favourable, showing 115 adult males relieved from the horrors of vesical calculus with but 9 deaths, inclusive of all casualties. Making all allowance for selection of cases, this practice must be deemed most successful, and creditable in the highest degree to the surgeon under whose hands it occurred. The discussion which followed the paper was as usual but indifferently good. A little previous preparation might surely have enabled each of the surgeons who took part in it to have stated, in a few words, to the meeting the statistics of his own practice, and thus to have added invaluable materials towards the correct estimate of the operation. The production of such information might possibly, in some instances, call for a considerable display of honest candour, but this, in the cause of humanity and of science, is surely no more than the Profession has a right to require from all its members. We have no means of knowing whether Sir Benjamin's success has been much superior to that of other surgeons in private practice or not, but that it differs most widely from that obtained in the London Hospitals is certain. The extent and causes of the difference we will leave for examination at a future time.

To the uninitiated it might perhaps appear not quite the thing, that a gentleman by birth and education, a member of a learned and humane Profession, should, on accepting Her Majesty's service, be degraded to a level with the common hangman, and forced to undergo a training in brutality and ruffianism. What is the opinion of the Military authorities on this point let the following letter testify. It is a verbatim copy of one written a week ago by an Adjutant-General of Forces. For obvious reasons we conceal names.

"Adjutant-General's Office, E———,
March ——.

"Sir,—In reply to your letter of the 9th inst., I have the honour to acquaint you, that, by direction of the Major-General commanding, Private D—— J——, of the —th Regiment, is to undergo the sentence awarded him in the gaol of ———, and that the prisoner *must be marked with the letter D in the Regimental Hospital, by the Assistant-Surgeon*, before being committed to gaol."

Our readers will remember the regulation under which the above letter is authorized, and also the vigorous opposition it encountered in our pages when first proposed. Can comment be needed? If the heads of the Army and Navy Departments had resolved upon making the Medical service one which no gentleman will ever think of entering, they could not take more effectual means than they have recently done.

What constitutes "a job?" If Mr. A., a merchant, wishes to employ a servant on confidential and important business, is he obliged, by the laws of society, to seek such a servant by means of an advertisement in the *Times*? If he prefers to make private inquiries, is he unjust towards the labour-market generally, and guilty of "jobbery?" Again: if Mr. A. has thought fit to advertise, is he bound in honour to select from the applicants the man who has the greatest number of testimonials? Is he to be required to shut his eyes to all those various little qualities which go to make the difference between man and man, but which are but rarely marked out in a testimonial, and which a dozen diplomas often do but little to indicate? Lastly, then, is it rational to require those in authority to act towards our Profession on rules which every one would repudiate as ridiculous in the regulation of his own household? The Secretary-at-War wished to have organized a civil staff for a certain Hospital in the East, and he committed the task of doing so to three well-known men, Mr. Arnott, Mr. Bowman, and Mr. Grainger. Could he have done better? We leave the answer to the Profession.

It may be stated to be now definitively contemplated to reorganize the Army Medical Department, and to introduce into it a Civil element. Whether the office of Director-General be retained or not is uncertain. To keep it up in its present farcical character, as a name, and nothing more, would be worse than ridiculous; but there may be reasonable doubts whether to substitute a Board for it would be found to work well. One most important lesson to be derived from recent events is, the desirability of giving concentrated authority, and of making the individual so endowed rigidly responsible. It is not so long since a leading Journal was talking loudly about the necessity for a Dictator. The present Medical Director has, to a certain extent, during the last few months,

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been freed from his trammels, and his administration has been successful just in proportion as his hands have been untied.

A course of Demonstrations in Operative Surgery is about to be commenced in London, on the plan adopted in the Parisian schools. Dr. Deville, who undertakes it, is well known to the British Profession by his excellent papers on "Ligature of Arteries," etc.; and a man better fitted for the post could, perhaps, not easily be found. It is to be feared, however, that the scheme will not succeed; for the same reason that it has hitherto been scarcely attempted, namely, the difficulty in obtaining subjects on which to demonstrate. In this respect, London can never rival Paris.

The following paragraph has appeared in several of our contemporaries, (e. g., *Daily News* and *Lancet*.) Our Edinburgh correspondent seems to have believed it, and many have been the questions put to us respecting its truth:—

"Professor Simpson, of Edinburgh, has been requested by Lord Panmure to provide the medical officers requisite for the formation of another Civil Hospital in the East. He will be required, it seems, to select physicians, surgeons, assistant-physicians, assistant-surgeons, apothecaries, and male and female nurses."

Dr. Simpson might have had some communications with Lord Panmure on the subject of another Civil Hospital in the East, but most certainly he has not been requested to organize a staff for that hospital.

How did Dr. Meyer get his appointment?—every one is asking who has read Dr. Barclay's Letter in our last number. We are happy to be able to inform those who feel an interest in the matter. When Sir John Forbes resigned, it was natural for those in whose gift the appointment lay to inquire whether or no there was a man on the Staff qualified to succeed him. Dr. Barclay and Dr. Meyer were considered well qualified by a gentleman who knew all the Staff, of whom the question was asked. The names of these two gentlemen were then submitted to two Members of the Profession, second to none in high scientific acquirements and moral worth. They selected Dr. Meyer, and that is how Dr. Meyer got his appointment. Dr. Kay Shuttleworth, and the Bishop of Chichester, and the Bishop of Chichester's daughter, had about as much to do with the matter as the Editor of the *Association Journal* himself.

REVIEWS.

The Pathology of the Bronchio-pulmonary Mucous Membrane. By C. Black, M.D., Bachelor of Medicine, and formerly Medical Scholar in Physiology and Comparative Anatomy in the University of London; F.R.C.S, etc., etc. Part II. 8vo. Pp. 53. Sutherland and Knox. Edinburgh.

When the first part of this work was published, we pointed out to Dr. Black some of its faults; his answer to us was, that we were dishonest, and that our contemporaries had bestowed unmitigated praise on his book.

Our unfavourable notice embraced three points:—

1st. We averred that the woodcuts were "bad beyond description," that they represented "nothing ever seen inside or outside the human body in a state of health or disease." One of our contemporaries, mentioned by Dr. Black as having bestowed high praise on his book, was so pleased with these woodcuts, that he actually transferred the caricatures to his own pages. Dr. Black has now very wisely replaced his woodcuts by some excellent lithographs by Mr. Ford. We would ask Dr. Black whether the *Association Journal* or the *Medical Times and Gazette* gave the more honest verdict on this point?

2nd. We averred that Dr. Black had laid claim to be a discoverer of facts long well known, and instanced his claim to be the discoverer of the power of acetic acid to coagulate albumen, pointing out to him that everybody knew what he announced as his discovery, and that Lieberkühn in Germany, and Parkes in this country, had published the results of their experiments on the subject. In answer, Dr. Black mentioned that Dr. Parkes had not announced "the important fact," *i. e.*, that acetic acid gelatinized albumen, and indirectly hinted an opinion that Lieberkühn was equally ignorant of it. Dr. Black now writes:—

"Acetic acid, however, does not dissolve albumen, but, on the contrary, coagulates it—a fact announced by me in the first part of this work, but preceded, as I have since ascertained, by a similar statement from Lieberkühn and Parkes."

Again, we would ask Dr. Black whether the Journals that transferred to their pages his execrable woodcuts, and could find no fault with his book, or the *Medical Times and Gazette*, were the better informed on the subject on which they were writing? or, if all were equally well informed, against which ought the charge of dishonesty to be brought?

3rd. We averred that Dr. Black's book was filled with fancies instead of facts, and *à priori* reasoning on treatment instead of results obtained by induction from well-observed clinical facts.

In regard of this point we are sorry to say Dr. Black has not profited from our criticism so much as we had hoped he would have done. He has, however, supplied us with the analysis of the sputum in 16 cases of phthisis at the stage of incipient softening, and an analysis of the urine in as many cases at the same stage of the disease.

From these analyses we learn that—

"The sputum of commencing, germinating (by this word Dr. Black means softening) pulmonary tubercle exceeds, in organic matter and the salts of lime, that of all other pulmonary diseases, which have as yet been considered; while, in reference to the presence of alkaline salts, it affords a less quantity than even the sputum of the early stage of chronic bronchitis."—P. 120.

As to the urine, there is a manifest diminution in the urea, a sensible increase in the uric acid, the amount of phosphate of lime and magnesia is almost twice that of healthy urine, and there is a diminution in amount of extractive matters.

Dr. Black obtained some of his specimens of urine from the Consumption Hospital at Brompton. We think, therefore, Dr. Black should have stated whether in such cases the whole urine passed in twenty-four hours was preserved, and a portion of the collection sent to him, or whether the urine in these cases was passed at any particular period of the day.

The Ferns of Great Britain (Illustrated). By John E. Sowerby, with Descriptions, etc., by Charles Johnson, Lecturer on Botany at Guy's Hospital. Pp. 84. London: Sowerby.

This work is certainly the best we have yet seen on the attractive tribe of plants of which it treats. The whole of the British species are here illustrated in beautifully-executed drawings, coloured to nature. The letter-press descriptions, without being too long, appear to be very accurate. The getting up of the book reflects great credit on its publisher. To those of our readers who are interested in botany we can recommend it strongly.

Meteorology.—The mean reading of the barometer in the week was 29·300 in. The mean temperature was 38· 2°, which is 3· 9° below the average of the same week in 38 years. The mean daily temperature was a little above the average till Wednesday, when it fell 4· 6° below it; on the three following days the amount of depression below the average was from 8° to near 10°. The highest temperature occurred on Tuesday, and was 57· 8°; the lowest on Saturday, and was 28· 8°. The mean dew-point temperature was 34· 3°, and the difference between this and the mean air temperature was 3· 9°. Wind south-west at the beginning of the week; on Wednesday and the following days north-east and north. Rain, 0· 28 in. Horizontal movement of air, 900 miles; electricity positive, and at times negative, with variable tension.

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PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE SURGICAL TREATMENT OF ABSCESS OF THE BREAST.

By M. CHASSAIGNAC.

M. Chassaignac commences this memoir, by describing the varieties of mammary abscess, that are distinctly distinguishable by appropriate local signs. Thus they may all be divided into two principal classes,—those which are *external* to the gland, and those which are seated *within* its substance, and which may be termed *peri-mammary* and *endo-mammary*, or *extero* and *intero-mammary* abscesses. The Peri-mammary abscesses comprise the subcutaneous and the postero-mammary. The *subcutaneous* are subdivided into circumscribed phlegmon, angioleucitis, and diffused phlegmon. The *postero-mammary* abscesses are either simple phlegmons, hygromatic, that is, located in the sub-mammary serous tissue, and cold abscess dependent upon disease of bone. The *intero-mammary* abscesses are divided into the *canaliculated* and the *intra-lobular*, the pathognomic proofs of the former consisting in the issue of pus from the galactiferous orifices, upon the application of a cupping-glass, and, in a less degree, the presence, during lactation, of milk in the pus.

M. Chassaignac relates twelve cases, as exemplifying his mode of treating these abscesses. He opens them immediately that fluctuation is perceptible, freely washes out their contents, and then dresses them with adhesive plaister, upon what he terms the *occlusion* (a) plan. The arm is to be kept suspended at the side. In this way, about a fifth of the entire number of mammary abscesses that come under his care are united by the *first intention*, and that not only in the subcutaneous variety, but also in the intero-mammary, when the lacteal canals are in contact with the pus. Even when the success is less absolute than this, the inflammatory phenomena became much diminished in intensity; and it is remarkable to observe, even the next day, after the plaister is applied, how well even firm pressure can be borne. At the end of twenty-four hours, he examines by palpitation and pressing the condition of the breast, to ascertain whether the morbid sensibility is on the return, or has completely disappeared. If there is even a slight return, the dressings are removed, the breast explored, any pus that has collected being removed, and secondary union now resorted to. As the washing out the contents of an abscess, immediately after the incision, made in a part where sensibility has become so exaggerated, is a very painful procedure, chloroform is often employed, but the necessity of resorting to this may be avoided by taking plenty of time, and cautiously washing out the cavity by means of a well-guarded flexible tube.—*Gazette Médicale*, 1855. Nos. 3 & 4.

ON THE RESULTS OF AMPUTATION OF THE THIGH IN CIVIL AND MILITARY PRACTICE.

By Dr. M'SHERRY.

Dr. M'Sherry states, that the experience of the American Surgeons, during the Mexican War, presents no exception to the ascertained fatality attendant upon amputation of the thigh for gun-shot wounds, recovery hardly ever having taken place. Ribes, it will be recollected, could not find, among 4000 invalids he examined, a single instance of gun-shot wound of the femur, or of amputation of the thigh. Malgaigne, likewise, lost all his cases in the Polish campaign. In the face of these facts, Dr. M'Sherry was much surprised by a recent statement of Dr. Norris, that of sixteen cases of amputation of the thigh that occurred in the Pennsylvanian Hospital, fourteen recovered. The nature of the reason for which the amputation was performed, much influences the result; for while in the Paris Hospitals, where 34 died in 44 cases, they were all, as in the cases occurring in the armies, examples of amputations after traumatic lesions: in the 14 Pennsylvanian cases, 7 were performed for fracture, 1 for tumour of the knee, and 6 for carious disease of the knee. This comparison illustrates the fact that, patients undergoing operations in full health, are more likely to die than those who undergo them for chronic disease; and it has been properly adduced as an argument by those who, desirous of endeavouring to save both life and limb, still keep secondary operations in reserve. This, however, is contrary to the usually received maxim, which is, to operate as soon as possible when the femur has been broken by a shot. When, too, a patient dies, whose limb has been attempted to be saved, whether secondary amputation has or has not been performed, it is usual to say he *would* have lived had primary amputation been resorted to. This is, however, contrary to all former experience.

Dr. Norris's cases speak in favour of secondary amputation. Four successful operations, after traumatic lesions, were performed at periods varying from 10 to 225 days, while the two fatal cases were primary operations. Seven of the remaining cases were chronic disease, and 3 of the recoveries took place after primary amputation. It is remarkable that, at the same Hospital, the amputations of the *leg* were more unfortunate than those of the thigh; for, among 43, there were 22 recoveries only, to 21 deaths; but here, all the operations, except 5, were consequent on severe injury. Among the 22 recoveries, 12 were primary, and 10 secondary operations; and, among the 21 fatal cases, 13 were primary, and 8 secondary amputations.

American Journal Med. Soc. 1855. Vol. xxix. p. 123.

ON UNITING THE WOUND BY THE FIRST INTENTION AFTER THE OPERATION FOR HERNIA.

By M. NELATON.

M. Nelaton in explaining why, in a case of operation for hernia, he declined availing himself of the favourable disposition the wound presented for effecting union by the first intention, observed that he should formerly have done so. Subsequent experience has, however, taught him that to attempt this is improper, in consequence of certain accidents that may result. If accomplished, pain is felt at the external angle of the wound, and shortly afterwards œdematous swelling of the iliac region is observed, the phlegmon always pursuing the same course, from the external angle of the wound to the iliac fossa, and then winding around the crest of this bone to the lumbar region. It is both superficial and deep-seated, interaponeurotic and subperitoneal; but it in nowise involves the hernia itself. From this M. Nelaton has lost two patients, and he believes the occurrence is explained by the fact that the sero-purulent fluids, not finding an external issue, burrow among the layers of cellular tissue, and, like other deleterious agents, determine phlegmonous inflammation of a bad character, which is propagated by continuity of surface. What takes place is analogous to the production of deleterious effects by infiltrated urine or fæces, the fluids exhaled from the walls of the sac being in fact equally injurious with excrementitious matters, as shown by the experiments of Bretonneau. By this intoxication we may explain the instances of rapid death which sometimes occur after the operation, and which have been attributed to peritonitis, although frequently no traces of this were to be found.—*Gazette des Hôp.*, 1855, No. 8.

ON THE LOCALITY OF THE LESION OF THE URETHRA IN GONORRHŒA.

By M. MARCHAL DE CALVI.

If, in a case of gonorrhœa, a very flexible caoutchouc bougie be gently passed into the urethra, at a certain point it will induce pain, and its progress will be more or less arrested. Among 69 cases, so examined by M. Marchal, such signs of lesion were exhibited in 60. The arrest took place in 4 at between 9 and 14 centimetres, in 13 at between 18 and 20, and in 43 at between 15 and 17 centimetres. This last point corresponds, in the majority of cases, to that at which the subpubic curve of the urethra takes place, and as the length of the penis is very variable, the lesion may still, in the others, be situated in the same locality. In 36 of the 69 cases it was the first gonorrhœa; and it is important to remark that the lesion is not the product of protracted gonorrhœa, it having been absent only in 1 out of 13 cases in which the gonorrhœa had existed only a month or less. That this part of the urethra should be the seat of gonorrhœa, is contrary to the general opinion, which fixes it at the *fossa navicularis;* and it is possible, at the commencement and in very slight cases, that the

(a) For an account of this, see the British and Foreign Med. and Chir. Review.

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inflammation is confined to the anterior part of the canal. However this may be, in confirmed clap, the seat of the lesion is lower down; and the indefinite prolongation of the affection, and the production of stricture, are best prevented by at once attacking the disease there by means of the *porte-caustique*. The benefit often derived from the application of leeches to the perineum in old gonorrhœa, is confirmatory of the above view. Many persons suffer from stricture after gonorrhœa, without being aware of it, as the emission of urine is not sensibly impeded as long as the vigour of the bladder and muscles are enabled to overcome the difficulty, this not being perceived until they are enfeebled.—*Gaz. des Hôp.*, 1855, No. 13.

UTERINE DOUCHES IN TEDIOUS LABOUR.

By Dr. BOURGEOIS.

M. Bourgeois believes that the tepid douche, so successfully employed by Kiwisch and others, in the induction of premature labour, is susceptible of beneficial application in a much wider field. Thus, he has used it with great advantage in simple inertia of the uterus; a single douche, of a quarter of an hour's duration, often sufficing to arouse the pains immediately and effectually. Cases of rigidity of the uterus, met with in too young or too old women, delivered for the first time, or produced by a premature rupture of the membranes, are treated in the same manner with success. It is also advantageously employed, but with less certainty of success, in spasmodic action of the organ, which is so distressing a cause of delay.—*Gaz. des Hôp.*, 1855, No. 14.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

EDINBURGH, March 26, 1855.

PROFESSOR GREGORY AND MESMERISM.

ON the 22nd instant another of these disgraceful exhibitions which have become so frequent of late took place. The Annual Meeting of the so-called Mesmeric Curative Association was held, Professor Gregory presiding. There was nothing in the whole entertainment sufficiently novel to call for any report, nor need I again indulge in the reprobation which I have already expressed as to the conduct of any professor who should give his countenance or sanction on such an occasion. Can Professor Syme, whose honest indignation against his colleague Bennet, for sanctioning the admission of Baird's vagaries on this subject into the *Monthly Journal* was the means of breaking up the professorial control over that Journal, do nothing with his other more deeply criminal colleague? It is, indeed, a melancholy spectacle! One Professor supporting the absurdities of Mesmerism, not among scientific men, where its claims might be calmly and scientifically discussed; but among a rabble rout, and in company with those who, neither from their antecedents or from their presents, are likely to command a respectful reception for any scientific truth—another Professor the Magnus Apollo of Mesmerism; while three of their enterprising colleagues, who, in an age of Free Trade and Abolition of Tests, have done their best, in their own Institutions, to oppose the former and maintain the latter, struck with the decline which that Institution manifests, refuse to recognize the obvious causes which are leading to it, and beguile their learned leisure by framing Bills for the Regulation of the Profession, in the concoction of which the Profession are never consulted, and whose grand purpose it is to maintain and extend, at all hazards, the interests of their own University.

CIVIL HOSPITALS IN THE EAST.

Alexander the Great is said to have wept when he had no more worlds to conquer—we wonder if Atlas ever grumbled, that he had only the whole world on his shoulders? One would think that, with the large Professional reputation which Professor Simpson enjoys; with the multifarious occupations in which that must involve him; with the duties of preparation for his class, and the necessity of keeping his information up to the present standard, his time must be occupied, or more than occupied. Not so thinks Lord Panmure. The Minister-at-War has commissioned the learned Professor to organize a Staff for a Civil Hospital in the East, to be officered by the Edinburgh school. All this, we believe, came about as follows:—When the wishes and proposals of Government in regard to such institutions became known, a number of the Clerks and Dressers in the Edinburgh Hospital expressed a wish to go, and consulted Dr. Christison on the subject, whose son was one of their number. He took the matter up with his usual promptitude and decision, and wrote to Lord Panmure his views on the subject. No very satisfactory reply was returned; but, a few days afterwards, Dr. Simpson, who had meanwhile made one of his flying visits to London, announced that he had received a *carte blanche* to arrange the whole matter.

Since then, what with telegraphic messages, couriers flying over Scotland, Surgeons summoned from Ireland, our good town has been kept in a ferment; and the violent and spasmodic exertions of Mr. Sidney Herbert, to provide the Highlanders at the Crimea with breeches, have been thrown into the shade.

The chief of the Medical Staff has been nominated, and a good selection it is; but the Surgical Department seems to vacillate between an Edinburgh Surgeon of some repute and a gentleman who was, many years ago, not a little talked about for a peculiar style of operating, which he introduced in the Edinburgh Infirmary, and who—albeit, he has changed both his names and his occupation—is, it seems, in this emergency to be recalled, like the warrior of old, from the cultivation of avuncular acres, to help forward the war. A Surgeon was telegraphed from Dublin, to take the post of Assistant; but he quietly returned to the excellent practice he is forming there, feeling, it is said, rather insulted by the offer. We fear the whole conception is a monstrous one, and that the ovum is not unlikely to be blighted.

GENERAL CORRESPONDENCE.

DYSENTERY IN THE CRIMEA.

[To the Editor of the Medical Times and Gazette.]

Camp before Sebastopol, March 12, 1855.

SIR,—I have been much surprised at the mystery with which some of our fellow-countrymen regard the great sickness and mortality which have scourged our army. I use the word "surprised" advisedly, because I am perfectly sure that there is no one who has been thus far with the allies,—through their Bulgarian and Crimean campaigns,—who can be, for a moment, at a loss for an ample string of causes of these melancholy effects.

I am, therefore, induced to reply to the very pertinent letter of your correspondent "Medicus," which appeared in the *Medical Times and Gazette* of the 17th of February, and which has just reached me.

In taking these queries *seriatim*, I must observe a distinction between the prevailing sickness, and even type of sickness, at the several periods of this trying winter campaign;—thus, in reference to the proximate nature of the premonitory diarrhœa:—during the months of November and December this was manifestly "simple anæmic relaxation,"—whilst, during the severer weather of January and February, it assumed "the character of inflammatory irritation of the mucous membrane,"—speedily leading to confirmed dysentery of an adynamic type.

Most assuredly, during the last two months, we have had sufficient exciting cause for the production and continuance of dysentery, in its most dire forms,—the precedent exposure and fatigue of the autumn, the inexplicable restriction to salt meat and green coffee, (which was invariably burnt, from want of cooking conveniences,) the extreme severity of the weather, the absence of all comfort, warmth, and even dry clothes, on returning from duty to their miserable sieve-like tents, the Hospital—a canvas one—surely, I repeat, we have here a volume of causation, whose effects, as well as remedy, have been only too obvious. Having had so many radical difficulties to contend with, and with such self-evident causes, I have never been induced to look upon the water with suspicion; nor do I think has there been reason for it, since there is but one common source from whence the officers and men of each division of the army procure their supply, and the

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former have been comparatively exempt from dysenteric disease.

The bad effects of the salt meat were strongly exemplified in the marked improvement—even if only temporary—which occurred on a man's being placed on the Hospital food of arrowroot or rice; but the persistence of cold, and the irradicable nature of the disease, too often successfully militated against all medical means. Again, the coffee, as cooked in camp, acquires most irritating properties; and I have frequently been assured by the men, that it acted as a prompt cathartic,—whereas, during a short period in which tea was issued, this undesirable effect was not observed. A cardinal feature in the Crimean Dysentery is, that it is essentially "asthenic," at the same time perfectly distinct from the so-called "chronic dysentery" of systematic writers. It most frequently assumes the twofold character of the acute and chronic varieties, presenting none of the sthenic features of the former, but being vastly more rapid in its course and urgent in its symptoms than the latter. Febrile disturbance of a low type accompanied, and usually preceded, the bowel symptoms, frequently destroying life, though occasionally amenable to the liberal administration of quinine and port wine. In some cases, the febrile and dysenteric symptoms observe an alternate course, the patient frequently sinking under cerebral mischief. I have not observed that the disease exhibited any contagious properties, but, on the contrary, that there was an absence of this characteristic.

During the month of January (by far the severest weather), the ravages of the disease were most extensive, and my Hospital was then limited to a marquee and the ordinary tents. In the first week of February, when we were fortunately supplied with a Hospital hut, the strikingly rapid improvement in the more aggravated cases, and the speedy convalescence of the slighter ones, at once pointed out the *fons et origo mali*, —as well as their palpable remedy and prevention.

Finally, I may mention that I have frequently been astonished at the small amount of scurvy which has come under my observation,—it having been, I need hardly say, my constant dread for many months. The men are now much better supplied with food, their dietary frequently including vegetables, and lime-juice is daily issued; nevertheless, I now find that there are more cases of scurvy (though slight) than when the rations were salt and scanty, and without vegetables or lime-juice.

Would not the violent purging which prevailed in December and January, by maintaining a constant drain upon the blood, in a measure prevent or obviate the manifestation of scorbutic symptoms? I am, etc., ESSEX BOWEN,
Assistant-Surgeon, R.A.

DYSENTERY IN AUSTRALIA.

[To the Editor of the Medical Times and Gazette.]

SIR,—The correct treatment of Dysentery, particularly at present, is a matter of so much moment, that you will, perhaps, permit me to communicate, through your columns, the result of a little practical and personal experience on the subject. In the latter part of 1852, principally influenced by a strong desire to see something of the Fauna and Flora of South Australia, I rather unwisely left my practice here, and sailed for Adelaide, staying there but a week. I embarked for Melbourne, and remaining but a few days in that capital of the gold-diggers, I started for the interior with three companions, two of them experienced colonists. I had heard previously a good deal of the prevalence of Dysentery, especially at the Diggings; and on the road, at intervals, attached to very shabby canvas contrivances for the shelter of human beings, and the vending of very bad hot coffee, might be seen notices to the effect that the tenants possessed an infallible means of curing Dysentery, though the amazing ingenuity displayed in spelling every word of the sentence incorrectly, was scarcely an inducement to confide in the skill of the advertiser. About the fifth day of the journey, I incautiously drank some water from one of those still pools, which are like the links of a chain in the half-formed courses of Australian streams, and was the only one that did so. The next day I first felt the attack of Dysentery. I was willing, at first, to consider it diarrhœa only, for it produced little inconvenience, and trusted to an occasional *tasse* of brandy, and good living, to cure it. But though getting mutton chops three times a day, and as much brandy as I thought requisite, I got weaker and worse, and at Bendigo the compound chalk powder, opium, etc., with which I was kindly furnished by a Surgeon there, proved utterly unavailing. Profuse muco-purulent and bloody evacuations, with an entire absence of bile, rapidly rendered me unable to walk, and I journeyed fifty miles south, on the top of the light cart, loaded with our provisions, which we had taken with us. Of course I suffered exceedingly, and when we reached our permanent camping place, I was unable to walk, and was excessively reduced. Directly my own medicine chest was unpacked, I took 6 or 7 grains of calomel, and lay down in the sun, utterly reckless of what might become of me. In about three hours, the calomel produced a copious discharge of healthy bile. I immediately felt somewhat stronger, and a conviction that all danger was passed; but whenever I took a dose of brandy afterwards, I felt an aggravation of the symptoms. By dint of plenty of strong mutton broth, which I made myself, I was as well as ever in three weeks, and then started alone on foot on my return to Melbourne. I had, of course, taken small doses of calomel at intervals during the three weeks. I afterwards treated some bad cases, both in Melbourne, and at the Deep Creek, about twenty-four miles from Melbourne, and always quite successfully. After the first three or four days, almost no bile is excreted (though, of course, it is formed by the liver as usual), and the evacuations, consisting of blood and mucus, attended by much tenesmus, seem entirely to proceed from the lower colon. The action of a flood of fresh bile on the ulcerated mucous surface of the intestine is as salutary as that of nitrate of silver in strumous ulceration of the cornea. The treatment, then, of Acute Dysentery should consist in one brisk dose of calomel, so as to ensure full action of the liver, and abatement of the low inflammatory muco-enteric action, with smaller doses afterwards, and then to sustain the strength by strong broth, well seasoned with salt only, but certainly no brandy or port wine till blood has disappeared from the stools. In chronic cases, opium and calomel at night, abstaining at the same time from alcoholic stimulants, is the correct treatment.

Intertropical Dysentery is better treated by blood-letting and calomel; but 5 or 6 grains are as good as a scruple. The surface is kept warm by the high temperature; it is not so dangerous in its acute form, but is more apt to leave sequelæ than the Dysentery of colder climates. In the Crimea, during the late cold weather, blood-letting would have been inadmissible; but the treatment I have indicated above, as applicable to the Dysentery of South Australia, in nearly the same latitude, would have probably been the most applicable. It is an entire mistake to combine calomel with alcoholic stimulants, but it is most important to maintain superficial warmth. I am, etc., CHARLES PRENTICE.
Cheltenham, March 19, 1855.

THE EXAMINING BOARDS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Observing that, in some instances, Members of the College of Surgeons, who are not Licentiates of Apothecaries' Hall, are appointed to Union districts, I and others wish to ascertain whether such appointments are legal and usual. Formerly the diploma of the Hall was considered of more legal value than that of the College; but at the present time there appears to be, practically, no difference between them. If they are to be equal in value, no deception ought to be practised, but it ought to be clearly understood by all. I know it is said, the regulations of the Poor Law Commissioners require the double qualification; but, then, the intention of the Commissioners is not to restrict themselves, but others, by regulations. Accordingly, the regulations respecting the qualifications of Medical officers leave open a door for the Commissioners to sanction the appointment of any one they please, as any one may see by a perusal of them.

The employment of Medical Officers, with only the diploma of the College, must soon give the finishing-stroke to Apothecaries' Hall as a licensing body. The effect of it upon the respective weekly pass-lists has been for some time plainly apparent without going into statistics. The extensions of the qualifications for admission insisted upon from time to time, by Apothecaries' Hall, have done an immense amount of good, in raising the Medical Profession to its present position; and

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in these times of universal education, it is to be regretted that the commissioners take a course calculated to lower it, by encouraging those that are averse to study, who always form the most numerous section in every walk of life. You will give insertion to this or not, as you think proper; but, Sir, we hope, at least, you will give us your opinion about the respective values of the two diplomas. I am, etc.,

Northampton, March 19, 1855. W. H. F.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 13.

CÆSAR HAWKINS, Esq., President, in the Chair.

THE President briefly thanked the Fellows for his election, and expressed an earnest wish for the continued prosperity of the Society, a prosperity which, he said, had been of late seriously endangered, so that the fiftieth year of the Society's existence had not been passed in the manner, and with those feelings towards each other, which should have characterized their jubilee. It remained for the Fellows, far more than for the officers and councillors, to take care that, what might be termed the acute disorder of the last year, should not go on into a chronic malady, but that the commencement of another half-century should witness the exclusive attention to scientific objects which had previously contributed to raise the Society to a degree of usefulness, and a height of reputation, to which few other associations had ever attained.

A PAPER was then read by SIR BENJAMIN BRODIE, on

LITHOTRITY,

of which the following is an abstract:—

The author announced that his chief objects were—to communicate, in a series of notes, some observations as to those circumstances which are especially deserving of attention, with a view to the success of the operation; to give a brief but accurate account of the actual results of his own practice; and to add some observations as to the amount of danger involved in the operation by crushing, compared with that which belongs to lithotomy. He adduced reasons why this operation was not applicable to the period of youth, nor generally necessary in females. He preferred the forceps worked by a screw to that in which the force is applied by means of a rack, since the latter, though affording some advantages in the way of greater expedition, must be manifestly deficient in power as compared with the screw. The author remarked that no prudent surgeon would willingly undertake this operation unless the bladder admitted of the injection and retention of from four to six ounces of tepid water; and that where this power had been lost, it had in all his cases but one been restored by keeping the patient in the recumbent position for seven or fourteen days, and injecting the bladder daily. He then described the steps of the operation, urging the great necessity for the gentlest possible manipulation of the forceps, that injury may be avoided, pain diminished, and, by consequence, the bladder rendered less prone to contract upon its contents; that, with these points in view, the forceps should never be used as a sound for the purpose of exploring the bladder or ascertaining the position of the calculus, but that the convex part of its curved extremity should be brought into contact with, and gently pressed against, the posterior and lower surface of the bladder by the elevation of its handle; that if, when in this position, on the blades being separated, the stone does not fall into it by its own weight, the instrument may be slightly struck on one of its sides, which slight concussion will probably dislodge the calculus from its fixed position and cause it to fall; if unsuccessful in this, the forceps may be very cautiously turned to one side or the other, and the same rules followed in that position as before; but a freer use of the instrument should never be made, not even in cases of enlarged prostate gland. For such cases the author advocated the value of any apparatus by which the shoulders may be suddenly lowered and the pelvis elevated, the calculus being thus thrown into the fundus of the bladder. With the same object, the patient may be directed to change his position from side to side, or to walk about, the bladder being emptied and again injected. Caution was given against the use of any kind of forceps which retains a considerable portion of the detritus within its blades, as being liable to stretch and tear the urethra, induce rigors, and even infiltration of urine and abscess. This happened to the author in four instances, two of which died. The extent to which a calculus may be crushed at any one operation, the author stated, must depend upon the amount of inconvenience suffered by the patient, which varies materially; but, upon the whole, he thought it more expeditious, and generally much more safe, to be content with a moderate progress; and, with a view to form a better opinion of what the patient can bear without risk, he preferred not to put him under the influence of chloroform. Again, an operation too much prolonged is liable to be followed by rigors—an accident which is not uncommon, and which constitutes a most formidable complication, especially when combined with other disease, and against the occurrence of which too much care cannot be taken. The best precaution the author had found to be, the placing of the patient in a warmed bed immediately after the operation, the encouragement of perspiration by extra clothing, and the administration of a tumbler of wine or brandy-and-water. The writer had never found it necessary to cut down upon portions of calculus when lodged in the urethra; he had always found a slight manipulation with a small gum-elastic catheter sufficient to change the position of the fragment, and to cause its expulsion. He cautioned members against cutting down upon the urethra in front of the scrotum, as he had seen it followed by troublesome abscesses from infiltration of urine in two instances, notwithstanding that every precaution was used to guard against it. Elderly persons, with enlarged prostate glands, should be assisted in expelling the detritus by washing out the bladder daily. They may be directed to void their urine in a stooping or recumbent posture, with the face downwards. The author gave it as his opinion that the inflammation of the mucous membrane of the bladder, induced by calculus, and indicated by great irritability of the organ, and the copious secretion of mucus, does not form an absolute objection to the operation, although it is doubtless a reason for proceeding with more caution; for, on the contrary, it often happens under such circumstances that the crushing of the calculus is followed by an alleviation of all the bad symptoms. The patient should not be dismissed as cured while any symptoms of calculus remain; a portion may be discovered after patient and repeated examinations, which, if left, would have formed the nucleus for the rapid formation of another stone. The author then referred to the difference in the density, and therefore the force required for the crushing of different calculi, as dependent upon their chemical composition. In cases of copious deposit of the soft mortar-like material of phosphate of lime, the author had made use of a forceps, of which the fixed blade was made concave, so as to answer the purpose of a scoop, with great advantage. He had never met with a case of hæmorrhage to any amount in his own practice. He stated that, although the merits of this operation are best shown by cases of small calculi, when cure results after one or more crushings, yet very large calculi indeed, even such as have a diameter of an inch and a half, may be readily and safely broken up with an instrument sufficiently strong, and without any other inconvenience than the frequent repetition of the operation. The author then communicated the result of his practice in 115 cases of lithotrity. In 1 case he had had occasion to perform it eight different times, in 3 others twice, but always for fresh formations. Of these 115 cases, 9 had an unfavourable result; in 5 instances death resulted from the operation; in 4 the fatal result was to be attributed to the co-existence of other disease brought into activity by the shock of the operation; in 3 of the 5 fatal cases death resulted from the formation of urinous abscesses; in 1 from fever and general constitutional irritation; in 1 from inflammation of the mucous lining of the bladder and copious mucous secretion, prostrating the patient; in 3 of the 4 fatal cases the co-existing disease was seated in the kidneys; in 1 it was diarrhœa, and not positively connected with the operation, although inserted in the list. The author now again urged the great necessity for gentle and careful use of the forceps in this operation, showing that many of the imperfect recoveries are due not so much to disease of the prostate gland, to persistence of the original symptoms, or to undetected fragments, as they are to rough manipulations and too prolonged operations on the part of the surgeon. The success of the operation was thus shown to have been as

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somewhat more than 12½ to 1; while, from various statistics quoted by the author, it would appear that, even admitting young children, (so notoriously favourable for the operation of lithotomy, the recoveries being as 14 to 1,) the proportion of recoveries after lithotomy to deaths stands as about 5¾ to 1. The author concluded his paper by stating that his experience had certainly led him to the conclusion that lithotrity, if prudently and carefully performed, with a due attention to minute circumstances, is liable to smaller objections than almost any other of the capital operations of surgery, the cases to which it is not applicable being very few indeed, and chiefly those in which, from the calculus having attained an unusual size, the danger and difficulty of lithotomy are so great, that no surgeon would willingly, nor otherwise than as a matter of duty, undertake it.

Mr. Coulson said, that all must feel obliged to Sir Benjamin Brodie for having brought the subject of Lithotrity under the consideration of the Society. But there was one point on which he ventured to differ from the author, relating to the most difficult part of the operation, viz., seizing the stone. Sir Benjamin Brodie had stated, that the handle of the instrument should be raised, and the floor of the bladder depressed, so that the stone might fall into the hollow thus formed, and thence between the blades of the instrument. This was the plan generally recommended in this country for seizing the stone. Now he (Mr. Coulson) considered the reverse of this to be the right proceeding. The instrument should be kept as nearly as possible on a level with the urethra, and no hollow or depression be made by it on the floor of the bladder. As soon as the instrument touched the stone, it should be placed lightly over it, the blades opened, and the calculus seized. It was difficult to depress the floor of the bladder towards the rectum, especially if the prostate was enlarged, without pressing on the neck, and giving pain to the patient. And this was mentioned as having occurred in the cases related in the paper. He (Mr. Coulson) believed that this mode of proceeding not only caused pain at the time of the operation, but by producing inflammation and swelling of the prostate, and neck of the bladder, gave rise to many of the serious results that followed. In cases of enlargement of the prostate, it had been very properly recommended, in the paper, to elevate the pelvis, so as to dislodge the stone, and throw it towards the fundus. But, occasionally, cases occurred in which the stone, or fragment, could not be dislodged from this situation. Now, no suggestion was made in the paper to meet this difficulty. In such a case, Mr. Coulson would recommend that the handle should be depressed, so as to raise the instrument from the floor of the bladder; and whilst in this situation, it should be completely rotated, the concave part being turned downwards. The handle should then be raised, so that the instrument should incline to the floor of the bladder, and the male blade be drawn towards, or as far as, the prostate. By this manipulation, when carefully done, a fragment, or a stone, could be easily and safely extracted from that situation. There was also another point connected with the operation, on which he thought that too much stress could not be laid, viz., to do little or nothing more than simply crush the stone at the first sitting. It was desirable that the shock of the first manipulation should be slight, as it was impossible to tell the susceptibility of the patient, or how he might bear the operation. He (Mr. Coulson) was glad to hear the use of chloroform discountenanced in Lithotrity. It was absolutely necessary that the Surgeon should know what he was doing at every step of the operation, and the sensations of his patient were a material guide for determining, at least, when the operation was going wrong. The important question, however, to solve was, to what cases Lithotrity is applicable; for, on the proper selection of the cases, the success of the operation mainly depended. In general terms, it might be stated that, when the stone was large, the bladder thickened, contracted, and irritable; the prostate much enlarged, and the bar-like ridge described by Mr. Guthrie, present, and the urethra irritable and contracted, Lithotrity was contra-indicated. On the other hand, when the stone was of moderate size, the bladder sufficiently capacious, and not irritable, the prostate not much enlarged, and the urethra healthy, then Lithotrity was peculiarly suitable, and might be performed with every chance of success. He (Mr. Coulson) said, it was of the utmost importance to make a proper selection of cases, for even M. Civiale, with all his partiality for Lithotrity, rejected, out of 838 calculous patients which presented themselves to him in a given period, 290 as unfit for the operation. In properly selected cases, Lithotrity might be considered as one of the greatest improvements in modern Surgery.

Mr. Brooke protested against the method of seizing the stone advocated by Mr. Coulson, and recommended the plan of Sir Benjamin Brodie, which, he said, could be carried out without any pressure upon the neck of the bladder. He also advocated the more frequent use of the apparatus of Baron Heurteloup. Many stones, he said, were so hard, that they could not be crushed by the simple pressure of the screw, in which case recourse should be had to percussion with the hammer, which often proved the more effectual process, and which, he thought, would have been found applicable in the case of the large calculus mentioned by Sir Benjamin Brodie as not yielding to the pressure of the screw.

Mr. Charles Hawkins believed that when the process of Lithotrity could not be performed, the patient had but little chance from Lithotomy. The method suggested for removing very small fragments appeared to him (Mr. Hawkins) to be attended with considerable danger. He had removed such fragments with an old-fashioned shallow scoop, with a sufficient space in the interior; but had he attempted to turn the lithotrite round under the prostate, he might have done considerable harm. He disapproved of the use of chloroform, except in the case of patients so extremely nervous that they could not possibly endure the prospect of an operation without it. Such a case had occurred to him; four operations being performed most successfully under the influence of chloroform. He had had another case in which the patient's bladder was remarkably irritable, and upon the slightest exercise, bloody urine was passed. Having, by a little manipulation, enabled the bladder to retain about two ounces of water, he introduced the lithotrite twice, and crushed the stone; and in 48 hours the bladder was perfectly relieved. Mr. Hawkins exhibited the detritus from a very large calculus removed by lithotrity, by Mr. Bowman, from a patient 76 years of age, who was now alive and in good health, though between 82 and 83 years old.

Sir Benjamin Brodie said that the plan he had recommended, for seizing the stone when it lay upon the bladder, contiguous to the rectum, should be carried out in the gentlest possible manner; with rough manipulation it might be dangerous, but, with gentle handling, he thought it one of the safest operations in surgery. In his first few cases, he (Sir Benjamin Brodie) was not always sufficiently careful, and he was occasionally troubled by inflammation of the bladder; but, subsequently, no such result was produced from the use of the forceps. To turn round the forceps in the way suggested was, he thought, a very dangerous mode of proceeding, and whoever adopted such a course would ultimately have reason to repent it. He had seen Baron Heurteloup's operations; but that gentleman had not seized the stone by his method with more facility than he (Sir Benjamin Brodie) had done in the way described, which was the plan adopted by several eminent French operators. Baron Heurteloup's hammer did not, he believed, crush the stone more effectually than the screw invented by Weiss; the latter had the advantage of being less formidable in appearance, and occupying less time than the hammer. He had lately heard from a connexion of Cheselden that that eminent operator at one time suffered much mortification and annoyance from his want of success in the cases of Lithotomy presented to him; and it was possible that the circumstance might have influenced him in retiring early from professional life.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

PHYSIOLOGICAL SECTION.

MONDAY, MARCH 12.

Dr. SNOW, President, in the Chair.

ANCIENT INDIAN ARROWS: ARE THEY POISONED?

Dr. GIBB exhibited a number of stone arrows, and two spears dug up in Canada, which, he said, were some of the Indian antiquities of the country. He brought them before the Society, for the purpose of examination as to the likelihood of their being poisoned, as an addendum to the proceed-

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ings of the last Meeting. He did not believe they were poisoned, although some men of distinction in Canada thought they were; in fact, one of the specimens exhibited was given to him as poisoned. If they had ever been in that condition, their having lain imbedded in the earth so many centuries would have long removed the poison, or rendered it inert. The arrows used at the present day by the Indians of North America were of a totally different character, not made of stone, and in many instances were extremely and fatally poisonous.

Dr. Thudichum exhibited the heart of a sheep, showing a communication between the right auricle and the left auricle, just behind the foramen ovale, which appeared permanently closed; it was in an oblique direction, being higher in the right auricle than in the left; its length was about half an inch, and a medium size probe might pass through it. He also exhibited the heart of a woman having the same communication, about a quarter of an inch long; and made some remarks respecting the time and manner of occlusion of the foramen ovale in different animals.

Dr. Routh stated that he had seen persons at the age of 50 in whom the foramen ovale was not closed; the opening, however, was of such a nature (somewhat resembling a valve) that no blood could possibly pass through it.

Dr. Crisp said it had been calculated, that the foramen ovale was opened in the way mentioned by Dr. Routh in one person in 15.

Dr. Richardson had found the foramen open, in children at the age of nine, ten, and eleven months, but never later; in children only a few weeks old, it was never fully closed, but he believed that no blood passed through it from the first. There were, he said, three cases on record, in which the foramen remained open, and the blood passed from the left to the right side, thus making a second circuit through the lungs. In most works on forensic medicine, the foramen ovale being open, was erroneously taken as one of the signs of a still-born child.

SKULL OF THE SUS BABYRUSSA.

Dr. Gibb exhibited the skull of a Babyrussa, for the purpose of determining whether, in a physiological point of view, the animal was in the habit of hooking one or both of its tusks on the branch of a tree, and thus supporting itself while resting or when asleep. Most of the authors to whose works he had referred do not state, upon their own authority, as to the truth of this habit of the animal, but mention that, "when sleeping or resting themselves in a standing posture, *they are said* often to hook or support themselves by placing the upper tusks across the lower branches of the trees, and, thus suspended, sleep in security." Others, again, remain silent upon this point. It would appear that Valentyn, a Dutch writer and traveller, was one of the first, if not the first, who mentions, on his own authority, that this is actually the case: he published a large work in 1724, in which the habits and natural history of the animal are described, and this fact is particularly mentioned. The friend who presented Dr. Gibb with this skull, assured him he had actually seen these animals resting on their hind legs, with the anterior half of their bodies suspended by their tusks from branches of trees. Dr. Gibb was prepared to believe, that as long as the terminal ends of the tusks do not approach too near the skull, the animals may hook themselves up; but it would otherwise become impossible, unless the ends were subsequently broken off, which, very possibly, he thought, might be a common process. In this respect, these upper tusks would resemble the incisors of the beaver (a skull of which animal he showed), and others of the rodentia, in regard to their wear and reproduction from their roots. Other circumstances, in relation to the comparative anatomy of this animal, which tended to support the truth of its possessing this singular habit, were its slender form, its long legs, its active habits of running, diving, and swimming, thus differing from the other members of the hog family. Dr. Gibb then made some observations on the fineness of the ivory of the tusks, and their peculiar insertion into the sockets of the upper jaw.

Dr. Crisp read a paper

ON THE HEARTS OF REPTILES,

of which the following is an abstract:—

The author of the paper, before alluding to the heart of alligators and crocodiles, which formed the first division of the subject, spoke of some of the habits of these animals when in a state of confinement,—the information having been chiefly obtained from the reptiles in the *Vivarium* in the Regent's Park Gardens,—their long continuance under water, long abstinence from food, voracity, capacity of deglutition, nature of the voice, and especially their refusal (in confinement) to eat dead animals, were mentioned. The author remarked, that much contradictory evidence existed concerning the anatomy of the heart of these reptiles, and he believed that some errors still prevailed respecting the anatomy of this organ in other reptilian families. Dr. Roget, in his Bridgewater Treatise, 1854, says, "The heart of a crocodile has three chambers, and that each of the partitions is perforated to allow of a free communication between the chambers." Cuvier has described the septum between the ventricles as perforated to allow of the mixture of blood, and on the preparation 921 in the Hunterian Museum (Catalogue, p. 49), prepared and catalogued by Professor Owen, the septum is said to be "perforated by several apertures towards the apex, through which the arterial and venous blood may become mingled together." In the ten hearts of alligators and crocodiles dissected by the author (eight of which were before the Society) no such communications existed; the foramina in question terminating in blind extremities, and *the heart of these reptiles being as perfectly divided as in mammals and birds*. The author next gave a minute description of the anatomy of the heart, and alluded especially to the small opening between the roots of the two aortæ, first described by Dr. Harlan, of Philadelphia, in his *Medical and Physical Researches*, 1835, from notes taken in 1824. In the specimens before the Society this aperture corresponded to some extent to the size of the animal, and did not, as M. Duvernay had supposed, disappear as age increased. In one of the smaller specimens no opening was visible, and so completely was it hidden in the other specimens by the anterior valves of the two aortæ, that for some time it escaped the author's observation, and Milne Edwards, judging from his *Eléments de Zoologie*, (1834, p. 648,) appears to have been ignorant of the existence of this communication between the aortæ. Other matters, such as the supply of the abdominal viscera with carbonized blood and the various branches of the abdominal aorta were alluded to. The paper was illustrated by several drawings and preparations, and the remaining part of it the author said would be brought before the Society at a future meeting.

A short discussion followed, and the Society adjourned.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, FRIDAY, MARCH 23.

THE SANITARY CONDITION OF BALAKLAVA.

In answer to Mr. G. Dundas, Mr. Peel said, that in the instructions given to the Sanitary Commissioners before they left this country, their particular attention was called to the burial-places in the vicinity of the hospital; and, with regard to the supply of disinfectants, to prevent any difficulty that might have arisen in obtaining them from the neighbourhood of the Black Sea, large quantities of peat charcoal, which was understood to be an excellent disinfectant, had been ordered to be sent out from this country. The largest powers had been given to the commissioners, in conjunction with Lord Raglan, to see that the necessary measures for purifying the camp were carried into execution.

COMMITTEE OF INQUIRY.

STATE OF THE ARMY BEFORE SEBASTOPOL.

Examination of Dr. Andrew Smith resumed.

The witness stated, that the reports from the medical officers in the East came direct to him, without the intervention of any other department. Requisitions for medicines were first made to head-quarters, and thence transmitted to this country. The rules of the service required that all communications should be made to the principal medical officer with the army; but, having found such a regulation inexpedient, witness, about July last, had instructed the medical

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officers at Scutari to communicate directly with himself. No doubt, requisitions for medical stores were the most pressing communications, and they came through the chief medical authority in the Crimea; but witness always received a duplicate of the letter sent to the chief medical officer, and acted upon it by making preparations to forward the stores required, so that no time was lost by that regulation being adhered to. The official requisition always arrived before the stores were ready to be sent out, but, had that not been the case, he should not have withheld those stores. Indeed, he would have acted upon even a private intimation that such things were necessary, had any such intimation been given. I sent out a letter to the chief apothecary, who must have been aware whether there was any want of lint, and his reply was, that there never had been anything like a want of lint; but, on the contrary, there had been abundance of it, as well as of bedding and bandages at the battle of the Alma, and that some regimental surgeons had still remaining, after supplying all the wants of their patients, a store sufficient to serve six times the number of those patients.

Witness read a letter, dated November 14, from the apothecary at Scutari Hospital, in which it was stated that there had been no want of medicines and surgical appliances, etc. there, and that all statements to the contrary were false and unfounded. Dr. Smith next read a letter, dated November 13, from Mr. Parrott, the oldest dispenser at Scutari, also stating that there had always been a supply of medicines and surgical appliances, and that all the surgeons in charge of wards were willing to assert publicly, that no man under their care had ever suffered on account of any want of stores. Dr. Smith then read a third letter from Dr. Hall, dated November 7, in which the writer said, that, perceiving an evident disposition on the part of some one to write down the medical department, he thought it right to place upon record his opinion of the conduct of the medical officers after the battle of Inkermann. After those letters I did not make any further inquiries, for, if I were to harass my officers by noticing every letter which appears in the newspapers, and which might or might not have a foundation in truth, I should prevent them from discharging their legitimate duties. Dieting, the medical comforts, the clothing, and such things, are in no way included in what is spoken of in those letters.

You consider, then, there was a sufficiency of all medicines and surgical appliances?—I am bound to consider so, the responsible officers having so certified to me. Representations of the want of transport for those stores were made by Dr. Menzies and Dr. Forrest. He was quite prepared to say that, in his opinion, no medical officer had been to blame. Remonstrances were made over and over again to the transport department, but he could not say whether any were made to the Commander-in-Chief. Dr. Menzies and Dr. Forrest made remonstrances, and probably Dr. Hall, at head-quarters in the Crimea, did so likewise. He presumed Dr. Hall communicated with Lord Raglan upon all those subjects. Dr. Menzies had reported to witness his unavailing applications to the transport department. Dr. Menzies had the charge of the Scutari Hospitals from June to the 1st or 2nd of January. After that Dr. Forrest performed the duties for about ten days, when he was taken ill, and was succeeded by Dr. Cruickshank. Then there might have been an interval of a day or two, during which Dr. Lawson had charge of the hospitals, until Dr. Cumming, having concluded his labours upon the special commission, assumed that duty. Those appointments were made by Dr. Hall, and approved of by the Commander-in-Chief.

Supposing a medical officer to be in charge of a hospital, would he, on the arrival of a senior officer, be *ipso facto* superseded in that charge?—The senior officer would assume the direction of the hospital, and if you want anything like system in the management of any department, it must be so.

But is not that the very way to prevent all system, that so soon as a medical officer has formed a plan of management, he is superseded by another officer?—It is a regulation of the service. You cannot put a senior officer under the orders of a junior. He is no further the head of the hospital, than that he is the senior officer. The regulations of the army render it necessary that the senior officer should bear the responsibility.

Considering the vast interests at stake, would it not have been advisable to have appointed one permanent head, and made him responsible?—I do not say it would not, and therefore I urged despatch on Dr. Cumming, who could not be interfered with by any senior officer, his rank placing him beyond all chance of that. When the statements respecting the hospitals first appeared in the newspapers he was astonished, and thought it desirable a commission should be sent out to inquire into the facts. He obtained the sanction of the Duke of Newcastle, and accordingly selected Dr. Cumming, from his long experience and known integrity; his own professional assistant, upon whom he could place reliance, to acquaint him with the truth; and a legal gentleman, a barrister, who would be able to sound the evidence. Of these he proposed to form the commission; but, some time after, it occurred to the authorities that it would be better that it should be a purely Government commission, quite independent of the department, and, accordingly, the power was taken from him, and the commission, composed of the individuals he had selected, was appointed by the Duke of Newcastle. Dr. Cumming was then intended to be the chief medical officer at Scutari, after concluding his labours on the commission. The commission departed about the latter end of October, or the beginning of November, and their report had been received within the last few days, but witness had not yet seen it. The commission would, he imagined, have no power to remove or censure officers, but it could alter any arrangement by remonstrating with Lord Raglan or Lord W. Paulet.

Would it not have been better if they had reported to you?—My superiors thought differently; and I had no right to think otherwise than my superiors. The witness was not aware of any negotiations entered into with medical civilians to inquire into the state of things in the East. When the Smyrna Hospital was about to be established, the plan which he considered ought to have been followed was not adopted, and he then begged to be released from all responsibility. Upon that occasion he believed a reference was made to Mr. Arnott, who, however, did not go out to Smyrna. Witness felt that the demand for military medical officers was becoming so great that it could not be met, and therefore he advised that the hospital at Smyrna, which he believed still was a healthy place, should have none but civilian medical officers, which would ensure that harmony of action so necessary for the proper working of a hospital; but, as there were many things in a military hospital, which civilians could not understand nor carry out,—such as the admission and discharge of men, their discipline, &c.,—he thought it desirable that the superior head of the establishment should be a military officer, to govern the domestic economy of the hospital, but without interfering with the treatment of the patients. In consequence of the authorities not conceding that point, witness asked and obtained permission to stand exonerated from all responsibility for the success or failure of that hospital.

Who is responsible, then?—I cannot answer that.

Is it not extraordinary that you, being the head of the department, and considered by the public as responsible for the success of that hospital, should have thrown off the responsibility on an indefinite person?—I did not throw off responsibility. I asked permission.

Of whom?—Of Mr. S. Herbert. After that I was consulted no more. The total number of medical officers who had been sent out to the East was 559, of whom 29 had died, 58 had been invalided, and on the 7th of March there remained in Turkey and the Crimea 469 army medical officers, a number which would give about 30 sick to each medical man. There were six or seven purveyors, some of whom he had recommended, and others had been gazetted without his interference.

It has been stated in Parliament that the proportion of medical men to the troops in regiments of the line was 1 to 77 soldiers, while 4500 Artillerymen and Sappers and Miners had only 1 surgeon and 16 assistant-surgeons?—That might be; but a good number of those artillerymen were employed in the small-arm ammunition department, and many others were left behind out of all danger of wounds, so that they would not require so much medical attendance as troops actually in the field. Dr. Hall, the head of the medical department of the East, was appointed about March last, being then the senior deputy inspector-general in the service. He had been principal medical officer for four or five years during the Caffre war, possessing high professional acquirements, great powers of observation, and a highly cultivated intellect. Dr. Hall made reports to witness on the state of the hospitals, and in one case he said there were great com-

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plaints of a want of opium, but he did not consider those complaints justified; although there was a want of what was called solid opium, there were other preparations of that drug, which, if not so convenient to administer, were easily available for use. Dr. Hall visited the hospitals at Scutari, and in November he reported that they were in as good a condition as could be expected under the circumstances. He recollected Dr. Hall issuing some observations with respect to the use of chloroform. He was not prepared to justify every word of that recommendation, but he was prepared to say that had he been in Dr. Hall's place he should have felt as that gentleman did. In cases where men, having received gunshot wounds which rendered immediate amputation necessary, were treated differently, the depressing effect of chloroform would render the recovery of the man less probable than that of the man who underwent the operation without chloroform. He might mention that Mr. Syme had thought fit to write about chloroform and its safety, and the very day after his letter appeared there happened a death in one of the London hospitals from the use of that drug. The witness proceeded to state that medicines for the army were supplied by Apothecaries' Hall and two private firms under the inspection of an officer of his (Dr. Smith's) establishment. Dr. Hall was well acquainted with the history of cholera, and had seen more of it than any ten medical men in London. He had no doubt but Dr. Hall took every precaution to guard the army against that disease. As to the condition of the vessels employed to carry the sick to Scutari, or to England, it has been mentioned to me that the state of those vessels was unsatisfactory. Dr. Hall, who made that report, was constantly urging the necessity of better arrangements. No doubt Miss Nightingale's services had been advantageous, because women found out many deficiencies which would never occur to men. Dr. Menzies had reported that the nurses had proved very useful. There had been plenty of disinfecting agents employed. Peat charcoal had been sent out, but not in the immense quantities which its constant use in the hospitals would require. The ordinary charcoal was to be procured in Constantinople in any quantity. Besides peat charcoal, there had been chloride of lime, chloride of zinc, and hydro-chloride of soda used.

Supposing you were sent out as commissioner with supreme power, and found things in the state described, whom should you consider the person responsible for it?—The purveyor. The military commandant could have put the purveyor under arrest, with a view to inquiry into his conduct, and could have appointed another to perform his duties temporarily, but he could not have removed him. The military commandant would have performed his duty if he duly inspected the hospital and reported its condition. If the field-officer visited the hospital, he would hold the military officer in command responsible. He had never heard any complaints from the medical officers of any obstruction in the discharge of their duties from the military authorities, except that the hospital orderlies were changed and taken away by them.

Did you ever make any report as to the clothing of the army?—Yes; he wrote to the military secretary on the subject on the 28th of April, 1854. His letter originated in a report of Dr. Dumbreck, from Widdin, in Bulgaria, describing the severity of the climate of that country in winter. He believed steps were taken almost immediately to provide the army with winter clothing. They were at work almost all the summer in examining clothing, and every effort was made to obtain it. A large supply was sent out in August, and unless there was some unaccountable delay, it must have arrived before November. It was not the supply that was lost in the Prince. This clothing was quite different from the ordinary winter clothing issued to the troops. He had no reports from the medical officers of the deficiency of clothing, except that it was stated to be one of the many causes of disease.

In answer to other questions, witness stated that no change had taken place in his position, in consequence of the amalgamation of the Secretary-at-War with the Minister of War; perhaps he had one master less. The proportion of medical men with our present army in the East was greater than had been sent out with any army before; 29 had died, and 58 returned invalided. About 2000 wounded men had returned to England.

Has the treatment they received been examined by civil surgeons in this country?—Yes; several surgeons had asked permission to examine them in the hospitals.

What has been their opinion of the surgical operations performed in the East?—Those opinions have been most gratifying to me; they have expressed their astonishment at the success of the operations, under the circumstances in which they must have been performed. Though gratified by those opinions, I am not surprised by them, for I knew I had the honour to preside over a department qualified in every respect to meet anything which could be met by men in other walks of the profession. Some of the most appalling and tremendous operations have been performed, the surgeon kneeling in the mud by the side of the patient, in a manner that no London surgeon could have excelled. Witness repeated his opinion that the use of chloroform before operation, in very severe cases, was not advisable. In the case of a man so shattered by a cannon-shot, that it could be hardly said whether life existed or not, the chances were, that the little life left would be extinguished by chloroform. He thought Dr. Hall perfectly right in not recommending its use. At the same time, it would have been better to have conveyed his opinion in private instructions than to have offended strong prejudices by embodying his advice in a public letter.

Have you ever received any hints as to your resignation?—I have been told that my health is breaking, and I am quite aware of it. I have consulted a celebrated physician on the point. I told him I had only one reason for not giving up at once—I wished to have an opportunity of stating my case before this Committee; after that, he said he would strongly urge me, as a medical man, to carry out the course I had mentioned.

Have you ever received any official hints that it would be better you should resign?—I have been told that the whole medical department of the army is to be reorganized, and I was told in what way. I said in that case I must retire, because I cannnot continue to hold the position if that reorganization takes place.

In reply to questions from Lord Seymour as to the hospital accommodation, witness admitted that if it was not sufficient the responsibility rested with the medical men on the spot, who did not report upon it; and that as they had the power of ordering supplies, the responsibility must be directly thrown upon them if they did not order them. If they were ordered, and not given, the responsibility was on the persons who were bound to issue or provide them. For 25 years there had been difficulties arising from the disputes as to authority between the purveyors and medical officers. Regimental surgeons frequently complained of the difficulties that arose between them and the purveyor of the district. The medical officers were alone responsible for the discharge of men from the hospital, and they ought to be consulted again before men so discharged were sent to rejoin their regiments. But the military authorities often took the discharge from the hospital as a proof that the men were fit for the ordinary duties of a soldier, when it was not the case. For sending men back to the army who were unfit to serve the military authorities were responsible if they sent them away without further reference to the medical officers. Soldiers merely discharged from the hospital were frequently sent to their regiments as convalescent without any second reference to the medical men. The medical comforts for the hospitals were supplied or ordered by himself from the months of September or October. In November and December supplies of those articles must have arrived at Scutari, and he believed he had accounts from the authorities at the hospitals stating they had ample supplies of medical stores in those months. He believed there had been 14,000 beds supplied for hospital purposes. When he had charge of the medical comforts he had a person to superintend the shipping of the articles. Those stores could not have been buried under other things, as he had requested to have ships made over to him for the sole purpose of taking hospital stores, and he had seven or eight so granted to him. I am not prepared to say I was dissatisfied with the management of the hospitals, but I was aware that women could see many things in the way of cleanliness and so forth which men would not notice. He received no complaints from the medical officers at Scutari that the purveyor was inefficiently discharging his duty. Those officers, in their reports, did not allude to the purveyor at all. It was the purveyor's duty to see that the food was properly cooked, the kitchen kept clean and in good order, and the patients' meals punctually served out. The medical officer's reports made no mention of those things. They did not report any-

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thing was defective, and therefore witness was led to conclude that everything was perfect. Six or seven medical gentlemen, unconnected with the army, did tender their services to proceed to the East, whose offers he had not accepted. He did not think any of those gentlemen offered their services gratuitously. He was constantly trying to get young medical assistants to go out as acting assistant-surgeons, with a pay of 10s. per day, 3s. per day allowance for a servant, and field allowances, making up about £1 a-day, besides an allowance of £40 for an outfit. He did not get very many, as there were not many to be had. He got altogether about 150 or 200, and the reports he had received stated their conduct had been good.

Sir J. Pakington: Have you had any complaints recently of any want of medicine at Balaklava?—None.

Sir J. Pakington: I have received a letter this morning, dated the 8th inst., informing me that a regimental surgeon having necessity for quinine, in consequence of a prevalence of low fever, applied for some, and was told there was none there. Have you any reason to doubt the accuracy of that statement?—I have no reason to doubt it. I find from one of my weekly reports that the superintending officer of one division thought it desirable to use quinine as a preventive, and, having applied for some, found there was none at Balaklava, but that there was an ample supply of another medicine quite as useful for the purpose.

Dr. Menzies, Deputy-Inspector General of Hospitals. He had been in the service since 1827. He was appointed Deputy-Inspector on the 6th of October last. He thought the Barrack Hospital rather a makeshift; the General Hospital was, to a certain extent, better calculated for its purpose, though it was defective in many respects. Much difficulty was also caused by the non-arrival of stores expected from Varna. When they did arrive some of the stores were useless for the want of beds, which, by some extraordinary error, had been left behind. After the battle of Inkermann, when the sick and wounded arrived, was not the Barrack Hospital in a disgracefully filthy state?—He must admit it was in a filthy state; he had seen it in that condition; in conversation with the Commandant he had repeatedly expressed his annoyance at seeing the Barrack Hospital in such a filthy state; more cleaning might have been done with advantage to the sick, if the purveyor had been more active in his duties.

Was not the floor of the anteroom covered with the fæces of the men?—I did not see it.

Did not, though you are Inspector-General of the Hospitals?—I never saw that.

Had the sick necessary comforts?—No.

Mr. Drummond:—Did you ever see a basket of clean linen in the hospitals?—I think I have. The purveyor never reported to him that there was a want of washing.

You saw a great want; as the head of the hospital, did you endeavour to supply it?—As far as he could. He told the purveyor to do it.

Witness was then examined on the returns of deaths on board the transports during the voyage from the Crimea to Scutari, to ascertain whether the official return given to the Committee included the deaths before sailing from Balaklava and after the arrival at Scutari, during the detentions previous to the actual landing. The case of the Kangaroo was cited, from which the return was only 22 deaths; and of the Medway, to which the return gave 20 deaths. Witness repeated one answer in several forms. It was, that the return must in all cases have been the number given him by the medical officer who came down in charge of the men; and, if there was an error, that officer must be responsible for it. As the return was made immediately the ship arrived, it might not include the deaths between the anchoring and the landing of the men.

General Peel: Was it not the duty of the medical officer to account for all who died?—He did so.

You do not show the number?—The return is correct as far as I know. What I sent to the home authorities was what I received from the medical officer.

Dr. Burrell, who first had charge of the General Hospital, was followed in that charge for a couple of days by Dr. Dumbreck, who was relieved by Dr. Linton. That gentleman had charge for some time, until he was relieved by a Deputy-Inspector, whom he (Dr. Menzies) succeeded in the charge of the hospital. He had charge of the hospital from the 26th of June to January 1, when he left. Dr. Menzies, in reply to Lord Seymour, read a report from a medical officer, whom he had appointed as sanitary officer, dated August 4, in which it was stated that the privies of the south-western angle of the barracks were in such a state as to contaminate the atmosphere to an extent which might endanger the health of the troops. The floors were covered with excrement, while the main sewer was empty and dry, proving that there was an obstruction somewhere. Upon that report Dr. Menzies said he made representations, and steps were taken to remedy the evil in some measure. He inspected the building himself, and was satisfied with the result. After that time he heard nothing further to the contrary. He was Deputy-Inspector-General of Hospitals.

Mr. Layard: Had you the power of dismissing any medical man you appointed?—No; he could place him under arrest for neglect of duty, and report his conduct to head-quarters.

Did you ever proceed in that manner with regard to any medical man?—Never; the medical men under him did their duty zealously and attentively; he was quite satisfied with the manner in which they discharged their duties. Witness was again examined as to the accuracy of the returns of deaths on board the transports, in the passage from Balaklava to Scutari.

Had you not power over the purveyor?—I had; but I am sorry to say he did not submit to it.

But were you not yourself responsible to Dr. Hall?—I really did not know what my duties were. There were many others who did not know what their duties were, either.

In answer to questions from Mr. Layard, as to the manner of his appointment, witness said that he went out to the East as a staff-surgeon, liable to be called on for duty in the field or hospitals.

To questions as to the objectionable situation of the dead-house in the Barrack Hospital, witness said, Dr. Macgregor ought to have selected a better position; but that, at the time it was established, there were no patients in that part of the corridor. Witness did not make any remonstrance against it; it was a matter of necessity.

He explained that when he said "he did not know what his duties were," he meant that after the arrival of Dr. Cumming, who was his senior officer, his (witness's) position was an anomalous one. He well knew what his duties were before the arrival of Dr. Cumming. He (witness) was responsible for the supervision of the hospital up to the 1st of January last. He did the best he could to get the hospital into order; but really his position was a most trying one, and his duties were overpowering. In the barrack-hospital they had an operating place at the end of the corridor and an operating-table; but they had not had an operating-table from the beginning. They got operating-tables after the action at Balaklava. Sometimes operations were performed in the sight of the sick and wounded, and sometimes not. Allowance ought to be made for the unavoidable confusion. It did not occur to him at first to set apart a room for the purpose of performing operations. He thought of it after the wounded arrived. Men did not die in the hospital of actual starvation, as had been stated by Mr. Osborne. Those statements were highly overdrawn, and he begged to give a most unqualified contradiction to them. He could not say that Mr. Wreford had satisfied him; he opposed his (witness's) authority. Mr. Wreford was still the purveyor at Scutari. Mr. Roebuck asked him for an instance of disobedience on the part of the purveyor. Witness cited Mr. Wreford's refusal to appoint a deputy-purveyor at the barrack-hospital who would conform to witness's orders, when he asked him to make such an appointment.

Mr. W. H. Flower stated that he went out to the Crimea, assistant-surgeon to the 63rd Regiment. He joined about a week before the regiment embarked from Cork on the 23rd of July. The regiment first proceeded to Constantinople, and, after remaining there a short time, proceeded to Varna, whence it accompanied the army to the Crimea. When the regiment embarked from Ireland, it was, including officers, about 1020 or 1030 strong. They lost at Scutari about 40 or 50 men, including those left behind sick, when they proceeded to the Crimea. They had a good deal of cholera while encamped upon the shores of the Bosphorus. The regiment landed in the Crimea about 980 strong, with a medical staff of one surgeon and three assistant-surgeons, an hospital sergeant, and three or four hospital orderlies, which he considered was

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a sufficient medical force. They had with them a large regimental medicine-chest, and two panniers were supplied previous to their quitting Ireland, to carry a small supply of medicines and surgical appliances while on the march or in the field. When they landed the medicine-chest was left behind, as there were no means of transport for it, being much too large. The supply of medicines in the panniers would, under ordinary circumstances, have been sufficient, perhaps, for two or three weeks; but they had a large amount of sickness on the march, and the stores of some of the medicines were exhausted in three or four days,—among which was opium, one of the medicines most required. Upon arriving at Balaklava, medicines were obtained by requisition from the purveyor. Witness was ill on reaching Balaklava. The large medicine-chest was not landed up to the time he left the Crimea, on the 12th of December. During the march from Old Fort most of the sick were obliged to lie on the ground in the open air. His regiment, with the exception of two nights, was without tents for three weeks. The medical comforts and bedding for the sick remained on board the Avon. Some of the bedding was, some weeks afterwards, landed, but it could not be used, as there were no bedsteads. The Avon, in the meantime, had gone to Odessa, with wounded Russians, and to Marseilles for French troops. There had been ten stretchers supplied to the regiment on landing, but some of them were lost. There were no means of transport provided for the sick during the march. They left a great many men to die on the march, because they had no means of helping them—if they had had mules or ambulance waggons these men might have been saved. The French mules were a much better mode of transport, and he thought our present plan might be much improved. The regiment had not their knapsacks; they were left on board. The men complained of being without them, and of their being obliged to carry their packs, in which they had to carry a blanket, &c. During the march the regiment lost 20 or 30 men a day—sometimes more. Two days after the battle of Alma they sent away 60 men with cholera and diarrhœa. In reference to the field hospital, after the battle of Alma, the sick were lying in sheds and farmhouses, where all the straw was spread about. Compared with the French, our men had very few comforts. After they had arrived at the south of Sebastopol they had at first no tents; the sick were in a bell tent altogether three weeks. It was not sufficient for all the sick, and the consequence was that many of the men were lying out of doors exposed to the cold. The smell in their tents was very offensive, but they had no means of cleansing them. No beds whatever were prepared for the sick, who lay in their clothes night and day. He attributed much of the mortality to the state of the hospital. At that time there was a deficiency of medicines; they were short of opium, which was a most essential article, especially in cases of diarrhœa. Requisitions were constantly sent down to Balaklava. These requisitions were not always attended to; sometimes no supplies came back, at other times the supplies were very small. They were always more or less in want of proper medicines. They had wine, sago, and arrow-root—not always in sufficient quantities. The supply was better after a time. The sick had not always fresh meat, but during the last month they generally had fresh meat for the sick. The sickness increased in the regiment when the weather became wet. He attributed the sickness of the men to the mode of life, over-work, their having no change of clothes, and their constant exposure to the weather and diet. He believed that the men never received their knapsacks. The knapsacks were first landed at the end of November, more than two months after they landed. They were then brought up, and piled up in the middle of the camp. They were not given out to the men until some time after they were landed, and he believed they were not issued to them when he came away, a fortnight or three weeks after. He understood there was an order given by the colonel of the regiment, that while the men were digging holes for the tents, to prevent them being blown away, they were not to have their knapsacks; he could not say why this order had been given. While he was there the holes were filled with water, therefore the tents could not be put up. He had heard the men say they had been two nights out of three in the trenches. At first rice was supplied, and when that was discontinued the medical officers asked for vegetables, and a ration was supplied one day consisting of a cabbage and two or three onions among half-a-dozen men. The men had tea twice a-week, and at other times coffee was charred in the lid of a camp-kettle, and then pounded with a stone or cannon-ball. Witness had to drink his coffee prepared in that way. It tasted like charcoal and water. He could not say it directly produced disease, but it could not have been wholesome. On two or three occasions they were without meat. He thought the sickness of the army was increased by the want of tents during the march.

SANITARY BILLS OF SIR B. HALL.

The following are abstracts of the measures laid before Parliament this Session by the New Board of Health:—

II.

THE PUBLIC HEALTH BILL, 1855.

(Concluded from page 271.)

Sec. LXXVI. Penalty for making unauthorised sewers and building over sewers and under streets:—A penalty not exceeding five pounds, and a further penalty of forty shillings for every day during which the offence is continued.

Sec. LXXVII. Use of sewers by persons beyond the district.

Sec. LXXVIII. When any house within the Local Board's district, built before the time at which this Act has come into operation, is without any drain, or without such drain as is sufficient, the Local Board may require the owner, within a reasonable time, to make a sufficient drain, emptying as follows: that is to say, if the sea or a sewer of the Local Board, or any sewer which they are entitled to use, is within one hundred feet of the site of such house, emptying either into the sea or such sewer as the Local Board may direct; but if no such means of drainage are within that distance then emptying into such covered cesspool or other place, not being under any house, as the Local Board directs; and if the person on whom such notice is served fails to comply with the same, the Local Board may themselves do the work required, and the expenses incurred by them in so doing may be recovered from such owner summarily, or may be declared to be private expenses, and be dealt with accordingly.

Sec. LXXIX. The following Rules shall be observed with respect to drains of houses built after the date of the constitution of the district:—1. The drains of every such new house as aforesaid shall be covered in, and be of such size and materials, at such level, and with such fall, as may be effectual, in the opinion of the surveyor, to secure a proper drainage of such house and its appurtenances. 2. If the sea, or a sewer of the Local Board, or a sewer which they are entitled to use, is within one hundred feet of any part of the site of such new house, the drains so to be constructed shall communicate with such one of those means of drainage as the Local Board directs. 3. If no such means of drainage are within that distance, then the last-mentioned drains shall communicate with and be emptied into such covered cesspool or other place, not being under any house, and not being within such distance from any house, as the said Local Board directs. 4. Whenever any house already built is pulled down to or below the ground floor, the drains of such house shall be subject to the regulations of this section in the same manner as if it were a house built after the date of the constitution of the district.

Sec. LXXX. Penalty on non-compliance with the foregoing rules, not exceeding fifty pounds.

Sec. LXXXI. Local Board to cause streets to be cleansed, and dust and ashes to be removed from the houses.

Sec. LXXXII. Local Board to cause places for deposit of dust, soil, etc., to be provided.

Sec. LXXXIII. Local Board may make bye-laws as to cleansing new dwellings.

Sec. LXXXIV. The Local Board may provide and maintain, in proper and convenient situations, waterclosets, privies, and other similar conveniences for public accommodation.

Sec. LXXXV. Penalty on persons erecting houses without waterclosets, not exceeding 20*l.*

Sec. LXXXVI. Local Board may, upon report of surveyor, order waterclosets, etc., to be erected in houses, whether built before or after this Act is applied, etc.

Sec. LXXXVII. If it appears to the Local Board that any house is used or intended to be used as a factory or building in which persons of both sexes, and above twenty in number, are employed, or intended to be employed, at one time in any trade or business, the Local Board may require the owner or occupier to construct a sufficient number of waterclosets or privies for the separate use of each sex; and any person neglecting to comply shall incur for each default a penalty not exceeding 20*l.*, and a further penalty not exceeding 40*s.* for every day during which the default is continued.

Sec. LXXXVIII. It shall be the duty of the Local Board to keep their district free from nuisances, and for that purpose to exercise such powers and take such measures as may be vested in them under any Act or Acts of Parliament for the time being in force.

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Cellars.

Sec. LXXXIX. It shall not be lawful to let or occupy as a dwelling any vault, cellar, or underground room built or rebuilt after the date of the constitution of the district, or which has not been so let or occupied before such lastmentioned date; and it shall not be lawful to let separately as a dwelling any vault, cellar, or underground room whatsoever, unless it possess the following requisites, viz., unless the same is in every part thereof at least seven feet in height from the floor to the ceiling; unless the same is at least three feet of its height above the surface of the street or ground adjoining the same; unless there is outside of and adjoining the same vault, cellar, or room, and extending along the entire frontage, and upwards from six inches below the level of the floor up to the surface of the said street or ground, an open area of at least two feet and six inches wide in every part; unless the same is well and effectually drained by means of a drain the uppermost part of which is one foot at least below the level of the floor of such vault, cellar, or room; unless there is appurtenant to such the use of a watercloset or privy, and an ashpit, furnished with proper doors and coverings; unless the same has a fireplace with a proper chimney or flue; unless the same has an external window of at least nine superficial feet in area clear of the sash-frame, and made to open in such manner as is approved by the Surveyor, except in the case of an inner or back vault, cellar, or room, let or occupied along with a front vault, cellar, or room as part of the same letting or occupation, in which case the external window may be of any dimensions not less than four superficial feet in area. And whoever lets or occupies, for hire or rent, any vault, cellar, etc., contrary to this Act, shall be liable for every such offence to a penalty not exceeding 20s. for every day during which the same continues to be so let or occupied after notice; and every vault, cellar, or underground room in which any person passes the night shall be deemed to be occupied as a dwelling within the meaning of this Act; but the above rule as respects areas shall be qualified as follows:—In any area adjoining a vault, cellar, or underground room, there may be steps necessary for access to such vault, cellar, or room, if the same are so placed as not to be over, across, or opposite to the said external window, and so as to allow between every part of such steps and the external wall of such vault, cellar, or room, a clear space of six inches at the least; and over or across any such area there may be steps necessary for access to any building above the vault, cellar, or room to which such area adjoins, if the same are so placed as not to be over, across, or opposite to any such external window.

Sec. XC. The foregoing provisions shall not come into force within any district until the expiration of six months from the date of the constitution of such district.

New Houses.

Sec. XCI. Fourteen days at the least before beginning to dig the foundations of any new house, or to convert any building into a house, or to rebuild any house pulled down to or below the ground floor, the person intending so to build shall give to the Local Board a plan and sections of the house so intended to be made, and also a statement in the form marked (E) in the schedule, comprising the following particulars:—The thickness and materials of the walls; the heights and dimensions of the rooms, including the level of the cellars or lowest floors; the means of ventilation; the situation of any watercloseta, or of any privies, cesspools, or urinals intended to be made or used; the provisions for drainage, supply of water, and deposit of dry refuse; the dimensions of the area intended to be left open in connexion with the house. And the Local Board, within fourteen days from the receipt of such statement, may notify to the person so about to build their approval or disapproval, either with or without modification; but if no notification is made within fourteen days, the Local Board shall be presumed to have given its approval.

Sec. XCII. Inspection by surveyor during progress of works.

Sec. XCIII. Penalty on acting without approval of Local Board not exceeding fifty pounds.

Sec. XCIV. Persons aggrieved by order of Local Board may appeal to Quarter Sessions.

Streets.

Sec. XCV. Contains provisions as to levelling, paving, flagging streets, and for the repair of fences, posts, etc., for the safety of foot passengers; also, for due notice to be given in case of laying out new streets, as to sewerage, etc., being properly provided for.

Sec. XCVI. Penalties on non-compliance with provisions of sec. xcv. not exceeding 50*l*.

Sec. XCVII. Person aggrieved may appeal to Quarter Sessions.

Sec. XCVIII. The provisions of "The Towns Improvement Clauses Act, 1847," with respect to naming the streets and numbering the houses; to improving the line of the streets, and removing obstructions; to ruinous or dangerous buildings; to precautions during the construction and repair of the sewers, streets, and houses; to the prevention of smoke; to the construction of houses for the prevention of fire; and with respect to supplying buildings with fresh air, shall be incorporated with the Act.

Sec. XCIX. Power to require gas and water pipes to be moved.

SUPPLY OF WATER.

Sec. C. The following provisions shall be made with respect to the supply of water to any district:—All public wells, pumps, conduits, and other waterworks used for the gratuitous supply of water to the inhabitants of the district, shall vest in and be under the control of the Local Board. The Local Board shall continue, maintain, and supply with water all such waterworks as aforesaid. The Local Board may construct any number of new wells, pumps, or other waterworks for the gratuitous use of the inhabitants of the district, and supply the same with water. The Local Board may cause a supply of water to be furnished to any public baths or wash-houses. The Local Board shall cause water to be provided in sufficient quantities for flushing the sewers and drains, for putting out fires, for cleansing and watering the streets, and for other public purposes. The expense to be paid out of the general district rates. If it appears to the Local Board that any house is without a proper supply of water, and that such supply can be provided at an expense not exceeding threepence a-week exclusive of the first cost of the pipes and works necessary for furnishing such supply, the Local Board may serve a notice on the owner or occupier of such house requiring him to obtain such supply within a time to be specified in such notice, and if such owner or occupier fails to comply with such notice the Local Board may themselves cause such supply to be furnished. All expenses incurred by order of or by any Local Board in respect of pipes laid or works done for the purpose of furnishing such supply as aforesaid to any house, shall be deemed to be private expenses, and recoverable accordingly. The rent payable in respect of the supply of water to any such house as aforesaid, shall be defrayed in the same manner in all respects as the same would have been defrayed if the owner or occupier of such house had obtained the supply voluntarily, instead of in obedience to an order of the Local Board. In the event of there being no Company within the district willing to furnish the required supply of water upon reasonable terms, the Local Board may undertake to supply the same. In such event the Local Board may purchase or take on lease any waterworks. Whenever any Local Board have themselves undertaken to supply water to their district, they may furnish the same to any private house or for any trading or manufacturing purpose. The expense of furnishing such supply to any private house, or for any manufacturing or trading purposes, shall be defrayed by water rents to be levied on the persons requiring such supply. Any profits made by the Local Board by the exercise of the powers given them by this Section shall be accounted for in the same manner in which the general district rate is accounted for and applicable.

Sec. CI. The following offences to be punished in manner following:—First. As to injuring waterworks: If any person wilfully or carelessly breaks, injures, or opens any lock, cock, waste pipe, or waterworks belonging to or under the management of any Local Board; or unlawfully flushes, draws off, diverts, or takes water from any waterworks belonging to or under the management or control of the Local Board from any waters or streams by which such waterworks are supplied; or wilfully or negligently wastes or causes to be wasted any water with which he is supplied by the said Local Board, he shall for every such offence forfeit a sum not exceeding 5*l*., and a further penalty of 20s. for each day during which the offence is committed after written notice. Second. As to fouling water: If any person bathes in any stream, reservoir, conduit, aqueduct, or other waterworks belonging to or under the management of the Local Board; washes, cleanses, throws, or causes to enter in any such stream, etc., any animal, rubbish, filth, stuff, or thing of any kind whatsoever, or causes or permits or suffers to run or be brought therein the water of any sink, sewer, drain, engine, or boiler, or other filthy, unwholesome, or improper water; does anything whatsoever whereby any water belonging to the Local Board may be fouled, he shall for every such offence forfeit a sum not exceeding 5*l*., and a further sum of 20s. for each day during which the offence is continued. Third. As to fouling water with gas: If any person, being a proprietor of any gasworks, or engaged in the manufacture or supply of gas, causes or suffers to be brought into any stream, etc., under the management of the Local Board, or into any drain or pipe communicating therewith, any washing or other substance produced in the manufacture or supply of gas, or wilfully does any act connected with the manufacture or supply of gas whereby the water in any such stream, reservoir, aqueduct, or waterworks is fouled, he shall for every such offence incur a penalty not exceeding 200*l*., and after notice in writing has been given to him by the Local Board, a further sum of 20*l*. for every day during which the offence is continued; and if any water supplied by, belonging to, or under the management or control of the said Local Board is fouled in any manner by the gas of any such proprietor or person as last aforesaid, he shall for every such offence incur a penalty not exceeding 20*l*., and a further sum not exceeding 10*l*. for every day while the offence is continued; and for the purpose of ascertaining whether such water is fouled by the gas of any such proprietor or person the Local Board may, upon twenty-four hours' notice, lay open and examine any pipes, etc., from which the gas is supposed to escape; and if it appears that the water has been so fouled, the expenses of the examination shall be paid and borne by the person to whom such pipes, etc., belong.

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WATCHING.

Sec. CII. For this purpose the provisions of the Towns Police Clauses Act, 1847, with respect to the appointment, and the powers, duties, and privileges of constables; and with respect to obstructions and nuisances in the streets; and with respect to fires,—to be incorporated with this Act.

Sec. CIII. Regulations as to lighting.

SLAUGHTER-HOUSES.

Sec. CIV. The following rules shall be observed with respect to slaughter-houses:—The Local Board to license slaughter-houses within the district: no place shall be used or occupied as a slaughter-house within the district which was not in such use and occupation at the date of the constitution of the district, and has so continued ever since, unless and until a licence for the erection thereof, or for the use and occupation thereof as a slaughter-house, has been obtained from the Local Board. Penalty not exceeding five pounds, and a like penalty for every day after conviction upon which the said offence is continued. Every place within the district which has, previously to the date of the constitution thereof, been used as a slaughter-house, shall, within three months after such last-mentioned date, or, in the case of a place first used as a slaughter-house, after the date of the constitution of the district, previously to the commencement of such use, be registered by the owner or occupier thereof at the office of the Local Board. Penalty not exceeding five pounds, and a penalty not exceeding ten shillings for every day after the first day during which such place shall be used as a slaughter-house without having been so registered. The Local Board may from time to time erect a slaughter-house on any land belonging to them, or set apart and improve any buildings belonging to them for a slaughter-house. As soon as such buildings are fit for public use, the Local Board shall give notice thereof. After the expiration of ten days from the publication and posting of such notice, no person shall slaughter any cattle, or dress any carcase for sale as human food, in any place within the district, other than a slaughter-house which was in use as such before and at the time of the constitution of the district; or, slaughter-houses provided in pursuance of this Act. Penalty not exceeding two pounds. The Local Board may make bye-laws with respect to the management of and charges for the use of any slaughter-house so provided by them, and with respect to the inspection of all slaughter-houses, and for keeping the same in a wholesome state. The Local Board may purchase any land for carrying into effect the objects of this Section.

Sec. CV. Power of Local Board to establish markets and fairs.

Sec. CVI. Incorporation of provisions of the Markets and Fairs Clauses Act, 1847.

PLEASURE GROUNDS.

Sec. CVII. The Local Board may hold, purchase by agreement, maintain, lay out, plant, and improve land for the purpose of being used as public walks or pleasure grounds, and support or contribute towards any premises provided for such purposes.

Sec. CVIII. Regulations as to the purchase of land.

Sec. CIX. Publication of notices as to purchase of land.

Sec. CX. Services of notices.

Sec. CXI. Evidence of publication and service of notices.

Sec. CXII. Justices to decide after hearing both sides.

Sec. CXIII. Local Board on obtaining sanction of court may enforce Act.

Sec. CXIV. Rules as to private expenses.

Sec. CXV. Deductions in respect of private expenses.

Sec. CXVI. Reduction of charge for private expenses.

Sec. CXVII. General expenses to be defrayed out of general district rate.

Sec. CXVIII. Regulations as to general district rate.

Sec. CXIX. Parts of district may be separately assessed.

Sec. CXX. Allowance to be made in case of new sewer.

Secs. CXXI. to CXXVII. Mortgage of rates.

Secs. CXXVIII. to CXXX. As to audit of accounts.

Sec. CXXXI. Accounts to be submitted to meeting of ratepayers.

Sec. CXXXII. Byelaws of Local Board not to be in force till confirmed by Secretary of State.

Sec. CXXXIII. Byelaws to be printed, etc.

Sec. CXXXIV. Accounts to be [transmitted to the General Board.

Sec. CXXXV. General Board may inspect districts.

Sec. CXXXVI. Superintending inspectors may summon witnesses, call for plans, rates, etc.

Sec. CXXXVII. General Board to report to Parliament.

Sec. CXXXVIII. Mode of referring to arbitration.

Sec. CXXXIX. Death, etc., of arbitrator.

Sec. CXL. Appointment of umpire by the parties or by Quarter Sessions.

Sec. CXLI. The time for making an award under this Act shall not be extended beyond the period of three months from the date of the submission.

Sec. CXLII. Power of arbitrator.

Sec. CXLIII. Declaration to be made by arbitrator and umpire.

Sec. CXLIV. Recovery of penalties.

Sec. CXLV. Appeal to Quarter Sessions.

Sec. CXLVI. Notice of action, limitation of actions, venue, general issue, tender of amends, etc., and money may be paid into court.

Sec. CXLVII. Persons acting in execution of Act not to be personally liable.

Sec. CXLVIII. The Local Board may enter, examine, and lay open any lands or premises whatever, for any purposes of the Public Health Acts.

Sec. CXLIX. Compensation in case of damage by Local Board.

Sec. CL. Local Board may allow owners time for repayment of expenses.

Sec. CLI. False evidence punishable as perjury.

Sec. CLII. Penalty for obstructing officers, defacing boards, etc., not exceeding 5*l.*; upon occupiers preventing execution of works, not exceeding 5*l.*; occupiers to disclose owners' name, under penalty not exceeding 5*l.*

Sec. CLIII. Existing liabilities to make sewers, etc., not to be discharged.

Sec. CLIV. Notices by Local Board to be signed by the clerk to the Local Board, and shall be receivable in evidence in all courts of justice.

Sec. CLV. Service of notice upon Local Board, and upon owners and occupiers.

Sec. CLVI. Notices to be binding on assigns.

Sec. CLVII. Amendment of clerical errors in provisional order.

Sec. CLVIII. Penalty on injury to works, etc., of Local Board, not exceeding 5*l.*, to be recovered in a summary manner.

Sec. CLIX. Every Local Board may, with the approval of the General Board, apply for an increase of their powers, and charge all expenses properly incurred by them in making such application on the general district rates leviable by them under this Act.

Sec. CLX. Exemptions from Stamp-duty: No advertisements of General or Local Board, any deed, award, submission, instrument, contract, agreement, or writing, made or executed by the said General or Local Board, their officers or servants, under or for the purposes of this Act, or any appointment by the General or Local Board of any officer or person under this Act, shall be chargeable with any Stamp duty.

Sec. CLXI. Repeal of 17 and 18 Vic. c. 95.

Sec. CLXII. The Public Health Act, 1848, shall not, after the passing of this Act, be applied to any district; but in cases where, prior to the passing of this Act, a petition has been presented for the application of the Public Health Act, 1848, the same proceedings shall be taken thereon as if such petition had been presented under this Act.

Sec. CLXIII. This Act shall apply to England only.

The Schedule contains various forms under the following headings:—

Form (A).—"Requisition for calling a meeting of ratepayers."
Form (B).—"Notice of meeting of ratepayers."
Form (C).—"Notice of consent of ratepayers."
Form (D).—"Petition of ratepayers to Board of Health."
Form (E).—"Notice as to Houses."
Form (F).—"Building Notice."
Form (G).—"Notice as to progress of formation of streets."

LAW INTELLIGENCE.

JURY TRIALS.—GLASGOW.—March 23.

Johnston, Surgeon, *v.* Neilson, Proprietor of the *Glasgow Constitutional*. In the *Constitutional* newspaper, 23rd November, 1853, there was inserted a paragraph having reference to a person called Helen Wilson, residing in the Back Wynd of Glasgow, which gave details of a case, stated to be one of cholera, and charges the surgeon, Mr. Johnston, one of the City Parochial medical staff, with neglect in the discharge of his duty. The witnesses examined in the case were, for the pursuer, himself, Mr. George Connaghan, Dr. Alexander Lindsay, and Mr. George Ross, Chairman of the Sanitary Committee of the Parochial Board of the City Parish. For the defender, Mr. Ebenezer Adamson, Inspector of the City Parish, his sub-inspector, and Mr. Gardner, reporter to the defender's paper. It appeared from their testimony that the article quoted in the issue was prepared by Mr. Gardner, the reporter of the paper, from information derived from Mr. Ebenezer Adamson, but that it was not correct in details. Neither Mr. Neilson nor Mr. Gardner had any personal knowledge of the pursuer; and at an interview had with him by the writer of the article, any explanation was offered to be published which Dr. Johnston might think necessary to correct the erroneous references to him. On its publication, the Sanitary Committee, of which Mr. Ross was convener, held

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a meeting to investigate the truth of its statements with reference to the pursuer, the result of which was, that they acquitted that gentleman of all the blame conveyed against him in the article, which decision was approved by the Parochial Board.

Mr. Pattison, for the pursuer, intimated that the object of Dr. Johnston was not damages, but vindication of character, and that he would be satisfied with an apology from the defender. This was not, however, agreed to, and the trial proceeded regularly to its termination. The Dean of Faculty, in his reply, said he adhered to the proposal of Mr. Pattison.

The jury found for the pursuer. Damages, £50.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners, on the 23rd instant:—Messrs.

BURFORD, ROBERT WILLIAM, Camden-villas.
CATTLE, WILLIAM DRUCE, Arney.
DONE, JAMES, Manchester.
KEHOC, DANIEL, Horton.
RAYNER, THOMAS, Manchester.
RICHARDSON, JOHN, Caledonian Road.
TURTON, JOSEPH, Manchester.
WHITTLE, EDWARD HENRY, Brenchley, Kent.

The following gentlemen were admitted members on the 28th instant:—Messrs.

CATES, WILLIAM EDWARD, Hon. East India Company's Service.
CLAREMONT, CLAUDE CLARKE, Camden Town.
CLEMENT, JOSEPH, Gateshead.
COLLYNS, GEORGE NELSON, Dulverton, Somerset.
EVISON, HANSON, Hull.
HOOKE, BENJAMIN, Hon. East India Company's Service, Bengal.
HOPSON, STEPHEN MOULTON, Army.
KILROY, ALEXANDER ROBERT, Army.
MANTELL, RINERT, Bitton, near Bristol.
SEALE, THOMAS PRIDGEN, Leeds.
TERRY, JOHN NETTLETON, Bradford, Yorkshire.
TRESTRAIL, WILLIAM MICHELL, Army.
WOLSTON, CHRISTOPHER, Army.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 22nd March, 1855:—

BYRNE, OSCAR,
CLOUGH, CHARLES FREDERICK,
JONES, JOHN, Dyffryn, Merionethshire.
SAYER, WILLIAM, Liverpool.
SMITH, THOMAS, Tunbridge.
WALKER, JOHN SWIFT, Sheerness, Kent.

APOTHECARIES HALL.—The names of gentlemen who passed the Preliminary Examination in Classics and Mathematics on Friday and Saturday the 23rd and 24th of March. Augustus R. Hall, Verney Place, Exeter; John Langdon, Yeovil; Charles B. Rendle, Plymouth; J. Lloyd Jones, Strefford, Salop; Richard S. Ware, Barnstaple; George Harman Harris, The Forbury, Reading; James Henry Jeffcoat, Portman Street; Frederick Norton Manning, Piccadilly; Arthur B. R. Myers, Plymouth; John Daniel Hill, Lincoln; Samuel Barnfield, Falmouth; Charles W. Browne, Kew Green; William Miller Crowfoot, Beccles, Suffolk; T. J. W. Slater, Winchcombe St., Cheltenham; Edward W. Reynolds, Thame, Oxon; George Henry Case, Fareham, Hants; George Calvert, Derby; William John Harris, Worthing, Sussex; Richard Whitfield Hewlett, Harrow; Thomas O. Mayor, Bristol; William Edger, Barnstaple; Frederick Elliott Ryott, Northbrook St., Newbury; John Bevan Williams, High St., Cardigan; Ernest Ringrose, Potters Bar, Herts; Philip Edward Miall, Banbury; Arthur E. Stabb, Ilfracombe; Edward Parker Young, Hart St., Henley-on-Thames; Charles F. Keele, Eaton Villas, South; Matthew Coates, Clifton, Bristol; Herbert Thompson, Westerham, Kent; Frederick Boureman Jessett, Harley St., Cavendish Square; Frederick Castell Vines, Friar St., Reading; James Stevenson, Plymouth; F. H. Atkinson, Corn Hill, Lincoln; George Frederick Helm, Addenbrookes Hospital, Cambridge; William John Smith, Odiham, Hants; Charles Ballard, King St., Maidstone; Thomas Henry Hawkins, Prospect Terrace, Reading; Frederick Hase Watts, Haverstock Terrace, Hampstead.

TESTIMONIAL.

A TESTIMONIAL, consisting of a Case of Instruments, was presented by the Members of the Nottingham Medico-Chirurgical Society to THOMAS L. BARWIS, Esq., late Secretary, on Friday, March 16th, 1855.

DEATHS.

BARTLETT.—March 27, at Hatton Garden, Michael Christmas Bartlett, Esq., in his 44th year. L.S.A. 1837.

DICK.—March 21, at Bedford, Paris Thomas Dick, M.D., son of the late General George Dick, M.D., Edinburgh, 1821; L.R.C.P., London, 1824; Senior Physician to the Bedfordshire General Infirmary and Fever Hospital; author of "Essays on Organic Structure."

M'GREGOR.—March 20, at West Regent Street, Glasgow, Robert M'Gregor, Esq., M.D., L.R.C.S., Edinburgh, 1833; Fell. Fac. Phys. and Surg., Glasgow, 1837; M.D., Glasgow, 1842; Junior Physician of the Glasgow Royal Infirmary; several contributions, including an "Experimental Inquiry as to the Origin and Seat of Diabete Mellitus;" "Experimental Inquiry into the Quantity of Carbonic Acid evolved from the Lungs in Health and Disease," etc.

PINE.—March 6, at Balaklava, of typhus fever, Chilley Pine, Esq., Staff-Surgeon (first class), and late of the 4th Dragoon Guards.

RENWICK.—March 2, of fever, in Balaklava harbour, on board the Walmer Castle transport, to which he had been removed from the encampment, Assistant-Surgeon William Renwick, 14th Regiment, youngest son of the late Lieut.-Col. Renwick, aged 23, much and deservedly esteemed, and regretted by all who knew him.

STEWART.—In February, at Scutari, Dr. George Stewart, 33rd Regiment.

WESTWOOD.—March 20, at Dartford, John Westwood, Esq., Surgeon.

SEAMAN'S HOSPITAL SOCIETY.—The Anniversary Dinner took place on Wednesday, Lord Palmerston presiding. About 200 sat down. The sum collected amounted to about £1800.

SMYRNA HOSPITAL.—By letters from Smyrna of the 17th of March, we learn that the greater part of the Civil Medical Staff had arrived, and that the Military Medical Officer had given up charge to them the day before, although Dr. Meyer, the Superintendent, was not expected for some days. The Medical officers present, and doing duty, were Drs. Barclay and Leared, Physicians; Mr. Holmes Coote, Mr. Macleod, Mr. Spencer Wells, and Mr. Wordsworth, Surgeons; Drs. Coote, Martin, Rolleston, Wilkinson, and Wood, Assistant-Physicians; and Messrs. Complin, Hornidge, Hulke, McDonnell, and Streatfield, Assistant-Surgeons. A low form of contagious typhus was very prevalent and fatal; between 90 and 100 of the 800 patients landed a month before having died. Several of the orderlies in attendance on the sick had been attacked, and some had died. The lady-nurses were just about to commence their duties. Everything tends to confirm the impression that Smyrna is a very unfit site for an hospital.

THE MEDICAL OFFICERS IN THE CRIMEA AND LORD PALMERSTON.—The correspondent of the *Times* says:—"Lord Palmerston excites the liveliest indignation by his most extraordinary and uncalled-for insult to the Commissariat and medical officers of the army, by declaring they did not belong to the aristocracy or to the gentry of the country. The construction placed on that declaration by those officers is, that Lord Palmerston thinks they are not "gentlemen," and that they do not belong to the class called "gentry." The medical men, for the most part, laugh at this statement, and rely on the dignity of their profession. They point to many cadets of some of the best families of the "gentry" class as proof that Lord Palmerston is in error, and they go further, and

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deny utterly that *they* have "broken down" in the discharge of their duties, though the system, as administered by Dr. Smith, has proved unequal to the emergencies with which it had to contend. It is impossible to give an idea of the bitterness of feeling and intense dissatisfaction which have been excited by the few words which fell from the lips of such a man as Lord Palmerston."—[It is a singular circumstance, as bearing upon this gratuitous insult to our profession by Lord Palmerston, that in our impression of this day we announce the death of two medical men, themselves sons of officers in the army, who took rank by purchase, and were therefore "gentlemen" *à la* Lord Palmerston.—ED.]

THE SCUTARI HOSPITALS.—On March 11, there were 4212 patients in Hospital at Scutari. The deaths during the four preceding days had been two per cent.

NUMBER OF SICK AT SCUTARI ON MARCH 14.—

Officers	68
Non-commissioned officers, drummers, and privates	
In General Hospital	779
In Barrack Hospital	1540
In Palace Hospital	425
In Stable Hospital	31
In Turkish Hospital-hulk	276
In Bombay Hospital-ship	104
In Kululee Hospital	919
Total	4074

Abydos and Smyrna Hospitals not returned; about 1000 in both places.

THE MEDICAL STAFF IN THE CRIMEA.—The following Medical officers, lately promoted, have been attached to divisions, as follows:—1st class Staff-Surgeon Dr. Wood to the 2nd Division; 1st class Staff-Surgeon Dr. Mouatt to the 3rd Division; 1st class Staff-Surgeon Dr. Paynter to the 4th Division.

THE SANITARY COMMISSIONERS, Dr. Gavin, Dr. Sutherland, and Mr. Rawlinson, reached Constantinople, after a quick passage, on the 6th of March. They were about to make a rapid survey of the condition of the Scutari and Kululee Hospitals, and then proceed as speedily as possible to the seat of war.

HEALTH OF THE ARMY OF THE EAST.—Cheering news of the state of our men, and the generally improved state of the camp, have been received. With regard to numbers, we have authentic statements. On the 27th of February, the strength of the British army, not including Marines, Ambulance, and Mounted Staff Corps, consisted of 27,067; and at that date there were 17,623 reported as sick. Up to that date the improvement of the health of the men had been progressive, and subsequently that progress has continued.

THE LATE CZAR'S PHYSICIAN.—A letter from St. Petersburg, in the *Danube* of Vienna, says, Dr. Mandt, homœopathic physician to the late Emperor, has left Russia in great haste and secretly. He is reproached with having too long concealed from the august deceased that his lung was attacked; also with having himself prepared the medicines destined for the Emperor, instead of having had them prepared by a druggist. Great irritation was manifested against him at St. Petersburg, and the Emperor Alexander himself advised him, it is said, to leave Russia.

THE CHOLERA is raging in Spain, in the Districts of Aragon, Zamora, Valencia, and Logrono.

MORTALITY NOTABILIA.—701 males and 682 females died in London in the week that ended last Saturday. The public health is improving, though the rate of mortality is still high, even for March. Diseases of the respiratory organs have been more fatal than the zymotic. Their decrease in the last five weeks, from the point at which their mortality was greatest, is shown in the following numbers: 434, 433, 313, 339, and (last week) 285 deaths. The last number is higher than usual, which is owing specially to bronchitis, the deaths from which were 146, while the estimated number is 108. Hooping-cough is prevalent, and 75 children died of it. The total number of deaths from measles did not exceed 20, but about a third of these occurred in the Workhouse at Bethnal-green, and 4 on the same day. Cancer was fatal in 16 cases; hernia in no fewer than 10 cases; in the first eleven weeks of this year this complaint has averaged 5.

BIRTHS.—The births of 1558 children were registered; 800 boys and 758 girls; average, 1535.

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	4	..	3	12	1	11
North	490,396	5	3	12	19	3	4
Central ..	393,256	2	1	3	11	2	5
East.....	485,522	2	11	7	15	1	12
South	616,635	3	5	5	18	3	17
Total..	2,362,236	16	20	35	75	15	49

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, March 24, 1855.*

CAUSES OF DEATH.	In the week ending Saturday, March 24, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp. 38·2						40·4
ALL CAUSES	1388	658	219	216	284	49	1145·8
SPECIFIED CAUSES	1375	658	218	216	284	49	1142·7
DISEASES:—							
1. Zymotic Class	262	195	37	8	21	1	215·8
2. Dropsy, Cancer, and others of uncertain seat	50	5	9	16	17	3	43·5
3. Tubercular Class	242	101	90	45	6	..	200·4
4 Of Brain, Nerves, etc.	126	53	15	26	30	2	133·0
5. Of Heart, etc.	62	11	11	20	18	2	45·1
6. Of Respiratory Organs	285	137	21	54	65	8	240·0
7. Of Digestive Organs	77	35	4	21	17	..	66·5
8. Of Kidneys, etc.	15	3	5	1	6	..	12·8
9. Of Uterus; viz. — Puerperal Disease, etc.	9	..	4	5	..	..	9·3
10. Of Joints, Bones; viz.— Rheumatism, etc.	5	3	1	..	1	..	8·6
11. Of Skin, etc.	3	..	..	2	1	..	1·9
12. Malformations	4	4	..	..	..	..	3·2
13. Debility from Premature Birth, etc.	36	32	..	1	3	..	26·7
14. Atrophy	41	29	..	2	10	..	24·0
15. Age	58	..	..	..	25	33	61·6
16. Sudden	23	13	1	3	6	..	15·2
17. Violence, Privation, etc.	77	37	20	12	8	..	34·6
CAUSES NOT SPECIFIED	3	..	1	..	..	..	3·1

BOOKS RECEIVED.

Syme on Stricture of the Urethra and Fistula in Perinæo. Second edition Pp. 109. Edinburgh: Sutherland and Knox.

On Injection of the Bronchial Tubes and Tubercular Cavities of the Lungs. By Horace Green, M.D. New York.

On the Economy of the Law, especially in relation to the Court of Chancery. By George Cochrane, Esq., Barrister-at-Law. Pamphlet. Pp. 36 Effingham Wilson.

Report of the Bethlem Hospital for 1854. By Dr. Hood, Resident Physician and Superintendent. Pp. 92. Not published.

TO CORRESPONDENTS.

Mr. Bell, of Gateshead, sends us a specimen of jalap, powdered by a new process, not requiring the powerful machinery usually employed. The plan consists in moistening the root for a few days, and then beating it in a mortar until its liqueous cohesion is destroyed; it is then dried, after which its complete trituration is easily accomplished. The specimen enclosed is very finely powdered, and has been passed through a 40 sieve. Mr. Bell remarks that the same process might be usefully applied to the powdering of other tough roots.

DIABETES IN ITALY.—TREATMENT OF CHILBLAINS.

Dr. Wilson, of Florence, in a letter chiefly of a private nature, sends us the following information which may be of general interest: "I observed some time in one of your Reports of the Societies' Meetings a statement by a member that diabetes was a rare disease in Italy and Turkey. As to its frequency, or the reverse, in the latter country I can give no opinion, but at the time I read the statement we had six cases of it in the Florence Hospital. I do not, however, believe that the disease is so

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frequent as in England." On the treatment of chilblains Dr. Wilson writes: "I noticed in a late number that you furnished some information to a correspondent on the subject of chilblains. I have found the ung. iodi. co. of the London Pharmacopœia almost a specific for that disease as far as a merely local application can be considered in such a light against a most troublesome affection usually connected with general defective circulation. In many who had never before suffered from chilblains I have also found it very serviceable. I had prescribed it first to a patient for an affection of one of the joints, and who afterwards mistook a chilblain for a similar affection, and used the ointment to it. The good success following induced me to try it in other cases, and with equally satisfactory results. Possibly it is no novelty."

Dr. C——. H——. C——., Dorset.—Your paper contains most excellent precept; it does not, however, present sufficient novelty either in doctrine or force of expression to warrant publication. The teaching of at least half the introductory lectures annually delivered is to the same effect.

Wymondham.—We are requested by Mr. Garner, on behalf of Lord Yarborough, to state, that his lordship is not aware of there being any vacancy for a Medical man in the parish of Wymondham, Leicester. This information has reference to an advertisement which appeared a few weeks ago, and which has occasioned many fruitless applications.

Dr. Seward.—Yes.—Dr. Tyler Smith's is a very good work on the subject. The use of the solution of tannin is by injection.

A Guardian.—The advertisers to whom you refer are gross quacks; and their pretended specifics unworthy of the least confidence.

Dr. Barclay, Mr. White Cooper, and Others.—We are obliged for the information, although we were already in full possession of the facts. The wife of one of the Surgeons in the Smyrna Hospital staff undoubtedly went out as "Lady Superintendent." She is not, however, to receive one farthing of salary, nor will she undertake the duties of "Matron." Her appointment therefore being entirely honorary, could not be held obnoxious to the charge of "jobbery" insinuated by a contemporary, nor could it, as implied in Dr. Barclay's letter, have furnished any motive to her husband for retaining his own appointment if he had wished to resign.

Dr. G——r.—The propositions contained in your paper partake too much of the nature of truisms to be suited for our pages. The more detailed development of some of the arguments might be of interest, but as to their general tenor the profession is almost unanimous.

W. J. Williams, Esq., Manchester.—We are obliged by your note. We were perfectly aware that the production of a Medical Certificate, as to cause of death, cannot be compelled by law. That circumstance does not however at all modify our opinion, that when as in Mr. Morris's case, the practice is systematically neglected, blame attaches to the Registrar. The present state of the law is most unsatisfactory, but in the hands of an efficient Registrar we believe the cases which would escape being duly certified would be very few.

Mr. Humby.—The suggestion is an excellent one, and shall be attended to.

Mr. Shillitoe, Hitchin.—The books chosen for the classical examination at the London University for 1856 are Homer's Iliad, Book VI., and Sallust's Jugurthian War.

A Student.—The diplomas granted in Paris are recognized in London as qualifying, under certain regulations, for admission to examination at the several Boards and Colleges. Their certificates of attendance on lectures and hospital practice are valueless You will find a statement of the fees payable in the "Code Médicale," to be obtained at Baillière's Library.

Enquirer.—The Commission consisted of Dr. Spence, Dr. Cumming, and Mr. Maxwell. On the lamented death of Dr. Spence in the wreck of the Prince the appointment left vacant was offered to Mr. Osborne himself, and *refused.*

Cinchona.—We believe that the drug alluded to in his evidence by Dr. Andrew Smith as a substitute for quinine was the disulphate of cinchona, and not "amorphous quinine." There is a large supply of the preparation referred to in stock in the Crimea, even if quinine itself be not there. The entire quantity of quinine supplied to the army has been 966 pounds.

R. M. L., Another Union Surgeon, Mr. Rynn.—Too late for attention this week.

Dr. Parkes' Second Lecture, Dr. Rigby's paper, and several others are in type, but are omitted this week for want of space.

ERRATUM.—For *Mr. Mason* in the report of the Student's Meeting last week read *Mr. Nason.*

COMMUNICATIONS have been received from—

Mr. WHITE COOPER; Mr. PROPERT, King's College Hospital (with enclosure); Dr. BALFOUR (with enclosure); Mr. GARNER, Wymondham; Mr. MATTHEY; Dr. SEWARD, Cahonconlisle; Mr. SHILLETOE, Hitchin; Mr. REED; Mr. PARKER, Bath (with enclosure); Mr. MARSH, Nottingham; Mr. RIVERS; A GUARDIAN; Dr. A. WHYTE BARCLAY; Mr. NASON, Guy's Hospital; Dr. WILKES, Guy's Hospital; Mr. STRETTON, St. Bartholomew's Hospital (with enclosure); THE HON. SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; A MILITARY SURGEON; AN OLD SUBSCRIBER (with enclosure); Mr. HUMBY, Spilsby; THE HON. SECRETARY OF THE HARVEIAN SOCIETY; A SUBSCRIBER; A STUDENT; Mr. GAMBLE COBE (with enclosure); Mr. WILLIAMS, Manchester; Mr. EUBULUS WILLIAMS; R. M. L.; ANOTHER UNION SURGEON; Mr. RYNN, Dublin (with enclosure); Mr. MORETON, The Staffordshire General Hospital.

APPOINTMENTS FOR THE WEEK.

MARCH.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
31. SATURDAY....	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	MEDICAL SOCIETY OF LONDON, 8 p.m.: Mr. J. B. Brown "On the Treatment of Ovarian Dropsy by the Injection of the Tincture of Iodine." ROYAL INSTITUTION, 3 p.m.: Dr. J. H. Gladstone, "On the Principles of Chemistry." PATHOLOGICAL SOCIETY OF DUBLIN, 4 p.m.
Monday 2nd APRIL		EPIDEMIOLOGICAL SOCIETY, 8 p.m. Annual Meeting for Election of Officers. Dr. F. J. Brown "On the Prevalence of Typhoid Fever, and the Absence of Typhus Fever at Rochester and Strood;" and Dr. Camps "On the Occurrence of Fever at Cambridge (South Wales), and Sible Hedingham, Essex." ROYAL INSTITUTION, 2 p.m.: General Monthly Meeting. CHEMICAL SOCIETY, 8 p.m.
3. TUESDAY	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at Guy's, 1 p.m.	PATHOLOGICAL SOCIETY, 8 p.m. LINNÆAN SOCIETY, 8 p.m.
4. WEDNESDAY ..	London University—Election of Examiners. Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days); St. Mary's, 1 p.m.	LONDON MEDICAL SOCIETY OF OBSERVATION, 8 p.m., at Dr. Stewart's, 74, Grosvenor-square. PHARMACEUTICAL SOCIETY, 8½ p.m. GEOLOGICAL SOCIETY OF LONDON, 8 p.m.
5. THURSDAY	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals. Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 1 p.m.	PATHOLOGICAL SOCIETY, 8 p.m. PHOTOGRAPHIC SOCIETY, 8 p.m. HARVEIAN SOCIETY, 8 p.m.: Dr. Fuller "On the Diagnosis of Thoracic Aneurism." ZOOLOGICAL SOCIETY, 3 p.m.
6. FRIDAY	Royal College of Surgeons, 4 p.m.: Professor Quekett's Histological Demonstrations. Operations at the London, 1½; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m.

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The Late Mr. Cane, of Uxbridge.—

A few weeks since, Mr. Cane, who had been established in practice for several years at Uxbridge, died under very melancholy circumstances. He had been attending a brother practitioner ill of fever, from whom he took the disease, and died after a few days' illness. Mr. Cane was barely forty years of age, and has left a widow and a young family of six children, almost wholly unprovided for.

The high respect in which Mr. Cane was held at Uxbridge, may be estimated from the fact, that a subscription was immediately set on foot, to which all the principal inhabitants of the neighbourhood have contributed most liberally.

It is hoped that an addition to this subscription may be made by members of the Medical Profession, to all of whom the manner of Mr. Cane's untimely death, and the deplorable position of his bereaved family, must constitute a very forcible appeal.

The following subscriptions have been received :—

	£	s.	d.
Mr. Atkinson, Iver, Bucks	5	0	0
Dr. Billing	1	1	0
Mr. Walter Bryant	1	1	0
Mr. John Churchill	2	2	0
Dr. John Conolly	10	10	0
Mr. Cutler	1	0	0
Mr. Frogley, Hounslow	5	5	0
Mr. Garlicke, Rickmansworth	5	5	0
Mr. Godrich, West Brompton	1	1	0
Mr. Godrich, Jun., Ditto	1	1	0
Mr. Guthrie	1	1	0
Mr. James, Uxbridge	5	5	0
Mr. Macnamara, Uxbridge	5	5	0
Dr. Tyler Smith	2	2	0
Mr. Wakley	2	2	0
Mr. Yearsley	2	2	0

Subscriptions received by Dr. Tyler Smith, Upper Grosvenor-street; Mr. Lane, Grosvenor-place; Mr. Addison, 42, Chapel-street, Belgrave-square; and the Rev. W. Bashall, Uxbridge.

Dr. Kahn's Museum Re-opened at

4, Coventry-street, Leicester-square, consisting now of One Thousand highly-finished Wax Models, illustrating every part of the human frame, in health and disease. Open (for gentlemen only) daily from half-past 11 till 5, and from 7 till 10. A new Series of Lectures by Dr. Sexton, F.R.G.S., etc., at 12, 2, 4, and half-past 7 in the evening. Admission, One Shilling. A new Catalogue, containing Lectures on the most interesting branches of Physiology, by Dr. Kahn, illustrated. Price 6d., (free by post 6d. extra.)

Medical Benevolent College.—The

VOTES and INTEREST of the Governors are respectfully and earnestly requested on behalf of MARY ANN BULL, a Widow, who applies to be admitted into the College, and GEORGE BULL, who applies to be admitted as a Foundation Scholar to the School.

Mary Ann Bull is the widow, and George Bull is a younger son, of the late Daniel Bull, a duly qualified Medical man (Member of the Royal College of Surgeons, and Licentiate of the Apothecaries' Company), who died in November, 1852, having been disabled by paralysis during the last eight years of his life.

The father, mother, and eight children were in the greatest distress, when, in 1851, an appeal was made to the Profession on their behalf, which was generously responded to by subscriptions to the amount of between three and four hundred pounds. A weekly sum of money was given to the family up to the period of the father's death, when the sum of £300 was invested in the names of three gentlemen residing in Bedford, as trustees. The interest from this sum, and a small amount from life assurance, is now the sole income of the widow and family.

The appeal on behalf of this "distressing case" particularly aroused the sympathy of one gentleman, who lost no time in devising some means of relieving similar cases, and who has now the distinguished honour of having founded the "Medical Benevolent College."

The case is most earnestly recommended by many members of the Clerical and Medical Professions.

Proxies will be thankfully received by Mrs. Bull, Princes-street, Bedford; or, by Dr. Herbert Barker, of Bedford.

Impermeable Cloth for Hospital Sheets,

SURGEONS and NURSES, APRONS, etc.

Among the numerous Indian-rubber appliances, none have been more successful than the (deodorized) preparation of cloth for Hospital Sheets, as is shown by the following letter to S. W. Silver and Co. :—

(Copy of R. G. Whitfield, Esq.'s Letter.)

"St. Thomas's Hospital, February, 1855.

"Sirs,—Your Indian-rubber sheeting having been in use in this Hospital for some time, I can strongly recommend it, feeling confident that it possesses great advantages over everything previously introduced; it is admirably adapted for the protection of couches, beds, or for whatever other purpose such articles are usually required, not only from its great pliability and durability, but because neither the various secretions from the body nor boiling water will injure its texture; it is far more economical (from the fact of its not being liable to crack or peel off) than the Green Issue Cloth hitherto in use after operations, and more cleanly, as a wet sponge readily removes all soil or taint from its surface.

"The stump pillows made of the same material are well conceived, and will be found invaluable in the sick room either of the peer or the peasant.

"I have the honour to be, your obedient servant,

"R. G. WHITFIELD, Resident Medical Officer.

"To Messrs. Silver and Co., Nos. 3 and 4, Bishopsgate-street,
"Opposite the London Tavern."

The Respirator.—The assumption of

the name "Respirator" for various discreditable and defective imitations of Mr. JEFFREYS' Instruments, the value of which, in Medical Practice, has given a wide reputation to the name, can only mislead unwary persons not acting under Professional advice. City Office for the Respirator, 25, Bucklersbury; West-end Depôt, 25, Hollis-street, Oxford-street, London. In London and all Towns, the principal Chemists and Surgical Instrument Makers are Agents for Mr. Jeffreys' Respirators.

The Best Food for Children, Invalids,

and others.—ROBINSON'S PATENT BARLEY, for Making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinse of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE, and CO., Purveyors to the Queen, 64, RED LION-STREET, HOLBORN, LONDON.

The Proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s., 5s., and 10s. each.

Abstract regarding Economy in

CLOTHES, from the "Times," October 30 :—"EVERY YARD of CLOTH SOLD at the LONDON CLOTH ESTABLISHMENT is Sold at the WHOLESALE PRICE.—Gentlemen Purchasing Cloth at the London Cloth Establishmetn (if they wish) have it made up on the Premises, at the expense of only the Workman's Wages, in addition to the price of the Trimmings." *The Economy of this system is proved* by the saving of from Thirty to Fifty per cent. in the price of every garment; in addition to the very obvious advantage of selection from such a stock, and the guarantee of a Superior Fit, Good Taste, and the Best Work.

LONDON CLOTH ESTABLISHMENT—16, COVENTRY-STREET.

Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.—"Mr. Dinneford's solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

This excellent remedy, in addition to its extensive sale among the public, is also very largely used in dispensing, for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the Manufacturers.

DINNEFORD and Co., Chemists, 172, Bond-street; and all respectable Wholesale Druggists and Patent Medicine Houses.

Hooper's Waterproof Sheeting, for

Protecting Bedding from Sloughing Sores, Incontinence of Urine, Hæmorrhage, etc.

Mr. Hooper has succeeded in obtaining Waterproof Sheeting, at a great reduction in price, soft and inodorous; it is not affected by Urine, Heat, nor Cold, Acids nor Alkalies, and may be washed as family linen.

Also, IMPROVED INVALID URINALS, with valves, for sitting, lying, or travelling, in any position.

FOR EPILEPSY.

COTYLEDON UMBILICUS.—The introduction of this valuable agent has proved a valuable discovery. The satisfactory accounts Mr. HOOPER has received have induced him to pay great attention to its collection and preparation. He cautions medical men against the use of worthless preparations, passed off for his, and as prepared for Mr. [Salter, etc. Mr. Hooper has instructions to state, that Mr. Salter has never used any but that obtained from him. A copy of Mr. Salter's reports in the "Medical Gazette" sent free by post.

GALIUM APARINE (HOOPER'S) FOR CUTANEOUS DISEASES, PSORIASIS, etc.—Dr. Winn, of Finsbury-square, having published in the "Medical Gazette," October 4, 1851, an account of the peculiar properties of the Galium Aparine in Cutaneous Diseases, Lepra, Psoriasis, etc., Mr. Hooper has given his attention to preparing it in various forms. Dr. Winn finds the inspissated juice the most efficient preparation, which can be had from Mr. Hooper, or direct through the Wholesale Houses.

HOOPER, Operative Chemist, Pall-mall East, and Grosvenor-street.

New Medical Glass Bottles. At

MESSRS. E. AND H. HARRIS'S, 2, UPPER COPENHAGEN STREET, BARNSBURY ROAD, ISLINGTON, LONDON.

6 & 8 oz., Green, any shape, plain or graduated, 10s. per gross.			
3 & 4 oz., do.	do. ..	8s. 6d.	do.
1½ oz., Moulded Phials		7s.	do.
1 oz. do.		6s. 6d.	do.

Country orders attended to on remittance. Full list of prices sent on application. No charge for package, if returned. Goods delivered free within seven miles.

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Charcoal Bandages.—The most cleanly

and effectual method of applying Charcoal to gangrenous and foul wounds. Approved by Dr. Stenhouse and the Medical Authorities of the London Hospitals. Samples forwarded on application.

THE IMPROVED CHARCOAL RESPIRATOR. Sanctioned and approved by Dr. Stenhouse. The only Respirator (except the original Cambrous one) in which the object sought by Dr. Stenhouse, viz., the purification of an impure or infected atmosphere, is entirely effected. Price 5s. 6d., or post free on receipt of 6s.

Darby and Gosden, 140, Leadenhall-street, London.

Bland and Long, Philosophical and

CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d. 8s. 6d., 15s., and 30s. each.

Adnam's Improved Patent Groats

and BARLEY.—THE ONLY EXISTING PATENT, and STRONGLY RECOMMENDED BY THE MEDICAL PROFESSION.

TO INVALIDS, MOTHERS, and FAMILIES.—The important object so desirable to be obtained, has at length been secured to the Public by J. and J. C. ADNAM, Patentees, who, after much time and attention, have succeeded by their IMPROVED PROCESS, in producing preparations of the purest and finest quality ever manufactured from the Oat and Barley.

The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged.

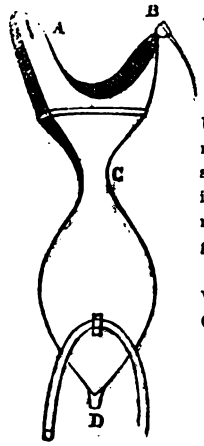
A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined:—

"Chemical Laboratory, Guy's Hospital,
"February 19, 1855.

"I have submitted to a microscopical and chemical examination the samples of Barley-meal and Groats which you have forwarded to me, and I beg to inform you, that I find in them only those principles which are found in good Barley; there is no mineral or other impurity present, and from the result of my investigation, I believe them to be genuine, and to possess those nutritive properties assigned by the late Dr. Pereira to this description of food. (Signed) "A. S. TAYLOR.

"Messrs. J. and J. C. Adnam and Co."

To be obtained Wholesale at the Manufactory, Maiden-lane, Queen-street, London; Messrs. Barclay and Sons, Farringdon-street; and Edwards, St. Paul's-churchyard; Sutton and Co., Bow-churchyard; and other Wholesale Houses. Retail in Packets and Canisters at 6d. and 1s. each, and in Canisters for Families at 2s., 5s., and 10s. each, of all respectable Grocers, Druggists, etc., in Town and Country.



Walters' India-rubber

URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Paten Valve, and adapted for Ladies, Gentlemen, and Children.

F. WALTERS,
16, MOORGATE STREET,
LONDON.

James's Powder.—Physicians and

other Medical Practitioners having complained of the frequent use of Antimonial Powder, instead of the genuine "James's Powder" prescribed, have represented to Messrs. Newbery, that the price of the powder has greatly led to this fraudulent practice, and has also greatly prevented the more general use of the powder. Messrs. Newbery have therefore yielded to the suggestions of the Profession, and have reduced the price; and, to secure the use of the genuine medicine, recommend that the same should be prescribed as prepared by Messrs. Newbery—thus, "Pulv. Jacobi Ver." (Newbery's.) The price for dispensing will henceforth be reduced from 21s. to 9s. an ounce. The genuine has the name, "F. Newbery, 45, St. Paul's churchyard," engraved on the Government Stamp.

Charcoal Respirators.—Mr. Rooff, 8,

Willow Walk, Kentish Town, having spent many months in perfecting Charcoal Respirators for Dr. Stenhouse, begs leave to state that he is the only authorized manufacturer—none are genuine unless stamped with his name—of whom they may be had. Also of Mr. Maw, 11, Aldersgate-street. Charcoal Ventilators as in use at Mansion House and Guildhall. Copy of letter from *Times* sanctioning the above, with full particulars, free on application.

SAMUEL, BROTHERS,

29, LUDGATE HILL,

Inventors and Sole Manufacturers of the

SYDENHAM TROUSERS,

At 17s. 6d.

Unequalled for superior Style, Fit, Quality, perfect Ease, and Gracefulness, so requisite for Gentlemanly appearance, and so rarely obtained.

Patterns Sent Free, on application.

SAMUEL, BROTHERS',

STOCK OF OVERCOATS

FOR THE PRESENT SEASON,

Is worthy of your inspection.

Mr. Bourjeaurd's Elastic Appliances,

ACTING SPIRALLY and FREE from SEAMS, to be obtained only at No. 11, DAVIES-STREET, BERKELEY-SQUARE, opposite Mivart's Hotel, London; and 17, Rue des Beaux Arts, Paris. At home from 1 till 5.

Fig. 1.

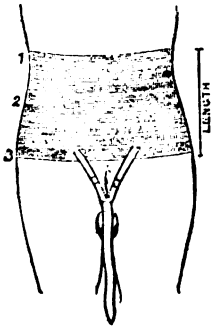


Fig. 2.

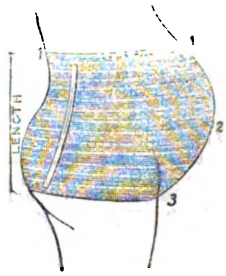
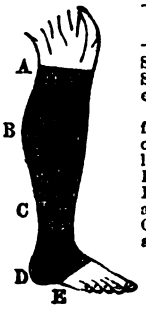


Fig. 1. BELT and AIR-PAD for PROLAPSUS UTERI or ANI.—Mr. Bourjeaurd begs to state, that the apparatus here figured has been found extremely useful in cases of prolapsus uteri or ani, and with patients, especially females, who require support for the perinæum. The compressing agent is a caoutchouc bag, filled with air; it is in the diagram hanging loose in front of the patient, and is fixed in its place by the strips of elastic tissue, the free extremity of which is seen. The latter is fixed to the lower and posterior margin of the belt, and by the elasticity of the bag and straps, sufficient compression is made, and not the slightest uneasiness is experienced. This is a most valuable adjunct to surgical and obstetrical practice, and is highly appreciated by the most eminent members of the Profession.

Fig. 2. This is a most useful belt, called the ABDOMINAL SUPPORTER. It is made of varying strength, to suit the peculiarities of patients, and is most useful either during gestation or after parturition, to forestal the uncomfortable state called pendulous abdomen. During gestation it relieves the veins from the pressure of the distended womb, and thus prevents swelling of the legs; and after the birth of the child it is most valuable to those ladies who are anxious for the look of their waists. This belt is most useful in cases of dropsy, especially when ovarian, as the pressure may be increased so as to conduce, in favourable cases, to the absorption of the fluid. Mr. Bourjeaurd cannot too strongly recommend this belt to corpulent people; they will find it a real comfort.



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All Students entering at this period will be entitled to compete for the two Warneford Scholarships of £25 per annum for three years, which will be given in October next. The examination will be in the following subjects:—Divinity, Classics, (the same subjects as for the Matriculation Examination at the University of London,) Mathematics, History, and the Modern Languages.

The particular books selected for examination, and all other information, may be obtained from J. W. Cunningham, Esq., Secretary, King's College, London.

March 13th, 1855. R. W. JELF, D.D., Principal.

The Lying-in Hospital, Rutland Square DUBLIN.—This Hospital, the largest of the kind in the British dominions, contains 120 beds, 12 of which are appropriated to the Diseases of Females: 2000 women are annually delivered in the Institution by the Pupils, under the superintendence of the Resident Medical Officers.

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Applications to be made to the Master, Dr. M'Clintock, at the Hospital

Teignmouth and Dawlish Infirmary, DEVON.—The Committee will proceed to the Election of a HOUSE SURGEON and SECRETARY to the above Institution on the 23rd day of April next. Candidates must send in Testimonials, etc., before that day, must appear before the Board on the day of Election, and must undertake to remain in office for a period of not less than two years, should the Committee require his services so long. Salary £50 a-year, with board, lodging, and washing.—March 28, 1855.

Hospital and Dispensary, Great YARMOUTH, NORFOLK.—HOUSE-SURGEON and DISPENSER WANTED. He must be a Licentiate of the Apothecaries' Company, and unmarried. Salary, £80 per annum, with furnished apartments, coals, candles, and attendance. Testimonials to be addressed to the Honorary Secretary, at the Great Yarmouth Hospital, on or before Tuesday, the 17th of April.

Leicester Infirmary and Fever-house. —Notice is hereby given that the Special General Meeting for the Election of an HONORARY PHYSICIAN to this Institution, advertised to take place at the County Assembly-rooms, on Thursday, the 19th of April next, is for the present POSTPONED.

By order of the Board,

Infirmary, March 27, 1855. W. JACKSON, Secretary.

Operative Surgery. — School of ANATOMY AND MEDICINE, 1, GROSVENOR-PLACE.—Dr. A. DEVILLE, Member of the Royal College of Surgeons of England, late Demonstrator of Anatomy in the Faculty of Paris, and in the Anatomical Theatre of the Hospitals, will deliver a Course of DEMONSTRATIONS and INSTRUCTIONS in OPERATIVE SURGERY, during the Summer Session, commencing on Wednesday, the 2nd May. In this Course the Operations will be demonstrated on the dead body, and will also be performed by each Student, under the direction of Dr. Deville. Fee for the Course, Seven Guineas, including the expense of Subjects, and the use of instruments. R. W. BURFORD, Secretary.

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March, 1855. W. SPARLING, Clerk.

Sydenham Society. — The Members are respectfully informed, that ROKITANSKY'S PATHOLOGICAL ANATOMY IS NOW COMPLETED; the first volume of that work, comprising the General Pathology, being now in course of distribution. This volume together with the 2nd vol. of Kolliker's Microscopical Anatomy, and a volume of Selections from the Surgical Lectures of Professor Dupuytren, constitute the three works for the subscription of the eleventh year, all of which may now be had, either on application at the Society's office, or of any of the Hon. Local Secretaries. Wedl's Pathological Histology, and Oesterlen's Medical Logic, are in a forward state, and will shortly be ready for distribution. Complete lists of the Society's publications and any further information may be obtained, on application, at the Society's office. Members are reminded that their subscriptions fall due on the 25th of March.

(By order of the Council,)

JAS. R. BENNETT, M.D., Secretary.

Office of the Society, 45, Frith-street, Soho, March 28th, 1855.

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"To Dr. de Jongh, at the Hague." (Signed) "CONWE."

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"The Hague, Feb. 1st, 1848.

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Candidates must be Fellows or Licentiates of the Royal College of Physicians of London, and are required to forward their applications, accompanied by Qualifications and Testimonials, addressed to the Secretary, on or before Monday, April 16th. By Order,

April 3rd, 1855. J. MARTIN, Secretary.

King's College, London. — Medical

DEPARTMENT.—The SUMMER SESSION will Commence on May 1st, when new Students will be admitted.

All Students entering at this period will be entitled to compete for the two Warneford Scholarships of £25 per annum for three years, which will be given in October next. The examination will be in the following subjects:—Divinity, Classics, (the same subjects as for the Matriculation Examination at the University of London,) Mathematics, History, and the Modern Languages.

The particular books selected for examination, and all other information, may be obtained from J. W. Cunningham, Esq., Secretary, King's College, London.

March 13th, 1855. R. W. JELF, D.D., Principal.

Basingstoke Union.—Appointment of

MEDICAL OFFICER.—The Board of Guardians of this Union will, at their Weekly Meeting, to be held at the Board Room, Basingstoke, on Friday, the 13th day of April, 1855, at Eleven o'clock in the Forenoon, proceed to the Appointment of a MEDICAL OFFICER, duly qualified, as required by the Orders of the Poor Law Board, for the term of One Year, for the Dummer District of the said Union, containing a population of 2623, and comprising the Parishes of Oakley, Dean, Steventon, North Waltham, Popham, Woodmancott, Preston Candover, Bradley, Nutley, Dummer, and Kempshott.

Salary, £85 per Annum, in addition to payments on the authorized scale for Cases of Midwifery attended by order of competent authority, and for Operations and services rendered, as provided for by the before-mentioned Order; and also for Vaccination, as per the scale of allowances now paid in the same District.

Particulars as to qualifications and duties may be obtained by application, either personally or by letter, of the Clerk, to whom Testimonials and Certificates of qualifications are to be sent, on or before the 12th day of April, 1855. By Order of the Board,

Basingstoke, 30th March, 1855. W. CHALLIS, Clerk.

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ORIGINAL LECTURES.

THE GULSTONIAN LECTURES.

ON PYREXIA.

By E. A. PARKES, M.D.,
Professor of Clinical Medicine in University College, and Physician to University College Hospital.

Lecture II.

Sir,—In my last Lecture I terminated the discussion on the increased destruction of tissues in fever, and the next topic which naturally presents itself is the third clause of Virchow's definition, viz.: the part which the nervous system plays in this augmented metamorphosis. But I shall take the liberty of deviating somewhat from the proper order, and of considering at greater length some of the chemical points connected with fever.

On looking over the materials which I have had the opportunity of collecting, one fact is very evidently indicated, viz.: that the degree of febrile heat cannot be measured by the amount of the excretions, as a whole, or by any special ingredient. That is to say, six patients, of pretty much the same weight and height, and labouring under the same or with different febrile diseases, and all having a temperature, we will say, of 102° Fah., will pass very different quantities of urea, uric acid, sulphuric acid, phosphoric acid, cutaneous and intestinal excretion. This is exactly what prevails in health, for, with an equal temperature, no two men pass exactly the same amount of excretory products. And, besides this, in fever the excretions, as we have seen, do not represent exactly the amount of metamorphosis, for even with increased excretion there may also be for a time a collection in the system of substances which are really effete.

The relative amounts of different excretory products, such as urea, uric acid, sulphuric acid, phosphoric acid, etc., vary so remarkably in the same disease in different persons, that it is difficult to know whether or not their varying quantity is connected with the febrile state alone, or with the specific nature of that state. This, perhaps, arises from the fact that we can never know the exact amount of urea, or sulphuric acid, which is *formed*, but only that which is *discharged*, and also, as already stated, from the circumstance that the febrile metamorphosis is still in some measure regulated by the law, whatever that may be, which determines the very different amount of tissue change in healthy individuals.

On looking at the nature of the excretory products of fever as far as these are known, it is at once evident, that they indicate chiefly a destruction of the albuminous or nitrogenized tissues. Thus it is yet doubtful whether the carbonic acid emitted from the lungs, the representative of destroyed fat and starch, is ever increased; but it is quite certain that the urea, the uric acid, the sulphuric acid, and the urinary pigment, the chief representatives of the azotized structures, are often very greatly so.

The amount of these ingredients varies considerably from day to day, exactly as in health. Often, (not always,) as in health, there is a regular gradation, if the febrile state be not very violent and short, of increase and decrease. The urea, for example, will, for two or three days, slightly, and almost regularly, diminish in amount, and then suddenly augment to its highest point, again slowly to fall. The same fact can be observed with the SO_3, but not so commonly with the phosphoric. I am almost certain that both in health and in disease a certain periodicity, having a range of three or five days, is connected with these mutations, though I cannot venture at present to deduce any general rule on the point.

The largest amount of urea ever excreted in twenty-four hours, was, I believe, in the case of Pyæmia noted by Alfred Vogel, and referred to in the last Lecture; it amounted to no less than 1235 grains, instead of 450. The largest amount I have myself observed, was in a case of typhoid fever, in which it amounted to 885 grains. There was reason to suspect, however, that the natural elimination of urea was great in this individual.

The largest amount of sulphuric acid which I have ever noted, when no medicine was taken, was in a case of rheumatic fever, it amounted to 52·668 grains. Under the combined influence of rheumatic fever and of liquor potassæ, I have known the excretion of sulphuric acid rise to 70 grains, *i. e.*, much more than twice as much as in health. The largest amount of uric acid I have ever seen in a febrile disease, amounted to 17·28 grains in twenty-four hours. Dr. Garrod, whose experience on this point has been very extensive, has noted about the same quantity, as being the largest amount in any of his febrile cases.

The amount of tissue destroyed, in order to furnish this quantity of urea and sulphuric acid, must be enormous; and if we call to mind that no food is taken, and therefore that no materials can be supplied for the reconstruction of the structures, thus melting away three times more quickly than in health, the rapid loss in weight in fever, and the impaired nutritive condition of every organ at its close, will be at once evident.

I may mention here, although it is somewhat foreign to my subject, that the examination of the relative amount of uric acid and urea in fever, gives no more support than examinations in other diseases to the hypothesis of Liebig, that the former substance is a lower stage of oxidation than the latter, for often both are increased together. This fact may, indeed, be reconciled with Liebig's views, by another hypothesis, but, as has been already shown, it destroys the original basis on which the assertion was made, viz., that the urea and uric acid, are in an inverse ratio to each other.

It would be interesting to determine, if it were possible, where the increased destruction of the albuminous structures occurs, whether in the blood, or in the organs. We know, most certainly, that, at the end of a febrile disease, the albumen, and the red corpuscles of the blood, are both lessened in amount. But this does not prove that the albumen has been destroyed at once in the blood; it may be that the rapidly disintegrating organs have simply taken more of it, while it has not been recruited by the addition of food. The red corpuscles, however, do certainly undergo a more rapid destruction in the blood itself, or in organs, as the spleen or liver. Of the various tissues, none appear to waste so fast as the muscles, especially the involuntary ones. The heart is well known to be often especially affected in some forms of fever, such as typhus; and of this a plausible explanation can, perhaps, be given.

Whether the liver, the spleen, the kidneys, and the lungs also waste, has not yet been determined; for several of these organs, and especially the spleen, are so affected by the specific disease, that it is difficult to know how far their structure is altered by the febrile affection, apart from the congestion or exudation which so frequently occurs in them.

Although the albuminous structures are thus especially destroyed, the fat of the body is also rapidly absorbed in fevers. It has not been shown, however, by accurate experiments, whether its disappearance is more rapid than would be the case in inanition alone.

The bones also become lighter, according to Virchow, but I have not found any account of their weight after fevers.

The metamorphosis of these organs, and of the blood, evidently occurs, for the most part, in what we may term the normal mode; that is to say, it ends in the formation of urea, and other compounds which are present in health. But it would appear, that, besides the presence of normal excretory products in increased quantity, there may be in fever an unhealthy or perverted metamorphosis, which leads to the appearance of compounds, either altogether foreign to the body, or foreign in respect of place and time.

Thus it has been lately shown by Frerichs, that two substances, hitherto unrecognized as constituents of the healthy human frame, and known, in fact, only as products of the decomposition of albumen, either naturally or under the manipulation of the chemist, are formed in several febrile diseases, in typhoid fever, in small pox, in scarlatina, and in the acute yellow atrophy of the liver, which is an intensely febrile disease. Frerichs has found these products, Leucin and Tyrosin, in the liver, blood, and urine; and, since these diseases are specifically different, we must refer the formation of these substances rather to the febrile state than to the specific disease.

At present, these observations of Frerichs have not been repeated, and the constancy of the facts noted by him, and their connexion with the symptoms of the case, are still

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uncertain. As I have been able to make no observations on the point, I shall not longer dwell upon it.

There is, however, some other evidence of perverted metamorphosis. It is possible that the products of cutaneous excretion are peculiar; thus the strong smelling perspirations of many febrile cases would seem to indicate, not only the presence of butyric acid in increased quantity, but possibly of metacetonic and capronic acids, although at present these substances have not been isolated in febrile cases. The urine again contains colouring matter, differing both in quantity and in composition from common urine-pigment: and, according to the interesting observation of Lehmann, hippuric acid appears in great quantity in febrile urine, whatever may be the pathological process, typhus, pneumonia, etc., which it attends. Also, there is no doubt that lactic acid is present in large quantity in urine, although it is yet uncertain whether it is formed before or after micturition. The valerianic acid has been discovered by Frerichs in those cases in which leucin was found in the blood.

These observations, taken altogether, would certainly seem to show that there are deviations from the usual course of metamorphosis in fevers, and the conjecture does not appear improbable, that it is to the formation of these unusual products that some of the specific differences of disease are to be ascribed.

But Organic Chemistry is not sufficiently advanced to examine into these points; for the isolation of these substances is extremely difficult. It is, however, probable that unusual products of metamorphosis, if such exist in all febrile cases, do not compose the bulk of the excretions, but must be in small amount. At any rate, this is certainly the case with the urine; for the amount of the urea, uric acid, pigment, salts, &c., subtracted from the total solids, leaves very little to be accounted for by other substances.

I pass on now to a consideration of, perhaps, the most important general chemical condition of the febrile body; a condition which has been long partially observed, but has never been regarded as being of such interest as it really appears to be. I refer to the remarkable retention of water in the febrile system.

That the water of the urine is lessened in an extraordinary degree, sometimes even to one-half or one-quarter of its bulk, in spite of the vast quantities of fluid which are taken to quench the insatiable thirst, is a long-known fact. Professor Vogel, of Giessen, has lately directed particular attention to it, and has found the diminution to occur at the very commencement of Pyrexia—an observation which I can confirm by many observations. It has been referred by some simply to the increased perspiration which was supposed to coexist, but accurate inquiry shows that this explanation is untenable. The urinary water is equally diminished when the skin is dry, and is often scantiest when the skin is driest. It has seemed to me, that in many cases the concentration of the urine is almost as good an index of the amount of fever as the temperature itself (a).

In all fevers, however, a time comes, when, though the heat is still preternatural, the amount of urinary water increases to its normal amount, or passes beyond it. In the specific fevers this occurs generally, either first, when the force of the cause has, so to speak, partially spent itself, or when the substances on which it acted have been expended, and when convalescence is approaching; or, secondly, when certain products of the metamorphosis are forming. In rheumatic fever, the increase of urinary water is seldom seen before the joint affection has almost disappeared; in typhoid fever it occurs earlier, in mild cases about the 14th to the 18th or 20th day, although the febrile heat is still one or two degrees over the standard. If there be great thirst, as is often still the case in typhoid fever at this time, the amount of urine is sometimes excessive; its specific gravity is low, and its absolute acidity is less. In a case of relapsing fever I found the urine in small amount during the febrile period, and abundant at the period of remission, when the skin also was very moist. In pneumonia the quantity of urine seldom becomes large till the softening is far advanced, although sweating occurs earlier.

These facts do not invalidate the rule which has been laid down, but sometimes exceptional cases do occur. Thus, in the paper by Dr. Alfred Vogel, already referred to, several cases of typhoid fever are recorded, in almost all of which there was an excess of urine. In many of these, however, the examination was made towards the period of convalescence, and when the sudamina had copiously appeared. But in one or two cases this was not the case. Thus, in a fatal case, with great disease of Peyer's patches, though there were four or five liquid stools every twenty-four hours, on the seventeenth day of the disease, four days before death, the patient passed more than 100 ounces of urine, of very low specific gravity, but containing no less than 707 grains of urea, or at least 150 more than a healthy man would pass. It is mentioned that this patient was excessively thirsty; but, as many patients drink enormous quantities of fluid, and yet pass very little urine, this seems to afford no explanation.

These and similar cases, though not common, are sufficiently numerous to show us that there is in fevers some conditions which may counterbalance or override the tendency to scanty urine. From an analysis of the urine in a case of this kind, I believe that the composition of the urine itself has nothing to do with it, and that we must look to other states, perhaps of the nervous system, for its solution.

The diminution of urinary water, though so common, is, therefore, a less constant phenomenon of febrile affections than the abnormal heat.

The excretion of water by the skin is also diminished. The dry skin of fever is proverbial. Exceptions to the rule occur, however, more frequently than in the case of the urine, and are found for the most part to occur under four sets of circumstances.

First, when the febrile state is not perfectly established, as at the commencement of febrile affections, or in intermissions, as in hectic. In these cases there is a succession of febrile attacks, and not a state of continued fever.

Secondly, during the height of the fever, apparently from the formation of specific products, which pass off by the skin. Thus, in rheumatic fever, such products, very acid and strong smelling, are soon formed and supersede the febrile tendency to dry skin. In pneumonia, the profuse sweats occur chiefly when the exudation is softening down and being absorbed into the blood. In typhoid fever, the sweating, when it does occur, takes place, it seems to me, usually after the twelfth day, when sudamina also appear, and this seems to be the time when in many cases the deposit in Peyer's patches and in the mesenteric glands commences to retrograde. In typhus fever it would certainly appear, from the accurate observations of both Dr. Jenner and Dr. Austin Flint, that sweating is less common at all periods than in typhoid fever. In both these fevers most observers will agree with Dr. Austin Flint, that "dryness of the skin more or less occurs in the great majority of cases of continued fever."

Thirdly, when the febrile attack is approaching its termination and convalescence is at hand. These sweats are sometimes critical, and compensate for previous retention.

Fourthly, profuse sweats occur under special conditions, which are not understood, but which are evidently foreign to the febrile state as it usually exists. Thus, in typhoid fever, there occasionally occurs a most profuse sweat, in which the hands become shrivelled like those of a washerwoman. Few, if any, recover from this "washerwoman's sweat," which usually, in fact, does not long precede death. In the only case of this kind that I have seen, the skin was almost bitingly hot six hours before death, though the perspiration was pouring from it. It is possibly some condition of the nervous system, some complete relaxation of the vessels, which leads to this result.

The exceptional influences being taken into account, there is no difficulty in determining the general clinical fact, that the skin is drier than usual in febrile affections.

I may here allude to an opinion which has been referred to with some amount of approbation by Henle, viz., that the diminished perspiration may itself be a cause of febrile heat, since the reducing agency of the surface evaporation is thus lost. But it is evident that this will not meet the facts of the case, for in rheumatism, for example, and also in some cases of typhoid fever, in which sweats occur before the convalescent period, the febrile heat still keeps up, though the surface evaporation may, for a time, be immense.

We have no evidence at all of the amount of the watery

(a) In typhoid fever the diminution of the urine has, in all my cases, been very marked. I have not had the opportunity of accurately measuring the urine in true maculated typhus, but there seems to be some doubt about its diminution.

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exhalation from the lungs, but, perhaps, it is not reposing too much on analogical argument to assume, that it is diminished.

If we remember the large amount of fluid which is drunk in fever, the retention of the water will appear still more remarkable. But there is another order of facts equally interesting.

Great attention has been directed during the last few years to the amount of fluid which is poured into the alimentary canal from the various glands and membranes. It is now known that, in varying degrees, there is a constant transit of fluid from the blood into the alimentary canal, and as rapid reabsorption. The amount thus poured out and absorbed in twenty-four hours is almost incredible, and of itself constitutes a secondary or intermediate circulation never dreamt of by Harvey. The amount of gastric juice alone, passing into the stomach in a day, and then reabsorbed, amounted in the case lately examined by Grunewald, to nearly twenty-three imperial pints. If we put it at twelve pints we shall certainly be within the mark. The pancreas, according to Kroeger, furnishes twelve and a half pints in twenty-four hours, while the salivary glands pour out at least three pints in the same time. The amount of the bile is probably over two pints. The amount given out by the intestinal mucous membrane cannot be guessed at, but must be enormous. Altogether, the amount of fluid effused into the alimentary canal in twenty-four hours amounts to much more than the whole amount of blood in the body; in other words, every portion of the blood may, and possibly does pass, several times into the alimentary canal in twenty-four hours. The effect of this continual outpouring is supposed to be to aid metamorphosis; the same substance, more or less changed, seems to be thrown out and reabsorbed until it be adapted for the repair of tissue or become effete. Some medicines thus pass from, and repass to, the blood many times in determinate parts of the canal before a combination occurs which facilitates their exit from the frame. The exact steps of this wonderful extravascular circulation are at present unknown, but its extent obliges us to consider it as of the greatest importance.

Now, in fever, this intermediate circulation undergoes a great diminution, if not, in some cases, an almost total arrest. Thus, very early in fever the buccal mucous membrane becomes sticky, and the amount of saliva diminishes. So constant is this, that an old writer includes dryness of the mouth in his definition of fever. We well know, that a very early symptom of improvement is the moist tongue, caused by the return of salivary flow, and by the increased quantity of mucus. The decrease in the quantity of gastric fluid is quite as certain. Independent of the fact that loss of appetite is constant in fever, we learn, from the experiments of Dr. Beaumont, that, when St. Martin was feverish, no flow of gastric juice could be excited in any way, although at other times even the mere introduction of the thermometer into the stomach caused copious secretion. The amount of pancreatic fluid in fever is quite unknown; but, as little food is taken, it cannot be so great as in health, and, judging from analogy, it is diminished like the saliva. The succus entericus, like the gastric juice, is probably diminished, for the stimulus of food is taken away; and we also know, that, in febrile affections (cases in which there is specific affection of the mucous membrane being excluded), there is constipation, and the fæces are dry. The resort to purgative medicines is, therefore, almost invariable.

We are, therefore, entitled to conclude that, as in the case of the urine and the sweat, the intermediate circulation in the alimentary canal is more or less diminished.

The consequences of such an abnormal state of things are yet obscure. If the object of this extravascular circulation be to prevent abnormal, and to aid normal metamorphosis, as supposed by Schmidt, the most serious impediment to this must, of course, arise. And here we have one of the many anomalies of fever—we have, as coincident phenomena, increased tissue change, and lessened amount of that circulation which is supposed to aid metamorphosis.

It is easy to conceive, also, how the nutrition of the mucous membrane of the alimentary tract must suffer, when that transit, with which, of course, their anatomical structure is in unison, is thus impaired.

Are we to stop here, and suppose that the lessened transudation of water is confined to the skin, kidneys, and alimentary mucous membrane? or are we to suppose that the extravascular circulation is still more profoundly altered? In health, we know, that in every liquid, in every organ in the body, there is, from molecule to molecule, from cell to intercellular fluid, from fluid to cell, a continual and rapid movement of fluid, arising, not simply from transudation or endosmose, but by the agency of a chemical action on the surface of membranes, which repels and (attracts?) with an almost inconceivable power.

Without venturing to pass the cautious limit which the great chemist who has discovered the osmotic force and its laws, has prescribed, we may yet well suppose that the chemical changes and the development of heat are intimately connected with this molecular movement. Then at once comes the question, whether this vast circulation, to which the circulation discovered by Harvey is but the servant, is altered in fever? We can scarcely avoid concluding that it is so, when we observe so many evidences of altered metamorphosis, of altered heat, and of altered transudation, in those parts which are accessible to observation. And how can metamorphosis and animal heat be altered, without the process with which they are connected being also changed? But at present it is impossible to do more than presume, that as physics advance, and our means of research become more adequate to the task, we may be enabled to pass into these penetralia, whither, at present, no clue leads.

The retention of water in the system, to which I have referred as the most general chemical fact connected with fever, is at present incapable of explanation. Like the augmented metamorphosis of fever, it seems to be connected with some unusual condition of the nervous system, and even, in so-called health, it has been shown by the elaborate researches of Beneke, that when the nervous system is depressed, and a semifebrile state is produced, the flow of water by the kidneys is at once diminished. But at present it is impossible to determine the immediate physical cause of the retention. Is it to be looked for in some chemical condition of the vessels or the membranes of the excretory organs? If so, every excreting and secreting organ must alike suffer, and this is in accordance with facts. But then most certainly different organs suffer unequally, a phenomenon which can only be met by the further hypothesis, that different organs are unequally affected?

Another explanation may be suggested. It is now well known that during endosmosis different organic substances absorb or take very different quantities of water through membranes. For example, the endosmotic equivalent of sugar is a large amount of water, and, in consequence of this physical law, sugar attracts water largely from the blood, and carries it from the system. Hence the unquenchable thirst of diabetes; for every structure is robbed of its water by the powerful attraction of the diabetic sugar. Is it possible that in fever some substance is produced which has as powerful an attraction for water, as sugar, and the action of which may cause the universal thirst?

A fact mentioned to me by Mr. Graham, will put my meaning in a clearer light. Mr. Graham has discovered that gelatine has an extraordinary attraction for water, so that it will even take it from alcohol, and render alcohol almost, if not quite, anhydrous. This property, manifested at all temperatures, is particularly marked at the temperature of 98° to 100° Fah.

Albumen, on the other hand, has little attraction for water, and yields it up at once to alcohol.

Now supposing that, in the rapid metamorphosis of albuminous substances in fever, gelatinous compounds, or something approaching to them, were formed,—and this is by no means unlikely,—then, as a consequence of a physical law, the gelatine would at once take water from the albuminous tissues, and would necessarily give rise to intense thirst. Then, unlike sugar, the gelatinous substance would not be discharged, but must be converted into urea, and uric acid, as ordinary gelatine is when it is taken as food.

I mention this hypothesis merely as an example of how water might be retained in the febrile body. At present, of course we do not know whether any such compound is or is not formed, for the transition steps, and they may be numerous, between organized albumen and urea, are not yet known.

At any rate, whatever be its antecedent phenomena, the retention of water in the febrile system is one of the most remarkable of its chemical phenomena.

There seems some reason to think that, besides water, chlo-

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ride of sodium is, to a certain extent, also retained in fever, or, at any rate, that it passes off less readily than usual with the urine. I say some reason, only, because this point cannot be said to be at present properly worked out. In all fevers, the amount of chloride of sodium in the urine rapidly falls. This is owing partly to the withdrawal of food; but it cannot be altogether and always so owing, because I have found the chlorides absent almost, or altogether, in several febrile diseases, in some cases of typhoid fever, of rheumatic fever, of erysipelas, of bronchitis, and have seen them return again when the fever lessened, before food was again given. In these cases the chlorides did not pass off by the intestines, or the lungs, and in the special cases of typhoid fever and erysipelas there was no sweating, so that they did not escape from the skin.

In the paper by Alfred Vogel, to which I have formerly referred, the chlorides were found to be always diminished. This is ascribed, in the history of the cases, to deprivation of food; but when Vogel sums up his conclusions, he seems almost disposed to take a different view, and says that, allowing for the food, the chlorides seem to be rather diminished than increased.

Passing now from these general statements, I ought to consider in proper order, the chemistry of the excretions, of the secretions, of the blood, and of the organs.

But it would be a mere pretence of knowledge, were I to assert that anything satisfactory is known of the chemistry of the secretions or of organs. I pass on then to a consideration of the excretions, and the blood.

I. *The excretions.*—The general characters of the urine proper to the febrile state have been already incidentally referred to, and need be merely recapitulated; they are, deficiency of water, increase of solids if there be no retention; among the solids, the urea, uric, hippuric, sulphuric and phosphoric acids, and the pigments are increased; the condition of the oxalic acid is uncertain; the chloride of sodium is diminished; the condition of the creatine and creatinine is not known; unusual products, as leucin or albumen, or modifications of it may be present, but are not essential.

There are only two additional points to which it is necessary to refer.

The deep colour of febrile urine has usually been attributed to its concentration, but it is now certain that this is only a partial explanation; if febrile urine be diluted to the usual amount of healthy urine, it is still darker than usual. Professor Vogel has lately shown that the colouring matter is increased sometimes fourfold. This dark pigment contains apparently more carbon than usual; some portion of it rapidly takes oxygen when exposed to the air, and forms lactic acid, and when the urates fall, which they soon do, in consequence of the greater concentration and acidity of the urine, as well as, in some cases, from their own greater amount, this colouring matter falls with, and variously paints, them. When these deposits are washed with alcohol, they yield some portion of the colouring matter to it, and this does not give any of the reactions of bile pigment. Indigo can, I believe, be formed from it, as it is from common pigment, according to Dr. Hassall's interesting discovery.

The importance of this pigment consists in the fact, that it may apparently be considered as a measure of the metamorphosis of the blood globules, and from its amount, we are led to conclude that in some cases of fever, the disintegration of the blood particles may be four times as rapid as in health.

The other fact connected with the urine is the augmentation of the free acidity as measured by neutralization with soda. Unfortunately, at present, it is not absolutely known whether this excess of acidity is present when the urine is passed, or whether it is caused by subsequent acid fermentation of the pigment. But, considering the increase in the uric, hippuric, sulphuric, and phosphoric acids, it is probable that it is in excess before any changes occur in the urine from exposure. The causes of the increase, remain, of course, to be investigated when the fact is certain.

II. The exact chemical constitution of the cutaneous, and of the intestinal excretions, are yet unknown. In certain specific fevers, indeed, both excretions have been partially studied; but to this subject I shall, of course, not refer.

The pulmonary excretion has been very imperfectly examined. In all exquisite inflammations, except those of the lungs and heart, Hervier and St. Sager found the carbonic acid augmented. Lehmann, however, criticises these observations, and, apparently on good grounds, denies their accuracy. In typhus, it seems certain, from the observations of Malcolm, that the carbonic acid is very greatly diminished. In a case of pleurisy, lately examined by Gorup-Besanez, it appeared to be increased.

III. *The blood.*—The composition of the febrile blood has attracted the greatest attention and interest; but, owing to the extreme difficulty of separating its constituents, its chemistry, in febrile affections, as in almost all other diseases, has yet really to be investigated. The observations of Andral and Gavarret, Simon, Becquerel and Rodier, Denis, and others, valuable as they are in many respects, belong really to the very infancy of science, and are utterly incapable of solving the mysteries of a fluid like the blood, in which are found the most complex combinations of the most complex principles, and in which circulate materials both for nutrition and for elimination. The blood is, indeed, like the sea, which feeds the clouds and receives back the rivers laden with the impurities of the earth. The venous system especially, from the blood of which analyses are generally made, is the great sewer of the body, into which all organs drain their disintegrating effete structures. How can the analysis of such a fluid represent the composition of the blood at large; and how is it possible, in the present state of chemistry, to attempt such an analysis with any success?

There are, however, some facts of interest. It would certainly appear from the observations of Cahen, who has, we are told, made more than 300 experiments, that the alkalinity of the serum of the blood is diminished considerably, by about one-third, in inflammations. And, by the side of this statement we may place the analyses of Becquerel and Rodier, which show in inflammation a diminution of the alkaline salts.

Cahen states that the lessened alkalinity does not occur in typhoid fever, and it has even been asserted that the alkaline salts, and, therefore, presumably, the alkalinity, are increased in this disease. Cahen appears to found his statement, that the alkalinity is not decreased in typhoid, on a single case; I have a single case to put in opposition to this, in which by neutralization with acid the alkalinity of the serum was found to be decidedly lessened. The statement that the alkaline salts are increased in typhoid is quite erroneous, they are slightly decreased.

Whatever be the case in typhoid fever the alkalinity of the serum is lessened in rheumatic fever during life; and Professor Vogel has noticed also acidity of the serum after death in a case of rheumatic fever, in which death occurred from another cause. From observations after death the serum appears to be sometimes even acid in pyæmia and puerperal fever. In these cases, however, the acidity may have been produced by post-mortem changes.

The diminution of the alkalinity runs parallel with the chemical fact, that the alkaline salts and the chloride of sodium are diminished in the venous blood in inflammation, in rheumatic fever, in typhoid fever, and, perhaps, in typhus.

Another established fact connected with the serum of febrile affections is the diminution of the albumen after the fever has lasted some time, and the commensurate increase in the water of the serum. Whether the albumen is altered in quality or in composition is not known. The observations of Frerichs on the presence of leucin have been already sufficiently mentioned.

The augmentation of the fibrine in many diseases is one of the few well-ascertained facts in the chemistry of the blood. It is now well known not to be peculiar to, though most constant in, inflammations; it will occur in the specific fevers as in relapsing fevers; it is a constant condition of the blood in rheumatic fever, and I had an opportunity of showing, some years ago, that it may precede for several days the affection of the joints or heart, although Andral and Gavarret vainly sought after such a case. It is evidently, however, not necessary to the febrile condition, and, therefore, need not be discussed here.

The alterations of the red particles in febrile diseases are almost totally unknown. They certainly diminish in numbers during the course of the disease, but whether their individual constitution suffers change is not yet known. In certain special fevers, the malarious for example, they may be destroyed without being eliminated, and form pigment cells and masses, as lately pointed out by Meekel and Planer.

It may appear disheartening to confess, that the results

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have been so incommensurate with the labour bestowed on the analysis of the blood. But on this subject the chemist's first words have scarcely yet been spoken, and we must wait almost for his last, before his conclusions are available for pathology. We must remember the intricate nature of the problem, and not too impatiently blame the inevitable tardiness of science. But a few years since, we should have thought it impossible to detect the wonderful difference in the salts of the serum and the red particles, or to count the myriad multitudes of these latter structures. Now, these marvels are almost among the simplicities of science. But a few years since the detection of uric acid in blood was looked upon as chimerical, and now, thanks to the ingenious process of an esteemed colleague, the merest tyro can do what the profoundest chemist formerly thought impossible.

We may be sure that chemistry has hidden powers yet to be revealed which will be competent to solve even this most difficult of tasks. Till it is so solved, however, the chemistry of the blood in pyrexia must remain what it is now, a chaos of uncertainty and contradictory assertions.

ERRATUM.—In the last Lecture is an important typographical error which needs correction. At page 280, eleventh line from the top, instead of "the temperature was almost the same, viz., 100·44," *read* "103·44."

CLINICAL LECTURES
ON THE
PATHOLOGY AND TREATMENT OF THE AFFECTIONS OF THE EAR,
CAUSING DISEASE IN THE BRAIN OR ITS MEMBRANES.

DELIVERED AT
St. Mary's Hospital.

By JOSEPH TOYNBEE, Esq., F.R.S.
Aural Surgeon to the Hospital; Lecturer on Aural Surgery at St. Mary's Hospital Medical School; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, etc.

LECTURE VI.

(Continued from page 307.)

Upon examining the petrous bone, two small polypi were found attached to the upper and posterior part of the membrana tympani. The latter membrane was very thick, and presented a small orifice at its anterior part. The membranous meatus was easily detached from the bone, which was darker and rougher than natural. The mastoid cells were full of pus, and they were carious. Upon removing the dura mater from the posterior surface of the petrous bone, the upper part of the sulcus lateralis was found to be carious for a space three lines in diameter, and the orifices in the bone were filled by fibrine. The dura mater covering the sulcus lateralis was softened, but the disease had not penetrated to the cavity of the sinus. The dura mater adjacent to the fossa jugularis was soft and partially destroyed by ulceration. The bone beneath it was carious, and it was found to form part of the posterior wall of the inner extremity of the mastoid cells, from which the disease had been propagated.

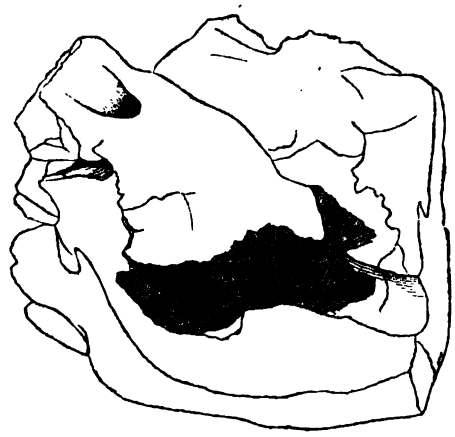
In addition to the other points of interest in this case, is the fact that disease may be propagated to the jugular vein from the mastoid cells without the intervention of the lateral sinus.

I believe it is rare for disease in the mastoid cells to manifest itself for the first time after the adult period. The following is an instance of the kind. It is impossible to say how long there had been incipient disease, but from the appearances after death it is probable that it was of long standing. The case is of great interest, from the fact of the existence of so large an amount of disease and the presence of formidable symptoms for only so short a time before death.

Caries of the Mastoid Cells; destruction of the Sulcus Lateralis; Pus discharged behind the Ear.—T. D., aged 29, was under the care of a friend in May, 1851, on account of diabetes. He remained under treatment for ten weeks, during which time he did not complain of pain either in the head or the ear. At the expiration of the ten weeks he went into the country for a fortnight, and shortly after his return he began to speak of pain in the head, which was principally referred to the right mastoid process. This pain, accompanied by violent ear-ache, gradually increased, and was attended by a purulent discharge from the ear. Drowsiness, giddiness, and stupor supervened. These symptoms were not relieved by the most active treatment. Six weeks previous to his death an abscess was opened behind the right ear, from which a large quantity of pus was discharged. No relief followed, the head symptoms gradually increasing until his death.

Autopsy.—The external meatus contained a considerable quantity of muco-purulent discharge; the surface of its dermoid layer was denuded of epidermis; its substance was much tumefied. The membrana tympani was entire, but of a dull leaden hue, and much softer than natural. The cavity of the tympanum contained a considerable quantity of purulent matter, and its lining membrane was vascular, thick, and flocculent. The incus had disappeared; the stapes was *in situ*, but was surrounded by bands of adhesion. The osseous walls of the tympanum were healthy. The mastoid cells were full of purulent matter; the bony laminæ dividing the cells were extensively carious, large portions of them having been destroyed. The whole of the posterior wall of the mastoid cells, usually forming the sulcus lateralis, was completely destroyed, and in its place was an orifice measuring an inch and a quarter from above downwards, and more than half an inch in breadth. The orifice in reality corresponded exactly with the sulcus lateralis, as situated in the temporal bone, with the exception of half an inch before it reaches the fossa jugularis. A circular orifice about the size of a pea existed at the posterior part of the mastoid process which communicated with the aperture just mentioned on one hand, and with the abscess behind the ear on the other. The membranous lateral sinus was much attenuated, and beneath it was a large quantity of pus. The state of the cerebellum was not reported.

Fig. 14.



The right petrous bone, showing the complete destruction of the sulcus lateralis, and the continuity of the mastoid cells, with the cavity for the cerebellum.

From the paucity of the notes which accompanied the specimen it is not quite clear what was the cause of death, but most probably there was, in addition to the other morbid conditions, disease of the cerebellum. It appears probable that the life of this patient might have been saved if a free outlet for the discharge had been effected at an earlier period. It is important to notice to how great an extent the osseous sulcus lateralis was destroyed without ulceration of the lateral sinus contained in it. In this respect the case is analogous to that of P. R.

A case of a similar character to the one last quoted was published by Mr. Gray, of St. George's Hospital, in the Transactions of the Pathological Society, for the Session 1848—1849. I here show you a drawing representing the condition of the lateral sinus and lateral sulcus.

In my next Lecture I shall bring to a conclusion my observations on the Pathology of the Mastoid Cells.

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ORIGINAL COMMUNICATIONS.

ON FIBROUS TUMOUR OF THE UTERUS.

By DR. RIGBY.

I VENTURE to offer one more case of fibrous tumour, which has been treated in the manner before alluded to, and which, from its size, hardness, and duration, must be considered as unpromising a one as could be selected.

Mrs. S., æt. 41, married 15 years, never pregnant, tall, and stout.

January 17, 1851.—Abdomen enlarged, as in the eighth month of pregnancy, and not very unlike it in point of feel. Bowels confined, much gastric derangement. The abdomen swells considerably before a catamenial period.

The swelling commenced nearly seven years ago, at the right side of pelvis. Two years afterwards, she suffered from two violent attacks of menorrhagia, previous to which time the abdominal tumour had obstructed the bladder a good deal; after which, the abdomen diminished considerably, and produced less pressure upon the bladder.

Examination per Vaginam.—Vagina curves forwards, over the symphisis pubis, as in the retroversion of pregnancy. The os uteri can just be felt above the symphisis. A large, hard, solid mass rests upon the brim of the pelvis; slight pressure upon the tumour, externally, distinctly retroverts the mass more, and tightens the posterior wall of the vagina.

℞ Pil. hydrarg. gr. v., alt. noct.; mist. ferri et magnesiæ sulph., primo mane.

Jan. 31.—Bowels well opened, much dyspeptic derangement, much difficulty in passing water, which is very scanty, being obliged to pass repeatedly one or two table spoonfuls at a time: it is thick, and high-coloured. Tongue, pale and dry. Rep. med.

℞. Potassæ bicarb. ℈iv., potassæ nitratis ℈ij., sp. ætheris nitr. ʒss., aquæ menthæ pip. ʒvijss. M. Ft. mist.; sumat. cochl. magn. ij. ter die.

February 28.—Better in health. Fancies herself smaller; but the abdomen is still large, hard, and painful. Tongue less pale, but still furrowed and indented at the edges. Catamenia just over—after an interval of five weeks—of lighter colour, and natural in quantity. Urine clear.

Rep. Pil. tertiis noct.

℞. Liq. calcii chloridi ♏xx., ex infus. gentianæ comp., ter die.

May 9.—Much oppressed by the size of the abdomen. Catamenia appeared last week, fairly copious, and natural. Tongue better, still sulcated. Has not increased the dose of liq. calcii chloridi, as I desired her. Let her increase it ♏v. every week, until she reaches ʒi.

September 5.—Not looking so well. Abdomen large, globular, and very hard. Tongue better. Has been taking ʒi. of liq. calcii chloridi for nearly two months. Omitt. haustus calcii chloridi.

October 24.—Is looking very much better. Has been in the country since last report. Catamenia appeared a fortnight ago, moderately, and without pain. Rep. haust. calcii chloridi.

December 19.—Has been taking ʒi. of liq. calcii chloridi, twice a day, for a month. Says that the abdomen is *much* smaller than when she first came to me, but still it is large, and very hard. The catamenia have lasted three weeks, tolerably free, and without pain, but with much sickness of stomach, and heartburn. Urine clear. Bowels rather confined.

Omitt. haustus calcii chloridi. Rep. mist. ferri et magnesiæ sulph.

February 13, 1852.—Varies a good deal in size, according to the state of the bowels. Face much flushed, almost like erythema, sometimes with a purple tint,—always after food. Tongue red and sulcated. Catamenia, since last report, have appeared twice at the regular period, copious, and without pain or clots. Urine scanty, and thick.

Rep. pil. p. r. n. sodæ potassio-tart., primo mane.

Rep. mist. potass. bicarb. et nitr.

May 28.—Much discomfort about the abdomen; thinks that she is larger. Bowels constipated, urine scanty and thick. Catamenia have been regular and natural.

Rep. pil. hydr. c. hyosc., rep. mist. potassæ bicarb. et nitrat., et mist. ferri et magnesiæ sulph., primo mane.

October 1.—Much the same in general health. Tongue pale and sulcated; no catamenia for 3 months; urine natural, but varies.

Rep.

May 12, 1853.—Much languor and lassitude, had menorrhagia during December, which continued through January and part of February. Has been taking half a tea-spoonful of extr. taraxaci every night, for some time. The tongue is much better, the abdomen very hard.

Sumat. liq. magnes. chloridi ♏ xv., liq. calcii chloridi ʒfs., bis die, ex aquâ.

July 12.—During the last 4 weeks has doubled the dose of the medicine last prescribed; feels better. The catamenia appeared last week, much more sparingly; the abdomen is still hard; is obliged to take some sodæ potassio-tart. every morning, to regulate the bowels; face is less flushed.

Rep. med.

Rep. liq. magnes. chloridi ʒss., liq. calcii chloridi ʒi.; aquæ destillatæ ʒvjfs. M. Ft. lotio. Let her foment the abdomen with this, and use it as an injection per vaginam, morning and night.

October 28.—Has not felt so well for years; face less flushed; has left off her medicine for a month; incipiat iterum.

February 3, 1854.—Abdomen is considerably less, and *much* softer. Feels better and more active than she has done for twenty years; has continued her medicine twice daily.

Examination per Vaginam.—The position of the uterus, and the curved direction of the vagina, are as before, but the uterine tumour is very much softer. Having used the medicines for a considerable period, a rash came out some weeks ago, producing great irritation.

Let her stop the medicines for a few weeks, and then resume them.

May 26.—The abdomen is much enlarged, and very hard. Has missed three periods, beyond having had a slight show. Bowels confined. Tongue sulcated. Cheeks covered with a purple flush. Urine thick. Is much annoyed by varicose veins of the legs, which itch severely.

Rep. pil. hydr. hyosc., alt. noct.

Rep. mist. ferri et magnesiæ sulph., o. m.

August 11.—A catamenial period just over; the discharge has been copious, which has relieved her. Abdomen is smaller, but very hard. Varicose veins of leg very painful.

Adde haustui calcii et magnes. chloridi, potassii bromidi gr. iij.

October 27.—Has continued the medicine twice daily since last report; has spent six weeks at Clifton. Is remarkably improved in health. Abdomen much smaller and softer. No catamenia (beyond a mere show) for 12 weeks. Urine very thick.

Rep. pil. et mist. ferri et magnesiæ sulph., primo mane.

The size and hardness of this tumour, and its long duration, gave me but little hope of being able to afford her relief. The favourable points of the case were, that it varied a good deal in size and hardness; that it increased considerably before each catamenial period; and the history of the case showed that it had greatly diminished, after two severe attacks of menorrhagia.

The examination, per vaginam, was as unpromising as that of the abdomen. The os uteri nearly over the symphisis pubis; the superior aperture of the pelvis roofed, as it were, by one large, hard, and somewhat irregular mass, which was slightly movable by external pressure. Another unfavourable circumstance was, that she lived at a considerable distance; so that I had no chance of applying the mercurial ointment; and, although respectable, her circumstances were too narrow to allow her to employ a medical man for this purpose: so that I was thus debarred the use of one valuable remedy.

In commencing the treatment of such a case, it is always desirable to premise a short course of alterative and laxative medicines. The bowels are sure to be loaded, from the pressure of so large a mass; and an effective clearance of them not only gives great relief to the patient's feelings, and powerfully diminishes the profuseness of the menorrhagic attacks, but absolutely lessens the size of the abdomen; sometimes to a very considerable extent. If I had not already devoted so much space to the subject of fibrous tumour, I could have

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quoted several interesting cases of this sort, more especially one of recent occurrence. The state of the bowels always requires attention, for a few days of constipation appear to lay the foundation of arrears, which go on to accumulate to a great extent, even although the patient may fancy that her bowels are tolerably regular. I continued this plan of treatment for six weeks before venturing upon the course of muriate of lime; for it required some little time and perseverance to bring the bowels into a healthy condition. She improved considerably in her general symptoms, fancied herself smaller, and the catamenia had assumed a natural character.

In exhibiting the muriate of lime, much time was lost by her neglecting to increase the dose of the solution ♏ v. every week until she reached ʒi. The abdomen was much increased in size, but still the health continued to improve during the rest of 1851, and the catamenia were natural. In December, 1851, she had taken the muriate of lime, at the full dose of ʒi. twice daily for a month, and was convinced that the abdomen was considerably smaller; the catamenia continued regular and natural. From this time I saw but little of her until May, 1853; she had not taken any muriate of lime since December, 1851, and it is interesting to observe, that, after a time, the catamenia again became profuse as before. During December of 1852, she had menorrhagia, which continued through January and part of February of 1853. In May of this year, I commenced the muriate of lime, with the addition of half the quantity of muriate of magnesia, gradually increasing the dose as before; besides which, I used this combination as a lotion for external application, in imitation of Dr. Prieger's use of the Kreuznach waters. Her health improved; the catamenia again became natural, and, after a course of between four and five months, she felt better than she had done for a long time. After a cessation of a few weeks, she resumed the treatment: the change now became much more apparent: a very decided diminution had taken place, the abdomen was much softer, and her expression was, that she felt better and more active than she had done for twenty years. This improvement, however, was but for a time; in two or three months the abdomen had again enlarged, and was very hard,—this was probably owing to the catamenia having almost entirely ceased for three months, and to the bowels having become very constipated. In the course of a few weeks, a free discharge of catamenia gave much relief; and being much impressed with the interesting results of Dr. Prieger's treatment of fibrous tumour with the Kreuznach waters, I added a small quantity of the bromide of potassium to the combination of muriate of lime and magnesia, which she had been taking. A remarkable improvement, both in the general health as well as in the size of the abdomen, again manifested itself, even although twelve weeks had elapsed without any appearance of catamenia, beyond a mere show.

1855, March 16.—Since writing the above, has called upon me. Is enjoying good health. The abdomen varies greatly in size at different times, but is decidedly smaller. She can stoop better than before, and is now able to take active exercise, walking ten miles a day without difficulty. Catamenia have been very irregular—a slight show has appeared once or twice. Much occipital headache. Pulse strong. Face much flushed. Hirud. iv. ano.

REMARKS ON THE TREATMENT OF CHOLERA BY NITROUS ACID, ETC.

By H. OSBORN, L.R.C.P., etc.

(Continued from page 308.)

If we use either nitric or nitrous acid as a remedial agent for cholera, care should be taken, in combining them with laudanum, not to keep the mixture ready mixed for too long a time, owing to the decomposition which takes place between the alcohol of the tincture and the acids forming nitric ether. To obviate this inconvenience, opium may be substituted for laudanum.

I have prescribed the common nitrous acid, both combined and uncombined with laudanum, to a considerable extent, in cases of diarrhœa, and in a few cases of cholera, with a satisfactory result. But when diarrhœa assumes a dysenteric tendency, it may be advantageously given with an equal portion of ipecacuanha-wine, and laudanum; the former assists in allaying the spasm and tenesmus of that disease.

I have also prescribed the acid in cases of typhus, combined with the wine of ipecacuanha. It cleanses the tongue and promotes healthy secretions, but it is sometimes necessary to carry it far enough to excite nausea; and when the tongue has become clean, quinine may be substituted for the ipecacuanha.

In cases of fever, the effect may be due to the nitric acid alone, and not to the nitrous. The former (c) acts as a powerful antiputrescent, diuretic and diaphoretic; and in cholera it appears to contract the blood-vessels of the mucous membrane, thus arresting the exudation of serum into the mucous cavities, especially when assisted by the removal of internal congestion by appropriate means, aided by covering the patient warmly.

It is a question of great importance, whether nitrous acid possesses any advantages over nitric in cholera. The former acid decomposes urea into nitrogen, water and carbonic acid, and I have shown that the nitrous differs greatly in its action from nitric when added to the urine of a cholera patient. In like manner, it is possible that the acid is capable of decomposing some noxious matter which has been generated in the blood by the action of the virus or ferment of cholera, or that it possesses a direct action on the poison itself.

It may be doubted, whether nitrous acid can decompose urea in the blood; but I have given it in a few cases with decided advantage when comatose symptoms were present from retention of urea in the blood, consequent on disease of the kidneys. I would suggest, however, the necessity of having the acid prepared of a uniform strength, in order to determine this point with greater nicety.

During the late epidemic, Southampton was remarkably free from cholera: a few cases only occurred, and these were chiefly in the worst localities. But diarrhœa and dysenteric affections were very prevalent.

It appeared, from a few observations which I made, that the atmosphere was not sufficiently charged (if I may be allowed to use the term) with the virus or zuma required to impregnate the system, or to reproduce itself in sufficient quantity for the disease to run a rapid course. One of my patients, however, residing in a healthy situation (but the house had bad drainage), was attacked with diarrhœa about midnight, which terminated in cholera before I arrived, three hours after. This was the only rapid case I saw during the summer; and, although the premonitory stage of cholera was of short duration, the diarrhœa was ushered in by symptoms of incubation. Hence the importance of watching for the premonitory symptoms of diarrhœa. But are there any well-marked symptoms which will enable us to know when the incubation is taking place? The symptoms, I believe, are not well defined in every case, because they sometimes run in rapid succession; depending, probably, on the amount of the poison received, or the state of the constitution. For instance, the strong and healthy may, *perhaps*, sustain a large amount of the virus, while the weak and depressed may succumb to a small amount of it; at all events, I am inclined to believe, that we have a more favourable opportunity of watching a certain train of symptoms when the poison is largely diluted with atmospheric air, or when it is retarded in its action on the constitution.

During the suspected stage of incubation, a patient may complain of a sudden sensation of coldness, or a rigor, when the weather is hot and fine—a sure sign of internal congestion, like that caused by malaria—; a slight diarrhœa may soon follow, or it may be retarded for some days; the pulse begins to fall, accompanied by great prostration; there is sometimes nausea, pains in the head, an unusual sense of fulness about the epigastrium, the generation of flatus, and sharp shooting pains or tormina usher in an attack of diarrhœa. If we give

(c) Nitric acid is one of the most powerful decomposing agents for sulphuretted hydrogen and its ammoniacal compounds, which are disengaged from drains, privies, etc. Now, if this gaseous matter is so deleterious when absorbed into the blood from external causes, it may be equally so when it permeates from the colon, but it cannot permeate under ordinary circumstances; internal congestion from exposure to wet and cold, and dilatation of the blood-vessels may probably favour its introduction into the blood, and assist in the production of fever. I would suggest the use of nitric and nitrous acids as an antidote to the morbific matter to which our soldiers are now exposed in the Crimea. A few drops administered daily, either combined or uncombined with quinine, would, I am convinced, prevent many valuable lives being sacrificed from fever and cholera.

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pure ammonia, the flatus is absorbed for a moment, but a fresh portion is soon generated, which appears to show that carbonic acid is rapidly disengaged. If we give wine or brandy with sugar, the patient will sometimes complain of a sour taste in the mouth resembling vinegar; if we give the brandy without sugar, no acid taste is perceptible; thus showing that there is a process going on allied to fermentation, but a certain temperature appears necessary to facilitate that process. While this action is going on in the stomach, the fæcal matters in the colon are being acted upon, and the lowest stage of putrefaction is established, thus constituting diarrhœa. In the blood, there are also changes taking place in the excrementitious matters of that fluid, and the nature of the constituents there generated partly constitutes the subject under consideration, viz., the matters which are eliminated by the kidneys.

It would be interesting to know whether the virus of cholera first attacks the blood, the contents of the stomach, or the fæcal matters of the colon; or whether all are more or less simultaneously affected. It appears from some observations which I made last summer, that there are changes taking place in the blood, without any apparent disturbed state of the digestive functions, etc.

While the cholera was hovering about us, several persons brought their children to me, to know the cause of their falling about head-foremost in a very unusual manner, as if they had some head affection, but without any indication of it; moreover, they appeared strong and healthy in every respect. Some adults also, while enjoying perfect health, experienced a similar sensation of vertigo, and choleraic symptoms afterwards followed it. May we not infer, that new constituents were forming in the blood by the cholera poison in a dilute state, acting slowly upon the excretory matters of that fluid, such as urea, or by transposing the elements designed to form that substance into other compounds of cyanogen.

If the urine in these cases had been examined, I am of opinion that the process of incubation might have been detected; but, at that time, I had not turned my attention to the subject.

My excuse for giving publicity to the few imperfect investigations and observations which I have made, is merely to induce others to extend the inquiry, should opportunities offer, when cholera reappears in this or any other country.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING FEBRUARY.

The subjoined Report includes, as usual, the following Hospitals:—University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, St. Mary's, Charing Cross, the Metropolitan Free, the Marylebone, and the Hospital for Sick Children.

LITHOTOMY.

Two cases of lithotomy were under the care of Mr. Erichsen, of University College Hospital, at the time of our last Report. The patient, in one of them, has recovered, and left the Hospital, the other is yet under care, the wound not yet being healed. Mr. De Morgan's case has resulted in recovery. Mr. Cock's patient remains under care.

Number of cases 4. Recovered 4.

Case 1.—A boy, aged 4, in good health, under the care of Mr. Johnson, in St. George's Hospital. Recovered. *Case* 2.—A boy, aged 8, in fair health, under the care of Mr. Prescott Hewett, in St. George's Hospital. The stone was in the membranous urethra, and it was hoped that its removal might have been accomplished without opening the bladder; but, during the attempt, it slipped back, and an ordinary lithotomy became necessary. Recovered. *Case* 3.—A boy, aged 4, in good health, under the care of Mr. Salmon, in St. George's Hospital. Recovered. *Case* 4.—A boy, in good health, under the care of Mr. Pollock, in St. George's Hospital. Recovered.

LITHOTRITY.

The patient in the case mentioned last month, who had been discharged from Guy's Hospital, in order to go into the country, has since died. It will be remembered, that he suffered from the symptoms of pyæmia after the lithotrity, and had had several abscesses in the cellular tissue of the extremities. He had a little improved when discharged, and was sent out in the hope that a change from the Hospital air might secure his recovery. A relapse, however, took place, and he died rather more than two months after the operation. During the month, the following case has been treated under the care of Mr. Stanley, in St. Bartholomew's Hospital:—A healthy countryman, aged 54, had been under Mr. Stanley's treatment three years ago, for stone in the bladder, and after eight weeks' stay in Hospital, and three lithotrity operations, was discharged cured. No inconvenience had resulted from the operations. For a year and six months after his discharge he remained quite well, but subsequently he again began to suffer from his old train of symptoms. During the next year, the amount of irritation experienced was great, and his general health rather failed. In January of the present year he was readmitted, and the attempt to relieve him by lithotrity was again made. The first four sittings were not followed by any undue irritation. The fifth was done on a Friday, and the stone was freely crushed. On the Tuesday following, the man had a short attack of retention of urine, during which he thought he felt a piece of stone sticking in the urethra. The subsequent expulsion of the fragment was attended by great pain, and was followed almost immediately by swelling of the right testis, and the penis. The testis became gangrenous, and an abscess formed around it, after opening which many yards of the tubuli seminiferi were drawn out. The cellular tissue also sloughed in the several parts of the scrotum and in the prepuce, there were, however, no indications of extravasation of urine, and the perinæum remained unaffected. For some days the man was extremely ill, but, by the assistance of liberal diet, free incisions having also been practised to liberate the sloughs, he has done well, and may now be deemed out of danger.

HERNIOTOMY.

The two cases left under care by the last report have both ended in recovery.

Number of cases, 25; recovered 10; died, 14; under treatment, 1.

Case 1.—A woman, aged 49, nnder the care of Mr. Erichsen, in University College Hospital. Hernia femoral, strangulated three days, sac not opened. A severe attack of peritonitis occurred after the operation, but was recovered from. Recovered. *Case* 2.—A man, aged 54, under the care of Mr. Tatum, in St. George's Hospital. Hernia congenital, strangulated two days; sac opened. The taxis had been attempted before admission. The sac was found much thickened, but had been torn in one part by the contusion to which it had been subjected. The intestine and omentum had also been bruised. Recovered. *Case* 3.—A woman, aged 46, under the care of Mr. Brooke, in the Westminster Hospital. Hernia femoral, strangulated eighteen hours; sac opened. Recovered. *Case* 4.—A woman, aged 60, under the care of Mr. Holthouse, in the Westminster Hospital. Hernia femoral, strangulated eight hours; sac opened. The hernia was of large size, and the stricture very tight. The symptoms were severe, although the strangulation was so recent. Doing well. *Case* 5.—A man, aged 21, under the care of Mr. Clarke, in St. Thomas's Hospital. Hernia congenital, strangulated twelve hours; sac opened. Recovered. *Case* 6.—A lad, aged 18, under the care of Mr. Curling, in the London Hospital. Hernia congenital, strangulated five hours; symptoms severe. In the operation, the bowel was found to be strictured in two places. The lower stricture was formed by some bands of the intercolumnar fascia, which had been pushed downwards, and the upper one by the neck of the sac itself, at the internal ring. The lower constriction was easily divided external to the sac, but to get at the upper one, it was of course necessary to lay open that tunic. The sac contained omentum and bowel. The patient recovered without a bad symptom. *Cases* 7 and 8.—In this, the same patient was operated on twice and on each side. A man, aged 70, was admitted into Guy's Hospital, under the care of Mr. Cock, suffering from strangulated inguinal hernia on the left side. He had for fifteen years been subject to double hernia and had worn a truss. The symp-

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toms were not very severe, but all efforts at taxis, with the assistance of a warm bath and of chloroform, having failed, it was determined to operate. The strangulation had then existed for fourteen hours. Mr. Cock found it impracticable to reduce without opening the sac, the stricture being formed by the neck of the latter, and being as tight as whipcord. More than a foot of much congested bowel was found down, and with a little difficulty was returned. About two hours after the man had been got back to bed, and without, as he said, any exertion on his part likely to cause it, the hernia on the right side came down, and at once became tightly strangulated. The taxis again failed, but it was decided to defer the operation for a while, and the administration of calomel and opium was directed. Early on the following morning, however, the symptoms had developed themselves with such severity that no further delay could be permitted. Strangulation had then existed nine hours. The stricture was again found to be the neck of the sac, and the sac was consequently opened. For a few days subsequent to the second operation, the man suffered from hiccough, vomiting, and some delirium, but then gradually subsided, and he recovered perfectly. *Case* 9.—A man, aged 29, under the care of Mr. Cutler, in St. George's Hospital. Hernia inguinal, strangulated six hours, sac opened. Recovered. *Case* 10.—A woman, aged 53, under the care of Mr. Prescott Hewett, in St. George's Hospital. Hernia femoral, strangulated twenty-four hours, sac opened. Recovered. *Case* 11.—A woman, aged 30, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia femoral, strangulated four hours, sac not opened. Recovered. *Case* 12, a woman, aged 53, under the care of Mr. Lawrence, in St. Bartholomew's Hospital. Hernia femoral, strangulated 23 hours. The taxis had been much abused prior to the operation, and the stricture was very tight. On opening the sac an adherent mass of omentum was exposed, behind which lay a small knuckle of bowel. The omentum was left in the sac, the gut having been returned. The omentum left in the sac sloughed, but in other respects the patient seemed doing well up to the ninth day, when a rigor occurred, which was followed by the symptoms of acute bronchitis. Death occurred on the eleventh day, but no autopsy was permitted. Against the idea that death had in this case resulted from pyæmia were the circumstances that there had been no pain complained of about the joints, and that the granulations about the wound had remained florid and healthy looking. *Case* 13.—A man, aged 45, under the care of Mr. Fergusson, in King's College Hospital. Hernia inguinal, of 17 years' duration, strangulated 24 hours, sac not opened. With the intent of securing a radical obliteration, Mr. Fergusson passed two sutures through the neck of the sac. On the fifth day after the operation an abscess formed above Poupart's ligament, and was opened. Subsequently suppuration occurred also in the scrotum, from which free incisions evacuated much fœtid pus. The man sank apparently from irritative fever, and died on the seventeenth day. At the autopsy the neck of the sac was found quite obliterated by adhesions. *Case* 14.—A woman, aged 38, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia femoral, strangulated four days, sac opened. Death on the second day. No autopsy. *Case* 15.—A man, aged 56, under the care of Mr. Cock, in Guy's Hospital. Hernia femoral of sixteen years' duration, and strangulated twenty-one hours: sac not opened. The patient did well for four days, when symptoms of peritonitis rather suddenly developed themselves, and death followed next day. No general autopsy was permitted, but the parts concerned in the operation were examined, and it was found that the neck of the sac was occupied by omentum, through a hole in which the protruded bowel had been forced. *Case* 16.—A woman, aged 72, under the care of Mr. Callaway, in Guy's Hospital. Hernia femoral; strangulated seventeen hours; sac not opened; reduction easily effected. The woman had been admitted from a workhouse, and was very feeble. The history obtained was imperfect, and possibly the strangulation had been longer than the time stated. After the operation the sac sloughed, and the bowel gave way into the wound. An artificial anus was thus formed, through which, for upwards of three weeks, fæces continued freely to escape. Death from exhaustion ultimately occurred. At the autopsy the portion of bowel which had sloughed was found firmly united to the margin of the ring and to adjacent coils of intestine. *Case* 17.—A woman, aged 27, under the care of Mr. Hilton, in Guy's Hospital. Hernia femoral, strangulated seventy-two hours. Sac opened. The woman was in extreme collapse at the time of the operation, and this circumstance it was which induced Mr. Hilton to open the sac, and inspect its contents. The bowel was found very dark in colour, and nowise hopeless in appearance. The patient never rallied, and died about twelve hours after the operation. Nothing was found at the autopsy to explain the cause of death. *Case* 18.—A man, aged 65, under the care of Mr. Hilton, in Guy's Hospital. Hernia femoral, strangulated ninety-six hours; sac opened. He was a very feeble man, and the parts surrounding the sac were much inflamed. The bowel was found to have sloughed, and had given way into the sac. The stricture was therefore freely divided, and the parts then left *in situ*. The finger could be passed freely into the gut in one direction, but could not in the other; very little fæces passed at the time. The patient lived 13 days, and sank apparently from exhaustion. The discharge by the artificial anus had been free. *Case* 19.—A woman, aged 86, under the care of Mr. Luke, in the London Hospital. Hernia femoral, strangulated eighty hours, sac not opened. The patient sank from exhaustion four weeks after the operation. There had, meanwhile, been no peritonitis, and the bowels had acted freely. The wound was looking tolerably healthy. *Case* 20.—A man, aged 72, under the care of Mr. Curling, in the London Hospital. Hernia femoral, strangulated 48 hours, sac not opened. The case was doing well, and the wound was nearly healed, when gangrene attacked the latter, and the man sank. He was originally of very feeble power, and partially paralytic. Death occurred about five weeks after the operation. *Case* 21.—A woman, aged 50, under the care of Mr. Erichsen, in University College Hospital. Hernia femoral, strangulated three days, sac opened. The woman was much sunken at the time of the operation, and died twenty-eight hours afterwards. No autopsy. *Case* 22.—A woman, aged 58, under the care of Mr. M'Whinnie, in St. Bartholomew's Hospital. Hernia femoral, strangulated twenty-four hours, sac not opened. The taxis had been grievously abused prior to admission, and purgatives had also been given. Death took place three days after the operation. At the autopsy the strangulated portion of the bowel was found still dark, but in proccss of recovering itself. A portion of omentum adhered to the ring. The muscles about the ring were ecchymosed, and suppurating in points, from the bruising to which they had been subjected. *Case* 23.—A woman, aged 61, under the care of Mr. Tatum, at St. George's Hospital. Hernia femoral, strangulated four days, sac opened. Death followed next day. The gut had sloughed along the line of the stricture, and its contents had escaped into the peritoneal cavity. *Case* 24.—A woman, aged 71, under the care of Mr. Quain, in Uuniversity College Hospital. Hernia femoral, strangulated three days, sac opened. Death on the third day. *Case* 25.—A woman, aged 53, under the care of Mr. Lee, in King's College Hospital. Hernia femoral, strangulated twenty-four hours, sac not opened. The patient never thoroughly rallied; the wound took on a sloughing action, bronchitis and peritonitis came on, and death took place on the fifth day.

OVARIOTOMY.

The case mentioned in the last two reports, under the care of Dr. West and Mr. Paget, in St. Bartholomew's, has ended in death. The patient had been discharged for change of air, and died in the Brighton Hospital. It will be remembered that the ovary had not been extirpated on account of the adhesions found to exist. The cyst had been freely opened, and had suppurated. (We shall give the details of the case at a future time.)

TREATMENT OF ANEURISM BY COMPRESSION.

A man, aged 40, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a popliteal aneurism the size of a fist, had an imperfect trial of compression made prior to the operation. (See "Ligature of Arteries.") The trial was imperfect from the difficulty experienced in getting the man to permit the instrument to remain in position; at every visit it was found misplaced. The leg swelled, and the tumour rather increased. Mr. Stanley, accordingly, after a few days, determined to tie the femoral artery.

LIGATURE OF ARTERIES.

Mr. Critchett's case remains under care. In Mr. Cock's case the aneurismal tumour has much diminished in size, but is still soft.

A man, aged 40, in good health, who had, as noted above,

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been subjected to a short trial of compression treatment, had the femoral artery tied by Mr. Stanley of St. Bartholomew's Hospital, on account of a large popliteal aneurism. Nothing unusual attended the operation, and the tumour has since much diminished in size, and, with the exception of a small part, become quite solid. The wound is now healed.

TREPHINING OF THE SKULL.

A bricklayer, of very temperate habits, was admitted into King's College Hospital, under the care of Mr. Partridge, having sustained an injury to the right parietal bone, from a brick which had fallen edgeways, a height of thirty feet. The wound was a ragged one, three inches long; there was a fraction of the bone, and a portion consisting almost entirely of the inner table, and about a square inch in size had been depressed, and forced forwards beneath the anterior boundary of the fracture. The trephine was used, and two pieces of bone having been removed, the depressed portion was dislodged. The man has since had an attack of erysipelas, but is now doing well.

AMPUTATIONS.

The cases left under treatment by last report have all since recovered.

Number of cases, 9; recovered, 4; under treatment, 1; died, 4.

Of the thigh.—*Case* 1,—A lad, aged 14, under the care of Mr. Tatum, in St. George's Hospital, on account of diseased ankle and tibia. Recovered. *Case* 2.—A man, aged 46, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of diseased knee-joint, of long standing. He was much reduced by prolonged suppuration. Recovered. *Case* 3.—A woman, aged 22, under the care of Mr. Solly, in St. Thomas's Hospital, for diseased knee-joint, of long standing. Hectic, and reduced. Recovered. *Case* 4.—A boy, aged 10, in very delicate health, under the care of Mr. Athol Johnson, in the Hospital for Sick Children. Disease of the lower part of the femur had existed for six years, and a previous operation had been performed, in the hope of being able to remove a dead portion of bone. The suppuration had been more profuse since that operation, and the knee-joint being also involved, amputation was decided on. The stump was healed in two weeks, and the boy rapidly gained health.

Of the Leg.—*Case* 5.—A robust young man, aged 19, under the care of Mr. Erichsen, in University College Hospital, on account of compound and comminuted fracture of the leg. Primary amputation. Doing well. *Case* 6.—A very intemperate man, aged 45, under the care of Mr. Walton, in St. Mary's Hospital, on account of compound fracture, extending into the ankle-joint. Primary amputation was performed; gangrene of the stump occurred, and death took place on the third day. *Case* 7.—A man, aged 36, of very steady and temperate habits, but not in good health, under the care of Mr. Birkett, in Guy's Hospital, on account of compound fracture of the leg. There was, in addition to the fracture, an extensive laceration of the posterior femoral region of the same side. The stump and the lacerated part were both attacked by gangrene, and the man slowly sank from exhaustion. Death on the 23rd day. *Case* 8.—A lad, aged 10, under the care of Mr. Cutler, in St. George's Hospital, on account of extensive laceration of the foot and leg. Primary amputation. Death from pyæmia on the nineteenth day.

Of the upper extremity.—*Case* 9.—A countryman, aged 27, in good health, was admitted into King's College Hospital, under the care of Mr. Fergusson, having sustained a gun-shot injury to the upper arm, by which the humerus, for three inches of its extent, had been completely shattered. Primary amputation at the shoulder-joint was performed. Gangrene of the stump occurred on the third day, and death followed on the next.

EXCISION OF BONES AND JOINTS.

The two cases of excision of the elbow-joint, mentioned last month, under the care respectively of Mr. Fergusson and Mr. Hutchinson, remain under treatment. Both are doing well. Mr. Cock's case of removal of carious bone from the tarso-metatarsal joint of the great toe is yet under care.

During the month the following have been performed:—*Case* 1.—A pale-faced boy, aged 8, under the care of Mr. Athol Johnson, in the Hospital for Sick Children. There was general enlargement of the front part of the foot, and caries of the internal cuneiform bone. The disease had existed four years, and had followed an injury. A crucial incision having been made deeply over the bone, the latter was found loose, and was easily removed. The finger did not afterwards detect any exposed bone in the wound. With the exception of a slight attack of phagedæna, which was arrested by the application of a strong solution of sulphate of copper, and a charcoal poultice, the case has done very well. *Case* 2.—A woman, aged 24, in fair health, under the care of Mr. Hilton, in Guy's Hospital, on account of carious disease of one of the tarsal bones, of three years' standing. A free incision over the bone was made, and some small portions of exfoliated bone removed, the adjacent caries being afterwards scooped out. The wound has since been very unhealthy.

REMOVAL OF NECROSED BONE.

Six operations of this class, none of them involving important details, have been performed. In all the patients are doing well.

EXCISION OF MALIGNANT TUMOURS.

Case 1.—A woman, aged 42, under the care of Mr. Poland, in Guy's Hospital, on account of scirrhus of the breast. The whole gland was removed. Doing well. *Case* 2.—A man, aged 60, under the care of Mr. Poland for epithelial cancer of the lip. The disease had been excised twice before, the first operation having been about six years before. Recovered. *Case* 3.—A healthy-looking man, aged 30, under the care of Mr. Poland, in Guy's Hospital, on account of a tumour of doubtful nature in the popliteal space. There had been pain in the part for nearly five months, but the tumour had been perceived only for about eight weeks. After excision, it was believed to be of a malignant character. Under treatment. *Case* 4.—A chimney-sweep, aged 30, under the care of Mr. Prescott Hewett, in St. George's Hospital, on account of epithelial cancer of the scrotum. Excision. Recovery. *Case* 5.—A man, aged 40, under the care of Mr. Hawkins, in St. George's Hospital, on account of a recurred tumour over the parotid gland. Its nature was believed to be malignant. Recovered. *Case* 6.—A middle-aged woman, under the care of Mr. Cutler, in St. George's Hospital, on account of scirrhus of the breast. Excision. Recovery. *Case* 7.—A cachectic woman, aged 47, under the care of Mr. Birkett, in Guy's Hospital, on account of infiltration of the entire mammary gland, with scirrhous cancer. The disease had existed six months. The whole breast was removed. For a month the wound appeared to be doing well, but its edges have since been attacked by cancer. *Case* 8.—A woman, aged 48, under the care of Mr. Smith, in St. Thomas's Hospital, for scirrhus of the breast. The entire gland was removed. Recovered. *Case* 9.—A woman, aged 58, under the care of Mr. Brooke, in the Westminster Hospital. The whole mammary gland was removed, on account of a painful tumour of several years' duration. The growth, which was about the size of a walnut, proved to be scirrhous. Recovered. *Case* 10.—A man, aged 70, under the care of Mr. Holt, in Westminster Hospital, for cancer of the lip. Recovered. *Case* 11.—A man, aged 50, under the care of Mr. Cutler, in St. George's Hospital, on account of a large growth of encephaloid cancer in the neck. The carotid artery and the jugular vein had been pressed upon, and during the operation the latter had to be tied. The patient rallied from the operation, but died suddenly on the third day. The cause of death was not explained by the post-mortem.

EXCISIONS OF NON-MALIGNANT TUMOURS.

Case 1.—A woman, aged 40, under the care of Mr. Hawkins, in St. George's Hospital, on account of a recurrent cystic tumour of the breast. It was excised for the fifth time. Recovered. *Case* 2.—A young woman, under the care of Mr. Prescott Hewett, in St. George's Hospital, on account of chronic mammary tumour. Excision. Recovery. *Case* 3, 4, 5, and 6.—Fatty tumours of considerable size removed from different parts. All the patients have recovered. *Case* 7.—A woman, aged 33, under the care of Mr. Poland, in Guy's Hospital, on account of a pedunculated tumour near the right knee. It had existed for twenty-two years, and appeared to have originated in some form of cutaneous hypertrophy. *Cases* 8, 9, and 10.—Sebaceous or cystic tumours. Patients recovered. *Case* 11.—A woman, aged 49, under the care of Mr. Birkett, in Guy's Hospital, with a third development of an adenocele in the right mammary gland. Excision.

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Recovery. *Case* 12.—A boy, aged 7, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, suffering from phymosis, consequent on a fibro-cellular growth in the tissue of the prepuce. Excision. Recovered. *Case* 13.—A man, aged 22, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, on account of tumour in connexion with the left mammary gland. The tumour had been growing eight years, and was about the size of three walnuts. It was circumscribed, and very firm. After excision it proved to be of fibrous nature. The wound quickly healed. (See Report of the Pathological Society at page 352 of this Journal.) *Case* 14.—A healthy girl, aged 22, under the care of Mr. Fergusson, in King's College Hospital, on account of an enchondroma attached to the middle phalanx of the left forefingers. The tumour was of two years' growth, and had reached the size of a walnut. After its excision the wound became very unhealthy, and deep abscesses formed in the hand. Free incisions were practised. and the case is now doing well.

TRACHEOTOMY.

Case 1.—A man, aged 27, under care in St. Bartholomew's Hospital, on account of acute inflammation of the whole tissues of the neck. Dyspnœa having become very urgent the trachea was opened under desperate circumstances by Mr. Stretton (House-Surgeon). No relief was obtained, and the man died almost immediately afterwards. *Case* 2.—A boy, aged 3, was admitted into Guy's Hospital, under the care of Mr. Callaway, on account of laryngitis, consequent on having attempted to drink from a kettle. Eighteen hours after the accident it became necessary to open the trachea. The child was then almost dead, and the operation had to be performed hurriedly. There was, probably, hæmorrhage from some wounded veins. The child did not rally from the collapsed condition in which it was, and death occurred about nine hours after the operation. *Case* 3.—A boy, aged 3, under the care of Mr. Callaway, on account of scalded throat. Tracheotomy was performed about seven hours after the accident under very urgent circumstances. The dyspnœa was at once relieved. The canula was retained for five days. The child recovered without a bad symptom, and the wound perfectly healed. *Case* 4.—An unhealthy infant, aged 1 year and 8 months, under the care of Mr. Callaway, in Guy's Hospital. Its history was peculiar. The mother stated that it had attempted to drink from the kettle, and, in so doing, had scalded its mouth, but not, as it was thought, seriously, as it continued to play about as usual for three or four hours subsequently. Symptoms of laryngitis then began to develop themselves, and soon became very pressing. When admitted the child was alarmingly ill, its dyspnœa being extreme. Tracheotomy was performed, and with the greatest relief. No bad symptoms subsequently occurred. The canula was kept in for six days. The wound healed perfectly.

PARACENTESIS OF THE CHEST.

Two cases are under care in which the chest has been punctured, one in St. Thomas's under Dr. Barker, and the other in University College under Mr. Quain. In the latter the operation was an ordinary paracentesis, whilst in the former it consisted only in opening an abscess which had already passed through the intercostal muscles. Both cases remain under care, and we propose at a future time to give their details.

OPERATION FOR IMPERFORATE HYMEN.

A healthy Irish girl, aged 20, under the care of Mr. Hutchinson, at the Metropolitan Free Hospital. She had suffered for several years from all the usual symptoms at the menstrual periods, but had never had any flow. On examination the hymen was found imperforate and constituting a strong and tough membrane. In the erect position it became distended and pushed into the os externum, but when recumbent it was only to be felt about two inches within the vagina. There was no perceptible tumour in the abdomen. Mr. Hutchinson made a free incision into the membrane, and evacuated about two pints of thick, treacly fluid. The membrane divided being nearly a quarter of an inch in thickness, it was feared some difficulty might ensue from a tendency to contract and close the opening, but none such was encountered. A syringe and warm water were employed daily during several days after the operation, and the patient was confined to bed for a week or more for precaution sake. No bad symptoms ensued, and she made a perfect recovery.

OPERATIONS FOR URETHRAL STRICTURE.

A man, under the care of Mr. Fergusson, in King's College Hospital, on account of stricture of nine months' duration, consequent on a fall. With great difficulty a No. 3 catheter was introduced, and on this Mr. Fergusson performed perinæal section. The patient has since done very well, the perinæal wound is nearly healed, and a full-sized catheter now passes easily.

LIGATURE, ETC. OF NÆVUS.

Cases 1 and 2.—In these cases, both under the care of Mr. Fergusson, in King's College Hospital, Nitric acid had been freely applied and had failed to cure the disease. Ligature was subsequently practised, and was quite successful. *Case* 3.—In this case a nævoid growth from the inner part of the thigh was excised by Mr. Erichsen, in University College Hospital. Recovered.

PLASTIC OPERATIONS.

The case of urethral fistula, under the care of Mr. Henry Thompson, in the Marylebone Infirmary, in which M. Nealton's operation had been performed remains under treatment. Nothing has as yet been gained by the procedure.

Case 1.—A male infant, aged two years, under the care of Mr. Birkett, in Guy's Hospital, with a large congenital fissure of the lip on the left side. The left ala nasi was also deformed, and a groove or furrow (not a fissure) ran along the left side of the palate, indicating that the infant had but just escaped a fissure of the palate also. A surgeon in the country had twice attempted union of the hare-lip without success. Mr. Birkett operated as usual, adhesion followed, but there was more than ordinary deformity remaining, on account of the ill-formed ala nasi. *Case* 2.—A girl, aged 16, the subject of single hare-lip, under the care of Mr. Pollock, in St. George's Hospital. She had been operated on in infancy unsuccessfully. Mr. Pollock's operation procured complete union. *Case* 3.—A girl, aged 17, under the care of Mr. Fergusson, in King's College Hospital, for contracted cicatrix of a burn, by which the hand had been drawn into the forearm. The band was freely divided, and the hand has since been kept extended. The wound is nearly healed, and great benefit appears certain to result. *Case* 4.—An operation for vesico-vaginal fistula, by Mr. Brown, in St. Mary's Hospital. *Case* 5.—Division of contracted cicatrix after burn, by Mr. Henry Thompson, in the Marylebone Infirmary. The cicatrix had drawn the thigh up upon the trunk, and by its tension an ulcer in the lower part of the thigh had been long prevented healing. Under treatment.

MORTALITY NOTABILIA.—In the thirteenth week of the years 1845-54 the average number of deaths was 1243, which with a correction for increase of population becomes 1367. About 200 persons died last week above the usual number, in consequence apparently of the coldness of the season. With the exception of phthisis, which in the present return numbers 181 cases, bronchitis is the most fatal in the list, and next to it is pneumonia. To bronchitis 149 deaths are referred; to pneumonia 113; whilst the corrected averages are respectively 106 and 97. Hooping-cough was fatal in 77 cases, typhus in 49, scarlatina in 42, measles in 14, small-pox in 11. The deaths from small-pox are not many, but most of them occurred in the East districts; and the same remark is generally applicable to that part of London with reference to other zymotic diseases. During the last thirteen weeks 21 persons have died from disease directly attributed to intemperance; and others have died from injury received in a state of intoxication. In the same period 17 have died from want of the necessaries of life; and 36 from exposure, or want of sufficient protection against the cold. Also in the last thirteen weeks 90 children died from want of breastmilk.

BIRTHS.—The births of 1021 boys and 1078 girls, 2099 children, were registered. Average 1588.

METEOROLOGY. — Mean reading of barometer 29·940 in. Mean temperature of air 36·5°, which is 6·5° below the average. The mean daily temperature fell below the average on Wednesday the 21st, and has continued below it during the rest of the month, the amount of depression averaging 7°. The highest temperature in the week occurred on Friday, and was 48°; the lowest on Monday, and was 25·6°. The difference between the dew-point temperature and air temperature was 4·6°. Wind, north and north-east. Rain, 0·01 in. Horizontal movement of air, 210 miles. Electricity positive and tension variable.

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Medical Times & Gazette.

SATURDAY, APRIL 7.

NEW CIVIL HOSPITAL IN THE EAST.

We have on former occasions, when speaking of the Smyrna Hospital, expressed our satisfaction at the determination of the Government to establish Civil Hospitals for the reception of our sick and wounded soldiers. Another Civil Hospital is about to be established in the East. Its exact site is not yet fixed, nor will it be till the Superintendent and the Engineer have inspected the various spots in the vicinity of the Bosphorus reported to be eligible situations for the erection of a Hospital. The numerical strength of the several grades of the Medical staff is somewhat differently adjusted from that at Smyrna. The staff consists of a Superintendent, two Physicians, one Surgeon, about twenty-six Assistant-Physicians and Assistant-Surgeons.

The Hospital is to accommodate nine hundred and sixty patients; of these it is supposed that at least two-thirds will be medical cases.

The immediate care of the sick is to be committed to the Assistant-Physicians and Assistant-Surgeons; the duties of the Physicians and Surgeons being to inspect the treatment generally, and to visit, in consultation, the most severe cases.

The supreme control of every department is vested in the Superintendent.

It is evident, then, that the success of the Hospital must be dependent on the capabilities of the gentlemen intrusted with the highly responsible posts of Superintendent, Physicians, and Surgeon. The selection of Dr. Parkes, of University College, for the Superintendent, is a warrant that everything will be done that great experience, ability, and decision of character can do to ensure success. We believe Dr. Parkes to be admirably fitted for his post, and in this opinion we are confident the Profession generally will coincide. The two Physicians are Dr. Goodeve and Dr. Robertson. The experience of the former in the diseases of the East, and in the management of large Hospitals, renders his appointment a peculiarly happy one; while Dr. Robertson, one of the Physicians to the Edinburgh Royal Infirmary, is too well known as a distinguished Physician for it to be necessary for us to point out the desirableness of securing his services. As the Surgical Staff at Smyrna is large in proportion to the number of surgical cases, it is proposed to move Mr. Spencer Wells from Smyrna to the New Hospital.

Filling the four Senior Appointments, then, we have—

Superintendent—Dr. E. A. Parkes, M.D., Fel. Royal College of Physicians; Professor of Clinical Medicine in University College; Physician to University College Hospital; Examiner for the Medical Appointments in the Honourable East India Company's Service.

Dr. Parkes served four years as Surgeon in Her Majesty's Service in India.

Physicians—Dr. Goodeve, M.D., Retired East India Company's Bengal Medical Service; Late Professor in the Medical College, Calcutta, and Physician to the Hospital, Calcutta.

Dr. Robertson, M.D., Fellow of the Royal College of Physicians, Edinburgh; Physician to the Royal Infirmary.

Mr. J. Spencer Wells, Fellow of the Royal College of Surgeons, England; Surgeon to the Civil Hospital, Smyrna; and formerly Surgeon to the Royal Naval Hospital, Malta.

For the Junior Appointments the applicants are extremely numerous—more than eight hundred—and among them are a very large number of most able and excellent young men.

A staff of Nurses and of Lady Nurses is in course of formation.

Mr. Humphrey, M.R.C.S., formerly of the London Fever Hospital, and for some years past the resident Medical Officer of the Birmingham Workhouse, has consented to undertake the important task of supervising the Apothecaries' department.

As to the Hospital itself, it is to be composed of wooden huts, each hut being calculated to contain from forty to fifty patients. These huts are of such size that each patient will have a space of from 1000 to 1400 cubic feet allowed him, while the ventilation will be very fully cared for. Each Medical Officer is to have a room for his own use, twelve feet by twelve, and special buildings are assigned to the nurses and lady-nurses. Mr. Brunel, the celebrated engineer, has designed the Hospital, has himself superintended the construction of the huts, and will send out an engineer, in whom he has confidence, to superintend their erection, and to devise a plan for the supply of water to the Hospital, and for its drainage. Two kitchens, containing every requisite of the best construction, will be sent out with the huts, as well as a laundry, washing machine, and all the latest appliances as used in the London Baths and Washouses, improved and simplified by Mr. Brunel.

In addition to fixed baths in the wards, moveable baths have been provided by Mr. Brunel of a most ingenious kind. The patient is lowered into the water and raised again out of the water without effort on his part by means of a moveable canvas stretcher. In addition to this a special building is appropriated to hot baths, and if either sea or fresh water can be procured in sufficient quantity it is intended to form a plunge bath for the use of the convalescents.

The zeal which Mr. Brunel has exhibited in the formation of this Hospital is beyond all praise. No detail was too small for his consideration, no time too long for him to devote to the subject.

At length Government are emancipating themselves from the trammels of system, and endeavouring to find the best men for every post. The staff and arrangements of this new Hospital are so good, that even those whose special vocation seems to be to find fault must, we think, acknowledge their excellence.

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HOMŒOPATHY, AND THE MEDICAL CORPORATIONS.

We this day insert a letter, at p. 348, on a subject of very great interest to the Profession, namely, the attempts of Homœopathic quacks to shelter themselves under the license of a Medical Corporation, in order the more effectually to delude the public. Our correspondent states that, within his own knowledge, homœopathic practitioners have sought to procure a license from the Apothecaries' Company; and we believe he would not have stated more than the truth if he had stated that some had succeeded in obtaining it. But he might have added, that not only do such practitioners rejoice in the possession of the license of the Apothecaries' Company, but that many of them have decorated themselves with the degrees and diplomas of our Universities and Colleges, and have thus assumed titles belonging to a Profession the principles of which they despise, and the doctrines of which they ridicule and reject.

We would observe, in the first place, that the licensing bodies are not so much to blame as they may, at first sight, appear; and that it is beyond their power to control the spread of homœopathic practice. If, indeed, it could be proved that any of the Examining Boards had really countenanced the utterance of absurd and inefficient principles of treatment on the part of the candidates under examination, then we should rejoice to hold up such Board to public indignation; but our belief is, that where homœopathic practitioners have succeeded in obtaining Medical degrees and licenses, they have done so by deceiving the Examiners. It must be within the recollection of our readers, that a homœopathic practitioner in one of our provincial towns, some few years since, obtained the degree of Doctor of Medicine from the University of St. Andrew's; but when an inquiry was instituted among the Professors, it was actually discovered that this person had deliberately recorded, in his own handwriting, in his answers to the questions proposed to him at his graduation, the treatment which he professed to adopt, and which was in accordance with the established principles of our Profession. So far were the doses, described by this person, of the medicines he professed to employ, from being consistent with homœopathic doctrines, that those who read the published answers were inclined to think the doses rather larger than those usually prescribed by honest practitioners. The University Professors indignantly denounced the trick which had thus been played upon them, and there could be no doubt that they had been deceived. We hope, and are inclined to believe, that other cases of the same kind may be capable of a similar explanation.

In the next place we may remark, that very few of the Licensing Bodies (we might almost say, none) possess the power of revoking their diplomas or licenses when once they have been granted. The College of Physicians, indeed, have the power of expelling their Fellows for improper conduct, and may erase from their list the names of persons thought to be guilty of irregular practice; but we are not aware that they are able to insist upon the return of their license after it has once been obtained; nor do we know of any authority which they possess, to put down homœopathy. As for the College of Surgeons, they have ever shown themselves lamentably indifferent to the honour and the interests of the Medical Profession, but we do not believe that they are chargeable, in any way, with directly encouraging homœopathy; for their province being surgery, the utility and necessity of which are admitted by the homœopathists, the College do not come into any necessary collision with the globulistic quacks. The Society of Apothecaries, at least their Court of Examiners, have recorded their disavowal of any leaning to the principles or practice of homœopathy, but, if any secret or underhand connivance can be traced in any quarter between any of the Examiners and the disciples of Hahnemann, we shall consider it to be our duty fully to expose it. In the meantime, however, we must believe that if any homœopathist has obtained the license of that Court, he achieved his object by deceiving the Examiners, as in the case alluded to as having occurred at St. Andrew's.

Much as we abhor and detest the principles and the practice of the homœopathic quacks, we do not desire that the colleges or universities should have the power of *punishing* these persons. Such a power would be pregnant with evil to those who might exercise it, and would probably defeat its object, by converting the victims of vengeance into public martyrs, and thus, perhaps, gaining favour and reputation for a system which we would fain hope is even now beginning to fall into contempt. We would rather leave the practitioners of the homœopathic delusion to the stings of their own conscience; and if they can calmly contemplate the hecatomb of victims who have been sacrificed to globulism, their hearts must be too hard, and their moral faculties too much blunted, to be affected by legal indictments. If fines were inflicted they would be readily paid, and the delinquent would become a hero in the eyes of the multitude.

But while thus doubting the expediency of attempting to put down homœopathy by the strong hand of the law, we emphatically denounce any compromise with this or any other form of quackery on the part of either the corporate bodies or of private practitioners; and our denunciations would be still more strong, if it could be shown that any of the examining bodies had *knowingly* connived at the practice of sending forth quacks with medical titles to cheat the public.

But we must also express our immeasurable contempt for the quacks themselves, who, despising the doctrines and the practice established in legitimate medicine by the wise and the good of our Profession during many centuries, meanly and dishonestly conceal their real sentiments when surreptitiously endeavouring to obtain diplomas and licenses. Differing, as the homœopathic doctrines do, *toto cœlo*, from those adopted by ourselves and sanctioned by general experience, their supporters can have no common ground with the members of our Profession. Let them, if they please, have colleges and universities of their own, as they already possess hospitals; but in the name of common honesty let them not usurp the titles of a profession to which they have never belonged, or from which they have wilfully estranged themselves. Let them, if they please, parade themselves as homœopathists before their supporters, and let them delude emperors, and dukes, and lords, to their heart's desire; but let them not impose upon the ignorant and the poor, by affixing to their names the conventional marks which imply that they are classed among the honest practitioners of the healing art.

THE WEEK.

The Kent County Ophthalmic Hospital has just sent us its annual report, which contains a feature of some interest. It appears that during the past year a department has been in operation for the treatment of diseases of the ear, and of the success of this both the Committee and the Medical Officers speak in high terms. The junction of aural and ophthalmic practice, as one specialty, is becoming not infrequent in the provinces, and is probably, under present circumstances, the best plan that could be pursued. It is time that the public should begin to feel generally the advantage of the increased knowledge of affections of the ear which has accrued from the scientific investigations of Toynbee, Wilde, and others; and to effect this experience, seems to show that a

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subdivision of labour will be the only way. We must have specialists. To have divided the practice of General Hospitals into special departments would have been by far the better way, thus including all under one roof, greatly to the advantage of Students and of Medical observation. But the day is gone by for this; the plan has been neglected too long. The public now will have Hospitals for this and that peculiar disease; and if they exist, will give them the preference over the general ones. It is not too late, however, to prevent the over-minute subdivision of departments; and to this the attention of the Profession must be directed.

One would have thought that, respecting the *honoraria* of Poor-law Medical Officers, the climax of absurdity had long since been reached. There has long been a disproportion between service and salary, which it seems impossible to make greater. To out-Herod Herod has, however, been reserved for the Putney Board of Guardians. There is something in the name of the place suggestive of the ridiculous; but even from Putney we had not been prepared to expect such fully fledged folly as the following instance shows:—The Putneyites have a District Medical Officer, who during the recent epidemic of cholera exerted himself beyond what is usual. He is an old and tried servant, and on a former occasion received from the grateful public a handsome testimonial to his zeal. The Guardians have, therefore, determined to encourage him to yet further labours, and have awarded to him for extra services during the cholera epidemic of 1854 a munificent gratuity of Seventeen Shillings and Sixpence! Considered as remuneration, this sum amounts, we believe, to about 1s. 6d. a week; or, for the time taken by case, nearly a farthing for every one attended!

The discoveries of Wohler and St. Claire Deville, by which the metal aluminum has been produced in a state applicable to the arts, and at a moderate cost, are now occupying much attention in Paris. The uses to which a material as light as glass, as lustrous as silver, as hard as iron, and as malleable as gold may be put, seem almost endless. As it is acted upon by no acid, excepting the hydrochloric, and is not even tarnished by sulphuretted hydrogen, it will be invaluable for many medico-chemical purposes. Various specimens are to be exhibited in the Universal Exhibition, and it is rumoured that the Emperor contemplates having a regiment supplied with helmets made of it. It is probable that it may before long be obtained at a cost little exceeding that of copper. The French announce also another discovery. It is said that a tree has been found in Canada, the bark of which is equally efficacious with that of the Cinchona. Trials have been made in the Marine Hospital of St. Pierre, and the report being very favourable, the Government have appointed Dr. Chapuis and Mr. Guiardins to proceed to the spot and investigate.

The Middlesex Hospital Governors have just set an excellent example to those of other institutions, by printing, at the Hospital's expense, a volume of Reports. The volume, it is true, is only a small one, and comprises only the single subject of Cholera, but it is not the less valuable as a precedent. Most of our readers will be aware that it has been for some time under consideration, whether or not the Guy's Hospital Reports are to be given up, and they will learn, with regret, that the real hitch in the affair relates to pecuniary matters. These volumes have included materials of the utmost value to Medical Science, and never, perhaps, was there a time when Guy's Hospital could boast of a Professional staff more competent to sustain and to advance their reputation. Yet we are to lose, to a great extent, the benefit of that Institution's experience, simply because to publish Reports is attended with a money loss to the Physicians and Surgeons who contribute them. Surely this is a state of things in which the Governors might justly step in. The funds which have been committed to their trust could scarcely be more appropriately applied than to making their Hospital useful, not only to the Borough, but also to the world at large.

Mr. Simon, in his capacity of Medical Officer to the City of London, has just been making a recommendation to the Corporation to purchase the large Bathing Establishment in Goulston Square. His wish was that it should be secured for the more or less gratuitous benefit of the City fraction of the great unwashed. The wisdom of the suggestion will be apparent to all who know aught of sanitary matters; and that the Corporation should have thought fit to "summarily dismiss" it is a subject for much regret.

The late deputation to Lord Panmure for the purpose of obtaining some encouragement from His Lordship towards establishing an Homœopathic Hospital in the Crimea, were of course graciously received, but the noble lord has no intention to make so dangerous an *experiment* at the public expense.

Some time since we alluded to an inquest that had been held at a village near Godalming, in Surrey, on the body of a man, named Thomas Lyne. At this inquest, it may be remembered, two Surgeons gave evidence—one of the two, Mr. Yate, asserting most confidently that the man's heart and great vessels were healthy—the other, Mr. Chandler, that these same parts were extensively diseased. But not content with professional differences, the disputants grew warm, and one applied to his professional brother very hard words. The doctors having finished, the lawyers began, and the result has been an action for slander, Chandler *v.* Yate—damages £100. As Mr. Yate refused to apologize, there was, perhaps, no other course open to Mr. Chandler than that he pursued; at the same time we regret deeply to see such matters brought before a jury. These cases should be settled in a Court Medical. The effect of such trials as this are to lower the whole Profession in the eyes of the public. It is only due to Mr. Chandler to state that the heart and great vessels, about the condition of which there was so great a difference of opinion between Mr. Yate and himself, were, according to Mr. Le Gros Clarke's evidence, unquestionably diseased.

REVIEWS.

On Lateral Curvature of the Spine, its Pathology and Treatment, By Bernard E. Brodhurst, Assistant-Surgeon to the Royal Orthopædic Hospital. London. John Churchill. Pp. 67.

The chief object of this little book is to explain and enforce the employment of mechanical contrivances for the rectification of spinal curves. A modified, and, as it appears to us, a much improved instrument, is described and figured in a series of illustrations, which must make the whole of its use perfectly plain to any one. The author has two rules in practice on which he insists strongly—first, that the primary curve is the one which must be attended to, inasmuch as if it be removed the others will spontaneously disappear, whilst attempts to rectify, first, a secondary or compensating one only increase the original deformity; second, that a spinal curve cannot be removed by pressure on the convexity, but only by raising its superior extremity, *i. e.*, by unfolding the curve. Respecting the general question of the propriety of resorting to mechanical appliances in the treatment of these affections, there can, we think, be but one opinion amongst the experienced; on this question our own faith quite coincides with that of the author under review. The deformity is

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proximately of mechanical production, and it requires a remedy which shall be addressed to its cause. At the same time it is impossible to insist too strenuously on the necessity for attention to the general health, and more especially to the restoration of integrity to the muscular system. We are glad to find Mr. Brodhurst speaking out strongly respecting the influence of certain absurd habits of dress. He appears, indeed, to charge, with some very trifling exception, the whole of lateral curvature of the spine to the use of stays.

"By the use of the corset the action of the muscles of the back is restrained. Wasting of the muscles, and relaxation of the spinal ligaments, are induced—local debility, which is the commonest cause of lateral curvature of the spine. As a bandage round a strong man's leg causes the muscles to waste, so the corset produces muscular debility."

"Spinal curvature from debility of the muscles of the back alone is scarcely known to occur without the use of the corset."

The book before us is divided into four chapters, comprising, 1st, the causes; 2ndly, the symptoms; 3rdly, the pathological anatomy; and, 4thly, the treatment. It contains much interesting matter, and we can strongly recommend it to those of our readers desiring information on the subject on which it treats.

On Stricture of the Urethra and Fistula in Perinæo, by James Syme. Second Edition. Sutherland and Knox, Edinburgh.

Mr. Syme informs us that he has now performed perinæal section 108 times, that he has declined no case, has operated at all ages, from 77 downwards, under all complications, and has lost but two patients. This statement of fact constitutes by far the most important feature in the volume before us, and it has, indeed, an importance which no practical Surgeon will deny. Considered in relation to its title, the work is a failure; but, ranked merely as an Essay on Perinæal Section, we must say of it, that it contains much valuable information. Excepting under the latter head, there is literally nothing for us to review, we shall, therefore, confine our remarks to that subject. As might be expected from his proportion of success, Mr. Syme rates the danger attending the external division of strictures very low indeed. When it is properly performed, he avers that there is no risk whatever from bleeding, almost none from extravasation of urine; and that the chance of a fistula remaining is infinitely small. In both the cases mentioned as ending fatally, death was from pyæmia, in one on the sixth day, in the other in the fourth week. In the proper conduction of the operation Mr. Syme includes:—1. The employment of a grooved staff (as large as a full-sized catheter to within three inches of its end, and then suddenly reduced to the size of a No. 1), and of a short straight-backed bistouri. 2. The cutting exactly in the median line, and so freely as to render easy the passage of the thick part of the staff through the formerly strictured part. 3. The introduction of a silver catheter afterwards, and its retention for forty-eight hours, neither more nor less. If there be more than usual bleeding, that is 1 or 2 ounces, instead of 1 or 2 drachms, a piece of dry lint is to be placed in the wound. If the patient at any time during the first three days chance to be seized with rigors, bilious vomiting, suppression of urine, and delirium, the Surgeon is not be in the least alarmed. In a great majority of cases, these symptoms will subside without ill consequence, though in rare instances they may portend an attack of orchitis, or even a scrotal abscess. The relief to symptoms usually afforded is said to be almost immediate, and in a majority of cases no less permanent than complete. When relapses do occur, their explanation is probably to be found in the imperfect division of the diseased tract. With regard to the introduction of the staff through the stricture, preparatory to the operation, and its supposed impracticability in the worse class of cases, Mr. Syme again repeats his denial of the existence of impermeable strictures, and states that he has never yet encountered one which he could not get through. So much for the facts and assertions of the book—now for criticism thereon. Few who contemplate the picture Mr. Syme has produced will doubt that the *couleur de rose* has in all parts been far too freely used. At the same time, everything likely to add weight or solidity has been scrupulously avoided. The reader is not wearied by statistics or dry citations of facts, but is required only to pass jauntily on with the Professor, and imbibe his notions, all ready coined. Of the 108 cases, the particulars of but 16 are given, and those very briefly. Respecting the history of the others—how long a treatment was required in each, before Mr. Syme was successful in getting in his staff; what complications were present; and what the degree of success obtained really was, we are nowhere told. A tabulated report of the whole cases by way of appendix would have been of far more value than all in the book besides. We are left in total ignorance as to the proportion of cases in which perinæal fistulæ remained, and also of those in which the stricture subsequently recurred. Nor are the faults of the book only those of omission. Mr. Syme, above all surgeons, is particular that those who attempt to perform operations he has described should do them precisely on his pattern; yet, unfortunately, he excels all in the art of writing descriptions which no mortal can possibly understand. Let us take, for example, the following:—"It (the knife) should be inserted in the groove of the director, nearly an inch beyond the thick part, and pushed forward to the notch, when both instruments, being held firmly by the operator, are carried in an outward direction, so as to divide the stricture completely." Would any one undertake to accomplish this manœuvre? In the first place, no "notch" is either figured or described in the instrument alluded to. In the second, the injunction as to the "*outward* direction" in which the staff is to be carried is one which probably twelve different men would interpret in twelve different ways; and lastly, no one, unless supernaturally gifted, could tell whether the stricture was to be cut from within, outwards, or from without, inwards; from before, backwards, or from behind, forwards. The description is indeed a good specimen of Mr. Syme's style.

> "Of darkness visible so much is lent,
> As half conceals, half shows the deep intent."

It would be too much to accuse Mr. Syme of wilful mystification and vagueness; but really, until he attains a greater facility in writing English, he should be very indulgent to those operators who cannot comprehend him.

Lettsomian Lectures on the Physical Constitution, Diseases, and Fractures of Bones. By John Bishop, F.R.S. Pp. 70. London. 1855.

These Lectures are calculated to sustain the reputation of Mr. Bishop as an accomplished and thoughtful Surgeon.

The first Lecture contains an examination of the physical properties of bone, with a view of ascertaining its strength and elasticity, and shows that, contrary to the hypothesis of Stark, Stanley, and Paget, the strength of bone varies with the proportions existing between the organic and inorganic constituents. Mr. Bishop has found experimentally, that, when the proportions of animal to earthy matter are as two to three, the bones are so pliable and inelastic, that if they are bent in this state, they will not recover their normal figure; and he draws this important conclusion, that if the bones regain their elastic property in the bent state, they will never recover their normal figure by any mechanical treatment whatever. The formulæ are given for computing the actual elasticity and strength, which are tested in the usual way.

The Second Lecture contains a description of the nature and treatment of Necrosis, Exostosis, Osteophytes, and soft Tumours of Bones, and shows the difficulty of forming a correct diagnosis as to the nature of bony tumours.

The Third Lecture treats of fractures of the bones. Mr. Bishop shows that the view of Sir Astley Cooper, as to the impossibility of the reunion of fractures of the neck of the femur within the capsular ligament, is untenable; and he cites the cases of Dupuytren, Hodgson, and others, as showing that this union does take place, and that the time required for the cure varies almost directly as the age of the patient. The advantages of the double-inclined over those of the straight splint, in the treatment of fractures of the thigh, are pointed out, and it is shown that the overlapping of the broken ends of the bone, which so often occurs when the straight splint is employed, is prevented by the use of the other instrument.

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PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE EMPLOYMENT OF TRACHEOTOMY IN CROUP.

By M. TROUSSEAU.

M. Trousseau loses no opportunity of bringing before the Profession the claims of this operation, which he believes have not met with due acknowledgment, especially in Britain. He states that his employment of it has been more successful than ever during the last year, for of nine operations he has performed recovery has been the result in seven. During the last four years he has operated 24 times in private practice with 14 recoveries; and at the Hôpital des Enfants Malades tracheotomy was performed 216 times, with 47 recoveries, almost a fourth. This is a considerable result when we consider the social condition of the children brought to the hospital, the injudicious treatment they had usually already been submitted to, and the disastrous condition in which they are placed after the operation, surrounded by various foci of contagion, so that when all seems going on well scarlatina, variola, or pertussis may induce the most dangerous complications. M. Trousseau feels convinced that in civil practice success will attend full one half of the operations provided they be undertaken under conditions rendering success possible. This qualification is important, for if diphtheric inflammation has deeply contaminated the system, so that the skin, and especially the nasal fossæ, exhibit the special phlegmasia, if the frequency of pulse, delirium, and prostration indicate a complete poisoning of the system—the peril being rather in this general condition than in the local lesion—the operation should never be attempted, as it is then always fatal. But if the local lesion constitutes the principal danger, at whatever degree the asphyxia may have arrived, the child having but a few minutes to live, tracheotomy will succeed almost as well as if performed three or four hours sooner.

M. Trousseau has now performed the operation above 200 times, and he particularly insists upon its being executed with due deliberation, without any attempt at display. The double canula must always be employed, and as large a one as can conveniently enter the trachea. The operation completed, the most urgent thing to attend to is the feeding of the child, for, under the influence of abstinence the absorption of external miasmata, and of the vicious secretions fabricated within the body is favoured, and the power of resistance is enfeebled. Without gorging the child with food its appetite when present must be satisfied, while when there is none it must still be forced to eat, and by feigning intimidation M. Trousseau has got children to eat who otherwise would have been lost. Milk, eggs, chocolate, and broths form the most suitable diet.

The much greater success which has attended his operations in late compared with former years, M. Trousseau attributes in part to practitioners not previously exhausting the patient's strength by bleeding and blistering so much as formerly. After the operation, all medicinal treatment must be discontinued, as interfering with due alimentation. If blisters have been already applied, they must be healed up by means of rhatany or Goulard ointment, pencilling the surface with nitrate of silver if diphtheric exudations be present.

Apologizing for the apparent minutiæ to which he calls attention, he observes, that the longer he lives the more he is convinced of the importance of such details in therapeutics. Between the canula and the skin a small strip of oiled silk or caoutchouc should be interposed, and the relatives should be taught to remove and cleanse the inner canula every two or three hours. The neck should be surrounded by a knitted comforter or a large piece of muslin, and the infant should breathe into this, so that the inspired air may become impregnated with some of the warm vapour furnished by expiration. This precept is very important; for by its aid we prevent the drying of the cavity of the canula and the trachea, and thus avoid irritating the mucous membrane and the formation of coriaceous crusts, which becoming detached may cause dangerous suffocative paroxysms, by obstructing the tube. Before the author and M. P. Guersant adopted this plan they lost several patients by catarrhal pneumonia, which is now of much rarer occurrence. Another practice, in the neglect of which a cure is rare, consists in thoroughly pencilling the entire surface of the wound daily with nitrate of silver. We in this way prevent the dangerous formation of thick, fetid, false membranes on its surface. This specific inflammation may also become propagated to the cellular tissue and develop phlegmonous erysipelas, leading to local gangrene, or at least violent symptomatic fever and a general infection of the economy which rarely spares the patient. By the fifth day the surface of the wound has become so modified that these accidents are no longer to be feared.

Finally, the removal of the canula and definitive closure of the wound requires attention. The canula is rarely removable before the sixth day or later than the tenth, and in some cases the larynx remains quite closed for fifteen, twenty, or even forty days. At the end of the first week we should take it out with great care, so as to avoid making the child cry. The infant having become accustomed to breathe by the artificial mode, may be seized with a paroxysm of fear and difficult respiration on the first removal. There may be some obstruction of the larynx, by slightly adherent false membranes, mucus, or tumefaction; and the laryngeal muscles may have somewhat lost the power of harmoniously contracting. The difficulty of breathing usually soon disappears if the child can be kept quiet, and, according to the degree in which the laryngeal passage seems re-established, the wound may be strapped up with court-plaister, or left for a day longer covered with ointment or lint. If the air does not pass at all, the canula must be replaced for a while longer. When respiration is re-established, the opening in the trachea is usually closed in four or five days, and the external wound heals soon after.

Sometimes after the operation there is a difficulty in deglutition, consisting in the passage of fluids through the glottis, and its penetration into the trachea and bronchi, creating great irritation. Besides this irritating effect, the child acquires an invincible disgust for its food, and will die rather than take nourishment. The best means of treatment is to avoid liquid diet, giving solid or semi-solid substances, allaying thirst by a little cold water, given just before or long after the repast, so as to avoid exciting vomiting. The inconvenience usually commences three or four days after the operation, and rarely continues longer than from the tenth to the twelfth day. It would seem that the larynx, which thus permits liquid aliments to pass, should allow the passage of the air also; but it is not so, for if we remove the canula, the passage will be found insufficient. M. Archambault, who has paid much attention to this complication, believes that it results from the child having, by the use of the canula, lost the habit of moving the muscles which close the larynx, in harmony with those which propel the food; and he has found it advantageous to temporarily close the canula with the finger during the attempt at deglutition, the child then being obliged to bring the laryngeal muscles into action, and the harmony becoming re-established. This stratagem, however, sometimes completely fails.—*Archives Gén.*, March. Pp. 257—268.

ON THE ADDITION OF TANNATE OF LEAD TO ADHESIVE PLAISTER.

By M. HERPIN.

M. Herpin states, that his own experience teaches him that Baynton's treatment, by strapping, may be extended to every breach of surface, whether resulting from wound or ulcer; and the only inconvenience he has found attending it is, the production of eczematous eruptions, or vesications in irritable skins. After having tried various means of obviating this, he remembered the great advantage that accrued from the treatment of bed-sores, by means of plaisters powdered with the *tannate of lead*. He caused some of this substance to be combined with adhesive plaister, which henceforth produced no irritation. As the addition of the tannate diminishes the adhesiveness, the proportion may vary accordingly, as this quality is desired or not. It is retained when 1-20th of the tannate is added, and when not much required the proportion may be raised to 1-12th.

Bullet. de Thérap. Tome xlviii., p. 165.

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FORMULA FOR COD LIVER OIL.

M. Sauvan recommends the following formula, as an excellent means of concealing the taste of the oil from children:—

1	Yolk of an Egg.
15	Drachms of Sugar.
7½	„ Orange Flower Water.
22½	„ Cod Liver Oil.
1	Drop of Essence of Bitter Almonds.

Journ. de Chimie Médicale, Feb.

LUPULIN AFTER OPERATION FOR PHYMOSIS.

The glans becomes very sensitive on exposure, by the removal of its envelope; and the erections that ensue retard the healing of the divided surfaces. MM. Robert and Vidal find that these effects are much counteracted by the administration at night of 15 grains of lupulin, well rubbed up with sugar, repeating it if required.

Bulletin de Thérap., Tome xlviii., pp. 128.

ON THE EMPLOYMENT OF BLISTERS IN CHOREA.

M. Max Simon drew attention, eleven years since, to the benefits derivable from blistering the nucha in the chorea of young children. At this age, the sudden and jerking movements consist in a kind of muscular palpitation, and the disorder of the contractile power is manifested only in the muscles of the face, where it is exhibited by grimacing contortions. This kind of localization of the morbid phenomena induced M. Simon to operate an energetic revulsion, as near as possible to the nervous centres. Great success attended the practice; and referring to other cases on record, of the benefit derived from this mode of treatment, he expressed his opinion that it might be advantageously employed in older patients. M. Vandersleben has since then published three cases favourable to such view, and M. Delaharpe has also employed the same means at the Lausanne Hospital with very general success. The chorea being usually more intense on one side than the other, he applies the first blister to the leg of the side most affected, placing it below the tuberosity of the fibula. When applied to the arm, it is placed just below the insertion of the deltoid muscle. It is left on until it produces a complete effect, and the first dressing is usually attended with an increase of convulsive action. This does not last; and on the second or third day the disordered movements have become much diminished. As soon as the first blister has healed, another is applied to the same side, the curative effects of which are still more marked, all spasm having often ceased at the end of six or seven days of treatment. We have then only to attend to the general health of the patient. When the chorea is of old date, or very intense, a third blister is required, and then it is applied to the nucha, where, too, it is placed originally, when the head is especially agitated. When the arms are alone affected, no blister need be applied to the leg; and when the entire muscular system is affected, the first blister is applied to one side, the second to the other, and the third to the nucha.

M. Delaharpe states that he has rarely had to have resort to antispasmodics in addition. The more thin and feeble the children were the better the blisters succeeded, while in the rare cases, in which they were strong and muscular, success was less common. During the treatment, good diet, exercise in the open air, and abstinence from study are required; and after the blistering, cod-liver oil, quinine, iron, etc., may be given, according to circumstances.—*Bulletin de Thérapeutique*, Tome 48, p. 178.

FOREIGN CORRESPONDENCE.

SMYRNA HOSPITAL.

Dr. Meyer arrived at Smyrna on the 23rd of March. Other members of the staff, Dr. Gibbon, Dr. Ranke, Mr. Holthouse, Mr. Atkinson, Mr. Lakin, etc., had arrived four days before, so that the staff given in our number of March 2nd was completed by the arrival of Dr. Meyer. The hospital was given over by the military to the civil staff on the 16th of March. Before that date the civil and military Medical men had worked together under Dr. Humphrey. On the 22nd the civil Medical staff gave a dinner to Drs. Humphrey and Beaton on their departure for Scutari. It was felt that these gentlemen had contended successfully with very great difficulties, and had smoothed the way for their successors in a manner which called for a public acknowledgment. The hospital has been worked hitherto entirely upon the stores and bedding they had succeeded in providing, and it is probable that many weeks will elapse before the abundant supplies provided in England will reach Smyrna. The dinner was attended by the Colonel Commandant, the Chaplain; Drs. Wood and Macraith, civil practitioners in Smyrna; Mr. Jenner, the purveyor, and several military officers, and went off with great spirit and cordiality.

A great proportion of the military nurses, or orderlies as they are termed, had been replaced by civil orderlies and female nurses from England, and by eighteen lady nurses, under Mrs. Holmes Coute, the lady superintendent. The few days these ladies had done duty had been quite sufficient to convince those who had previously entertained great doubts as to the utility of such an order of nurses, of the very great assistance they can and will render to the Medical staff. Their extreme kindness and patient attention to the sick—their ready comprehension of directions—the perfect manner in which they were enabled to keep these directions in mind by the use of note-books—the confidence with which they could be intrusted with wine and spirits—the regularity with which they administered medicine—the good example they set to all other attendants—their excellent cookery of sago, arrowroot, light puddings, and various drinks—have established beyond all question, that if they only continue as they have begun, this experiment in the establishment of hospital sisterhoods must prove a most successful one.

At the date of our last letters, March 24th, there were only 600 patients in hospital. Allowing 850 cubic feet of air to each patient, 640 patients can be accommodated. Additional room has been procured at the lazaretto, which is about a mile distant, for between 200 and 300 more. Wooden barracks are expected from England, for the very large Medical staff now assembled at Smyrna, if well supplied with nurses, could attend efficiently upon 2000 patients. It is probable, however, that these barracks will be erected nearer the seat of war, and that some of the Surgical members of the staff will be detached in charge of them. This would be a much better plan than yet further enlarging a Hospital which is at such a distance from the Crimea, and in so hot a climate as Smyrna. The Princes' Islands, the banks of the Bosphorus, and, above all, Sinope, are the spots which should be selected for their erection. A large Surgical Staff is wasted at Smyrna, in treating fever, scurvy, and dysentery. As it is, the Hospital is in eight divisions—five Surgical, and three Medical. There are eighty beds in each division, which is under a Physician, a Surgeon, and two Assistants, with a large corps of ladies, nurses, and orderlies. At first, cases of fever had been scattered through the wards, but the disease had proved so infectious, so many orderlies had died or been attacked, and so many patients, admitted with other diseases, had taken fever in the wards, that a separate portion of the building had been devoted to fever cases, the patients in this division being less crowded. The plan had been in operation a week on the 24th; and, so far as could be ascertained, appeared to have been very successful. Four cases of spontaneous gangrene, or malignant pustule, had appeared in different portions of the building.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

Edinburgh, March 31, 1855.

THE BILL OF THE TRIUMVIRATE AND THE ROYAL COLLEGE OF SURGEONS.

The meeting of the College of Surgeons is just over, at which the Bill prepared by the three Professors has got its deathblow.

The bill having been under the consideration of the President's Council, they presented an elaborate report upon it, and this came on for discussion at an adjourned meeting of the College held to-day.

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Professor Syme at a previous meeting of the College had disclaimed for himself and his colleagues the presumption of attempting to draw up a Bill for the Profession, alleging that the Triumvirate had been instructed by Government to relieve them of this duty. This statement was taken advantage of by Dr. Wood, who for some time kept Mr. Syme in a state of vibration between his seat and his legs. Dr. Douglas Montague and Dr. James Simpson denounced the bill as suicidal to the University itself.

Dr. Douglas Montague emphatically observing that the tendency of the Bill, should it ever become law, would be to degrade the degree of M.D.,

Professers Syme and Balfour did their best to support it; the speech of the latter was feeble in the extreme. At one time he took one side, and at another another. Either not knowing or afraid to express his own mind, he vacillated from side to side, and ultimately ended by admitting that great modifications would be required, though he still inclined to support the Bill as a whole.

Ultimately, on a division, only 3 voted in favour of the Bill.

THE REPORT BY THE PRESIDENT'S COUNCIL ON THE BILL

is a most able and convincing document. Were it not for the scrape I got the Secretary of the College of Physicians into by forwarding to you a report of that body, I would be much inclined to send you one; but, as I have no wish to give annoyance, I forbear.

From the report, however, it appears that there are about twenty bodies in the United Kingdom which are supposed to possess, in some degree, the power of conferring the right to practise medicine, surgery, childwifery, and pharmacy; and *eleven* of these *twenty* are Universities.

This, of course, raises the important question which has of late occasioned so much controversy between the Universities and the Medical Corporations of Scotland—

DO UNIVERSITY DEGREES CONFER A RIGHT TO PRACTISE?

On this point the Triumvirate state, in a printed pleading in favour of their bill, which is prefixed to it, that

"An attempt was lately made before Parliament to deny that the Scottish Universities could confer any right of practising any branch of the Medical Profession in any part of the United Kingdom, even in Scotland.

"The highest judicatories in the country—the Court of Session in Scotland, by a unanimous decision, and the House of Lords in 1840—decided otherwise in the case which was formally tried by the Faculty of Physicians and Surgeons of Glasgow against the University of Glasgow."

This appears a somewhat bold statement, and, *if true*, ought to settle the whole of this much-vexed question. "If true," we say, for strange as it appears, the Report of the Council of the College of Surgeons shows distinctly that the Courts gave a decidedly opposite deliverance, and ruled "That a University, however highly privileged, can only grant Academical honours, and titles of distinction, and is not entitled to attach to those degrees the privilege of practising an art or trade, and far less to do so to the prejudices of a regularly established corporation." — This was also affirmed by the House of Lords.

"It seems quite undeniable," says the report, "that University degrees are regarded in the same light both by the law of England and by that of Scotland,—viz., as '*Testimonials*' conferring an honourable distinction, '*but no right.*'"—The report goes on to argue that the very fact that a special Act of Parliament was required to give this power to the London University, shows that it is obvious that the powers which it conferred could not have been "inherent" in the nature of a University.

EFFECTS OF MAKING UNIVERSITIES LICENSING BODIES.

The effects of making the Universities licensing bodies in all departments of Medical practice is next taken up.

The objections urged against it may be shortly stated as follows:

1st. Universities conferring both the honour and the licence would gradually supersede other bodies conferring the licence only, and thus ruin valuable museums, and other expensive establishments, which are now maintained for the good of the Profession.

2nd. It seems to be a great principle, that the Medical Profession ought to be allowed self-government. But the power given to the Universities to admit to the Profession is irreconcilable with this principle, inasmuch as these bodies have interests separate from the Profession.

3rd. In many of the Universities the power of examining is claimed in right of their professorships, by the members of the Medical Faculty of each; and thus, ably says the report, "there can be no effectual remedy against incapacity from age or infirmity of body or mind; nor against capricious lenity or harshness; nor against the wildest extravagances of conduct on the part of individual members of the faculty, even if they should think fit to lend the sanction of a Professor's name to undisguised charlatanism, in defiance of their colleagues."

4th. There are some Universities, who, having no Medical Professors, select Examiners from distant places—an anomaly which it is not advisable to perpetuate.

In the opinion of the Council, Boards chosen by the Profession or by the Incorporations of the Profession are free from these objections. The annual selection of the Examiners by bodies accessible on easy terms to all respectable Medical men secures their efficiency; and Boards so chosen possess, in their very constitution, the principle of self-improvement.

Such are the chief objections urged against this Bill by the Council of the College. I have dwelt the longer upon them, as they seem sensible, judicious, and sound in principle.

THE EDINBURGH HOSPITAL IN THE EAST.

As I hinted in my last was likely to be the case, this bubble has already burst. Some of the gentlemen who were selected are, however, to go, but to be merged in some more general Staff. Among these is Dr. William Robertson, who graduated in 1840, and who for many years edited the *Monthly Journal*. He is an able and accomplished Physician, a man of reading and observation, of a cultivated taste, and gentlemanly manners, and most peculiarly adapted for the post which it is understood he is to fill.

EDINBURGH JOURNALISM.

The respective editors of the quarterly and monthly journals have this month taken leave of their readers in valedictory addresses.

In the monthly Professor Bennet White, justifying his management of that journal, apologizes for the manner in which he did it. We hope the apology will be taken in good part, and that with his abdication of office, many of those interruptions of private friendship and asperities of various kinds, which he so feelingly laments, will pass away.

GENERAL CORRESPONDENCE.

HOMŒOPATHY AND THE APOTHECARIES' COMPANY.

[To the Editor of the Medical Times and Gazette.]

SIR,—In one of your excellent articles, entitled "Homœopathy and its Professors," published in June, 1851, in approving the resolutions against Homœopathy, of the Edinburgh College of Physicians, you state that "that system of doctrine and practice is repudiated by those corporate bodies which have been appointed to protect the public against ignorant, or (what is much worse) dishonest practitioners;—and that there is not a Medical Corporation in the United Kingdom that would admit to examination, or otherwise sanction, a practitioner of Homœopathy." In the official reply of the Court of Examiners of the Society of Apothecaries to a Memorial presented to them in January, 1852, I find the following passage:—"They have no hesitation, as individuals, in expressing their decided opinion as to the mischievous tendency of the doctrines referred to in the Memorial; and they need hardly add, that, in their capacity of Examiners, they would refuse their certificate to any candidate who professed, during his examination, to found his practice on what are called Homœopathic principles." I would, respectfully, press upon the Court of Examiners the

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necessity of giving effect, as far as they can do so, to this their expressed judgment. They must, however, not only speak—they must act. I think that means should be taken to secure that no candidate be, by any possibility, ignorant of their determination upon this subject, and of the stigma, which, in a moral sense, justly attaches to one who deceives them, and thus obtains their license, under a false character, and by false pretences.

Within my own knowledge, it has come, of late, to be deemed by Homœopathists an easy and warrantable course of proceeding, to seek to procure a license to practise from the Apothecaries' Society. When it is urged that such conduct is unworthy of truthful and upright men, the reply is, that some one connected with the Court, officially, has given encouragement to the application, and that the Examiners are indifferent, provided their questions are answered correctly, as to whether the candidate does, or does not, after obtaining the license, practically carry out the principles, the thorough adoption of which, on his part, the examination is intended to test,—in other words, that he is quite free to practise, at once, as an Homœopathist. Even that part of the public which leans to the views of Homœopathists, either justifies their favourite practitioners in obtaining a license in this way, or attacks the Society of Apothecaries for want of courage to proclaim their opinions in terms that cannot be misunderstood. My own impression, gathered from personal communication with more than one of the Examiners is, that the Court repudiate, entirely, the conduct to which I have referred; and this impression is strengthened by a letter I received from their Secretary, wherein it is said that they would very much regret such inconsistency, although they had no means of knowing a candidate's intentions in after life, and that it was much to be regretted that they had no power of recalling a license thus obtained.

The moral aspect of this question is that which, beyond all others, it seems to me is deserving the immediate consideration of the Society. This is a point of far more moment than any discussions respecting the merits or demerits of Homœopathy, and it is one that all unbiased minds can easily settle. It cannot be right to encourage, in any way, direct, or indirect, the practice of duplicity in those who seek a legal sanction for admission into a Profession like ours, which demands, *at least*, an honourable and upright bearing in all its Professors. Homœopathists are quite welcome to a college of their own; but let them not be allowed to join our ranks under false colours, without a public protest against the intrusion.

I am, &c.

March 12, 1855, 43, Berners-street. R. A. Cheyne.

POOR LAW MEDICAL SALARIES.

[To the Editor of the Medical Times and Gazette.]

Sir,—I quite agree with your correspondent in the *Medical Times and Gazette* of to-day, that "the strike" suggested by a former writer would be unwise, ungracious, and, indeed, unworthy of the members of a liberal Profession. The Poor Law Board evince a disposition to do us justice, and, in compliance with the recommendations of the Committee of the House of Commons, have made Medical appointments in Unions permanent, and I am persuaded that they will do what may be in their power to make our position still more desirable.

The question of Salary may be safely placed in the hands of Mr. Brady, or Mr. Layard.

It will be in the recollection of your readers, that the Poor Law Board ordered certain extra payments to be made for accidents, midwifery, etc. To meet the expense to the Unions the Government charged the public Funds with one-half of the cost of the Medical Salaries. These payments were continued for three or four years; but, when the Corn Laws were repealed, the agricultural districts refused the payments, and the then Board sanctioned the step. Since then, agricultural produce has attained unusually high prices, but the farmers have not restored to us that they took away. It would be a great benefit to us if some member would move for returns of those Unions who wrongfully deprived the Medical Officers, and urge upon the Poor Law Board to insist on payment of the extras as before. If need be, Petitions may be presented to the House to do us right, and the Unions which have curtailed the Medical Officers may be reminded that the Government which assisted them so liberally may recall the grant.

I am, etc.,

Another Union Surgeon.

I inclose my address.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 27.

Cæsar Hawkins, Esq., President, in the Chair.

A paper was read by Dr. Gull on

CASES OF PHLEBITIS, WITH PNEUMONIA AND PLEURISY, FROM CHRONIC DISEASE OF THE EAR.

The author commenced by remarking, that amongst the effects of chronic diseases of the ear, the occurrence of disease of the lungs and pleura had not attracted much attention; and he then quoted the particulars of three cases which occurred at Guy's Hospital. The first case was that of a man, twenty-one years of age, who, after exposure to cold, was seized with rigors, pain in the head, vomiting, and other febrile symptoms. Three days after his admission, he was found to have difficulty in moving the head, with pain extending down the right side of the neck, and it was ascertained that four years before, when working in a coal-mine, he had received a blow on the right side of the head, after which he had discharge of matter from the ear, and had been deaf on that side ever since. The rigors continued to occur at irregular intervals, and symptoms of pleuritis appeared, followed by those of pneumonia and pneumothorax. He died on the ninth day after his admission, and the sixteenth from the accession of the symptoms. On examination after death, the bones of the right ear were found to be carious, but the brain and its membranes were entirely healthy. The right lateral sinus and jugular vein were inflamed, and contained lymph and pus, and there was lobular pneumonia of both lungs, with gangrene and pneumothorax on the right side. The second case was that of a man, fifty-two years of age, who had febrile symptoms and rigors, which recurred daily. A few days after his admission, he was observed to have stiffness and pain in moving the head, and he mentioned that from infancy he had at times had a discharge of offensive fluid from the left ear, and was deaf on that side. The rigors continued to recur, and he had a slight cough. He died on the twenty-fifth day from the accession of his symptoms, and on examination, portions of the left temporal and occipital bones were necrosed, the lateral sinus and jugular veins were inflamed, the pleura contained a considerable effusion, and both lungs were in the state of lobular pneumonic condensation, and in places approaching gangrene. The dura mater was thickened, but the brain not materially diseased. The third case was that of a man, aged 23, who at first presented signs of low fever; soon afterwards, he had severe rigors, with profuse sweats, and presented the usual signs of pleuro-pneumonia. He had discharge of bloody pus from the right ear, and pain extending down the right side of the neck, and had been nearly deaf for six weeks. He died eight days after his admission, or about three weeks after the accession of the symptoms. On examination, the right ear was found diseased, the occipital bone carious, the dura mater adjacent to it gangrenous, and the brain congested. The lateral sinus contained a clot, in the centre soft and pyriform. In the right pleura there was extensive sero-purulent effusion, and portions of both lungs were in the state of pneumonic condensation and disintegration. The author concluded by remarking, that "the anatomical relations of the ear to the veins would lead us, prior to experience, to anticipate that affection of the chest would not be an uncommon result of caries of the mastoid cells; and these, with other recorded observations, show that the lungs, as well as the brain, must be regarded as obnoxious to secondary affections from chronic disease of the ear."

Dr. Schulhof said he had seen cases similar to those men-

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tioned by the author. In most of them he had adopted mercurial treatment, which he now believed to be rather injurious than otherwise. Latterly he had discontinued the use of mercury, and had to congratulate himself upon the result.

Mr. Henry Lee thought the cases referred to might be divided into two distinct classes, those depending upon purulent affection, and those in which there was absorption of decomposed matter. In cases of real purulent affection the disease might be traced through the veins; but where the fluid absorbed was the result of decomposition, there would be typhoid symptoms without any of the coagula in the veins which had been mentioned. He agreed with Dr. Schulhof in regard to mercurial treatment, and where the symptoms distinctly referred to the mastoid process in the early stage he thought the best course would be to remove by a small trephine a portion of the outer table of the bone.

The President said he had seen cases such as those described which had recovered both under mercurial and non-mercurial treatment.

Dr. King mentioned a case in which there were some of the symptoms described followed by blindness; and at the post-mortem examination there was found to be a great thinness of the scalp, hypertrophy of the brain, enlargement of the veins of the dura mater, and a softening in the cerebellum at the origin of the thalami optici.

Mr. Charles Hawkins thought that disease of the brain occurred more frequently than disease of the lungs as an associate of the ear affections mentioned by the author.

Dr. Gull said he did not defend the treatment mentioned in his paper, but gave a preference to quinine and opium.

Dr. Meryon attributed the inflammation of the lungs occurring with inflammation of the ear to the mechanical transmission of the pus from one structure to the other.

Mr. Ward thought that as the white corpuscles of the blood did not stop at the pulmonary or hepatic series of capillaries, it was not probable that the pus corpuscles, which were smaller than the others, would be arrested by those capillaries so as to set up local inflammation. Nor, in the examination of the patches in lungs affected by lobular pneumonia or lobular hepatitis, was any evidence of the existence of pus to be found.

Dr. Parkes believed that when the lungs became secondarily affected the disease might be regarded as of a very fatal character; but he had seen such cases completely recover, even after repeated attacks in various parts of the lungs.

In answer to a question from Dr. Schulhof,

Mr. Paget said he had no theory of his own on the question under discussion; but he doubted those cases in which it had been recorded that pus was found in the blood. The diagnosis of white blood cells was, under the circumstances in which examinations were commonly made, impossible. The diagnosis of the white blood cell from the pus globule might be easy when the blood was healthy; but when it was diseased the white blood cell might undergo such changes as to render impossible any diagnosis of it from the pus cell. He had not been able to find one form in one set of cells that might not be exactly repeated in the other. He was, however, far from saying that none of the constituents of pus might be present in the blood, or that pus in the blood might not produce serious results. The subject of pyæmia was, no doubt, one requiring considerable investigation, and on which it would be unwise to hazard any theory, which should cover all the facts known respecting it. He had been particularly struck with the singular variety of affections, apparently connected with a single primary disease. The Profession had long known the connexion of disease with cerebral disturbance, but no collection had as yet been made of the many forms of such disturbances, which might be associated with the one disease of the internal ear. The Museum of the College of Surgeons had some specimens of the kind, collected by Mr. Liston, including three cases of disease under consideration. In these cases there was no suppuration, or any other mischief, in the adjacent parts, but there was a growth of three masses of fibrinous-looking substance, completely organized, forming a globular tumour on the anterior surface of the petrous portion of the temporal bone, and owing its existence to the long-continued disease of the internal ear. He (Mr. Paget) had also a specimen of the same kind, with a corresponding history, at the Museum of St. Bartholomew's Hospital. Another condition, not unfrequently connected with disease of the ear, was that of chronic abscess in the substance of the brain; existing, probably, for a long time, without producing very serious symptoms, and only revealed by the death of the patient. Other cases, of more frequent occurrence, were accompanied by diffusive inflammation of the pia mater, and disease of the sinuses of the brain. In one of the cases described by the author the patient, who lived in Bermondsey, appeared, for a time, to be regarded as the subject of ague. This reminded him (Professor Paget) of a case which he knew of a medical man, who frequently suffered from purulent discharge from the ear, with occasional attacks of severe ear-ache. While practising his profession he was believed to be suffering from brow ague, and was, accordingly, for two or three weeks, treated with quinine; but the disease became more and more severe, revealing a manifest injury about the brain. He died in a short time, with one of the ordinary symptoms of suppurative disease in the internal ear. The case was strikingly similar to that mentioned by the author, and might well serve to call attention to the possibility of overlooking the first occurrence of the disease in the suspicion of its being merely some ordinary intermittent affection.

Some other cases of a somewhat similar nature having been mentioned,

The author replied, and the Society adjourned.

MEDICAL SOCIETY OF LONDON.

SATURDAY, MARCH 17.

Dr. SNOW, President, in the Chair.

Dr. Stocker laid before the Society a morbid specimen of aneurismal dilatation of the aorta, with the following notes of the case:—

In the spring of 1854, he saw the patient, who then complained of a constant uneasiness at the lower part of the chest, accompanied with a sinking sensation, pain down both arms, and at the upper part of the left shoulder blade. Constant flatulence. No pain in swallowing. Had never brought up any blood. The pulse at both wrists was full and equable (90), intermitting, however, once or twice.

On examining the chest, by percussion, there was anteriorly, on the right side, dulness extending from the nipple downwards; on the left side, the resonance was unimpaired.

On auscultation, tubular breathing was audible on the right side, over the region where dulness or percussion existed; on the left side, the respiratory murmur was normal.

Posteriorly, there was very slight modification of healthy respiration on either side.

Heart.—On percussion, there was slight increased dulness over the præcordial region. On auscultation, the sounds, over the situation of the mitral and aortic valves, were normal. There was, however, a slight diastolic bruit. On tracing the sounds up the aorta, over the space of an inch above the situation of the right nipple, no pulsation could be detected over the clavicle or sternum, by examination with the finger. The patient had always enjoyed good health, up to within the last twenty years, and in early life had used great muscular exertion. After continuing in this state for some few months, he died in the summer of 1854, after having expectorated a slight quantity of blood for about two weeks previous to his decease.

Inspection, thirty hours after death.—The body showed slight evidences of incipient decomposition. On opening the thorax, the left lung was found to be adherent to parietes at apex, by a few old adhesions. There was, also, a very small quantity of dirty cold serum on the same side. On the right side, also, a few old pleuritic adhesions existed at apex, and about 1½ pint of fluid of a sero-sanguineous character. The left lung, on inspection, was found to be healthy. On cutting into the right, a large quantity of serous fluid, similar to that found in influenza, came out, and it was found to be somewhat compressed.

The heart was dilated and hypertrophied, though more in proportion dilated; valves on the left side somewhat thickened.

The whole of the ascending aorta was excessively dilated, and in some places formed pouches. On cutting into the vessel, the inner and middle coats were found to be destroyed

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their place being occupied by loose flakes of ossific deposit; in some places, the outer coat had even been destroyed, and there was a slight aperture communicating with the lung. On the right side, the right bronchus was rather flattened, from the pressure of the aorta. Throughout the entire course of the vessel, there were layers of fibrine deposited, evidently of some weeks' duration.

The peritoneum, on the surface of the liver, was thickened and contracted, and the margin of the liver was rounded. On cutting into its substance, it was found to be contracted.

Mr. Henry Smith mentioned a case of irreducible femoral strangulated hernia, occurring in a female 80 years of age. The patient, he said, would not submit to an operation, and she lived three weeks from the moment of strangulation, during which time nothing had passed through the intestines. He suggested whether her living so long a period might not be in some measure owing to her extreme age, the vital actions not going on so quickly as in younger persons. He also mentioned a case of a strangulated umbilical hernia, nearly a foot in length, extending from the umbilicus to the scrotum. After some delay, in the hope of reducing the hernia, an operation was performed, and the patient died within nine hours.

Mr. Dendy thought Mr. Smith's first case might be one of adherent, and not strangulated, hernia; and such cases he had seen recover without operation. They presented every symptom of strangulation, short of acuteness, and might often be mistaken for cases of real strangulation. He once attended such a case, in which the taxis was unsuccessfully employed, and an operation was proposed, but declined. The chief part of the hernia consisted of omentum, and he (Mr. Dendy) tried the effect of starvation, with a view of reducing it. In about five weeks it became somewhat softened, and it was ultimately reduced by the taxis. He (Mr. Dendy) also doubted whether Mr. Smith's second case was one of strangulation. He had seen many old persons, who went about with large lumps coming out from the umbilicus, experiencing but little discomfort, and ultimately dying, without any appearance of strangulation. He had also seen cases of scrotal hernia, irreducible for some weeks, go back without operation.

Mr. Canton thought Mr. Smith's first case one of obstructed, not strangulated, hernia. Such injuries, he thought, were attended with less inconveniences to old, than to young, persons, on account of the habitual tendency to constipation in the former.

Mr. J. F. Clarke thought that the exceptional cases mentioned by Mr. Dendy, should not be taken as a guide in practice; and the danger was to be apprehended from operating too late, rather than too early.

Mr. Canton exhibited the parts taken from a woman, aged 76, in a dissecting-room, showing fractures of the thigh bone on each side.

Dr. Routh then read a paper on

CERTAIN POINTS CONNECTED WITH THE PATHOLOGY, DIAGNOSIS, AND TREATMENT OF PNEUMONIA.

The author divided the subject into two parts; the first, relating to the general character of the disease, which he believed adynamic, its diagnosis, and the theoretical indications against treatment by blood-letting. The 2nd, relating to the actual results of different plans of practice. The first part only was considered this evening. The disease gave evidence that the blood especially was affected, being, in its first stages, unusually fluid, subsequently hyperinosed. He showed that, first, the effect of thinning or impoverishing the blood, was to produce pneumonia; the experiments of Magendie were quoted in confirmation of this point, in which, by injecting defibrinized blood, pus, or putrid matter in the blood, pneumonia was almost invariably produced.

The production of fibrine, in the course of the disease, was a secondary result, due to increased respiration. The blood was also chemically deficient in chlorides, the first effect of which was also to produce unusual fluidity of the blood, and general dropsy, as a consequence; and the second, to lead to a deposition of the fibrine, which, being increased in quantity, was no longer capable of being held in solution, both from the absence of the chlorides, as also of the alkaline phosphates, which derived their soda base from the chloride of sodium. The occurrence of pneumonia in cases of wounds, or after surgical operations, was also explained by the absorption of putrid matters or pus, and the necessary fluidity of the blood. Lastly, the causes of pneumonia were statistically shown to be very frequently those which brought about fluidity of the blood. Pneumonia was also most fatal, in proportion as it was of a low type, and in typhus there was also a deficiency of chlorides. From these facts Dr. Routh concluded that the disease was essentially adynamic.

II. In regard to the diagnosis, Dr. Routh showed, from the Registrar-General's Reports, that the disease called Pneumonia, was made to include a variety of other diseases, of a totally different character. Taking the years 1840 to 1844, inclusive, for London, the deaths were, from pneumonia, one-half in number those registered from phthisis, and eight times those from bronchitis; and for all England, for the years 1847 and 1848, they were nearly equal to those from phthisis, and twice as numerous as those from bronchitis. Capillary bronchitis was not even mentioned, a result altogether opposed to hospital experience.

Pneumonia was very often confounded with simple pulmonary congestion, capillary bronchitis, and a particular variety of pleuritis. Dr. Routh pointed out the differences of these three diseases, by the physical signs, general symptoms, and peculiar characteristics of the dyspnœa, cough, and expectoration, dwelling particularly on the so-called fine crepitation, upon which so much stress was laid in the present day. Some allusion was also made to œdema of the lungs, and pulmonary apoplexy.

In regard to the prognosis, Dr. Routh believed that, within favourable ages, the disease was generally curable by *any* prudent treatment, although more fatal, as a rule, in Great Britain, because more than 53 per cent. were generally complicated cases.

III. In regard to the theory of the treatment, blood-letting had been recommended, because

1st. It was said to diminish the amount of fibrine, but this effect, it had been shown by Andral, Gavaret, Simon, and others, that in pneumonia, rheumatism, peritonitis, etc., the fibrine was not diminished till after the *fourth* or *fifth* venesection; but even the advocates of blood-letting generally disapproved of such heroic venesections.

2nd. It was said to diminish the fever, and the severity of the general symptoms. Dr. Routh admitted this; but then it must be carried to great excess, and the secondary consequences, debility, and a long period of convalescence, were the results.

3rd. It was said to diminish the severity of the local symptoms. This was the exception, not the rule, and opposed to the experience of Grisotte, Todd, Chomel, and Ragori; and Laennec even went so far as to say that, in intense pneumonia, it aggravated the symptoms. Blood-letting, perhaps, shortened the duration of the febrile excitement, but lengthened the convalescence. Dr. Routh, therefore, concluded that the treatment by blood-letting was pathologically and physiologically unphilosophical.

Mr. Henry Lee considered some of the experiments mentioned by the author unsatisfactory. The effect produced by the reintroduction of blood taken from the body, and separated from the fibrine, was not necessarily dependent on the want of fibrine; for the same result might be produced by the introduction of other decomposing fluids. The disturbance was, no doubt, occasioned by the introduction of dead matter into the system.

Dr. Webster remarked on the extreme fatality of the disease, and said, it could not now be well treated by depletory methods, as formerly. He remembered a case, in which 60 ounces of blood were removed from a patient suffering from pneumonia, complicated with pleurisy; and the recovery was rapid. He still recommended bleeding in strong, healthy subjects. Tartar emetic, prussic acid, and laurel water, had been found to be serviceable remedies. Thirty per cent. of the deaths from pneumonia occurred in children under one year old; a circumstance owing, as he believed, to insufficient clothing. He had observed that fat children would not bear bleeding so well as spare children.

Mr. Dendy thought the author had drawn his deductions from facts observed in large towns only, and not in rural districts.

Dr. Willshire also thought the author's observations partial. He admitted that fine crepitation was not, of itself, necessarily diagnostic of pneumonia; but, taken in connexion

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with a peculiar kind of dyspnœa, and other vital signs, it might be taken as absolutely diagnostic of the first stage of the disease. He formerly treated children with antimony, calomel, and counter-irritation to the chest; but he soon discovered that he cut short the disease, and materially diminished the tediousness and convalescence, by at once applying leeches between the shoulder-bladcs. He did not think that the distinction between bronchitis and pneumonia was always so definitely marked as the author alleged; there being, as he believed, a middle form of the disease, which might be termed bronchio-pneumonia; as rheumatic gout was between gout and rheumatism.

The author then replied, and the Society adjourned.

THE PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MARCH 20.

Mr. ARNOTT, President, in the Chair.

Dr. Wilks showed the lung from a case of

PNEUMONIA WITH SOLID CASTS IN THE TUBES.

John J., aged 47, was admitted into Guy's on March 8. He was a mason, had been ill seven days, and only lived a few hours after his entry into the hospital. Mr. Stocker, the apothecary, carefully examined his chest, and found the right side universally dull, with a total absence of all sound during respiration. On a post-mortem examination, the whole lung was found in a state of grey hepatization, and the tubes filled with solid casts of lymph. These penetrated into the most minute branches, as far as could be dissected out, and no doubt were connected with the lymph in the air-cells. All the casts joined in one trunk in the right bronchus. The tubes in the very lowest portion of the lung which was comparatively healthy, or only in the first stage of inflammation, were quite free. The mucous membrane of the bronchi was healthy, nor was the lymph adherent to it; therefore, in all probability, the plastic material had been exuded into the air cells and solidified in the tubes. Dr. Wilks was not prepared to state positively what was the exact pathological peculiarity of their condition, but he believed it existed only in pneumonia of an asthenic character. He had seen a similar case during the last month, and at the very same time that Dr. Bristowe had brought forward another example of the same affection. Probably, then, some epidemic influence might have tended to their production, as pneumonia had been of late very rife. Dr. Wilks had notes of three other cases of pneumonia where these solid casts had been found, and in two of these the patients had suffered from renal and other diseases. He had looked for them in a great many cases without finding them, and, therefore, their presence was quite exceptional. There was an important practical fact connected with the obstruction in the tubes to be observed in these cases—the total absence of bronchial sounds.

Dr. Quain asked if the breath-sounds were entirely absent, and remarked on the difficulty which must have attended the diagnosis between pleuritic effusion and consolidation.

Dr. Wilks replied that the sounds were quite absent.

Mr. Hutchinson inquired if vocal fremitus were lost, and suggested that it would be the decisive sign by which to distinguish the condition described from pleural effusion.

Dr. Wilks stated that the patient having been moribund the whole time, the physical examination was necessarily imperfect.

Dr. Wilks next brought before the Society a specimen of

COLLOID CANCER OF THE PANCREAS.

John C., aged 56, a labourer at the docks, came under Dr. Wilks's care at the Surrey Dispensary, complaining of pain in the back and abdomen, which he said had existed a month. These pains varied in intensity, and were at times very severe. He was carefully examined, but no cause could be found for his suffering. His bowels were obstinately constipated, and the stools presented nothing remarkable to the eye. Being no better, in a few weeks he was sent to Guy's, and put under the care of Dr. Rees. He was then still complaining of the dorsal and abdominal pains, and he had become thin. The bowels were still constipated, and the motions were solid and scybalous, but presented otherwise nothing remarkable. After being in the hospital a few weeks without any improvement in his health, he left, but was soon readmitted. This was now four months after the commencement of the symptoms. He complained then of the same pains in the back and abdomen, but these were much mitigated in violence. He had become much thinner, and there could be no doubt that he was suffering from some malignant abdominal disease. The bowels were still constipated, but no further account was kept of the character of the stools. The patient continued thus two months longer, daily wasting, his bowels always constipated, but the original pains almost gone. He died exactly six months after the first symptom of the disease, wasted to the utmost degree. On a post-mortem examination, a small quantity of serum was found in the abdomen. The omentum was drawn up and infiltrated with hard cancer. The pancreas was nearly all converted into cancer, in part hard and fibrous, and in part gelatiniform. The tumour was connected by a dense fibrous capsule to the surrounding parts. Dr. Wilks remarked that ordinary cancer of the pancreas was a rare disease, and colloid cancer excessively so, and that the two chief symptoms in this case were the wasting and constipation. The pain was to be regarded as accidental or connected with the inflammatory changes which had been going on around the organ. No fat had ever been observed in the patient's fæces.

Mr. Hutchinson observed on the absence of a symptom said by physiologists to always attend the destruction of the pancreas, namely, the appearance of undigested fat in the fæces. Before accepting the case as of any value in reference to this point, it would be necessary to know from Dr. Wilks whether during the time that the patient's stools were under notice he was really taking fatty matters with his food. Mr. Hutchinson believed, that coincident with loss of function on the part of any one of the viscera of digestion, there would generally be a change in the patient's instincts, leading him to avoid those articles of diet which he was no longer capable of assimilating. It was, therefore, very possible that the explanation of the fact that fat had not shown itself in the stools was simply that none had been taken into the stomach.

Dr. Wilks replied that he quite coincided in the opinion that change in instinct usually attends loss of function. He could not state positively that the subject of the present case had been in the habit of eating fat. His appetite had throughout been extremely bad, but no particular disrelishes had been brought under notice.

Mr. Bowman stated, that from a slight examination of the specimen he doubted whether the disease did really involve the entire gland.

At the request of the President, Mr. Bowman undertook to examine the preparation more carefully and report thereon.

Mr. Ward next presented three specimens, illustrative of different conditions of

THE BOWEL AFTER HERNIA OPERATIONS.

In the first case, a feeble man, aged 85, who had been the subject of operation for a small femoral hernia, after twenty-four hours' strangulation, had sunk from exhaustion on the twenty-second day. At the *autopsy*, it was found that a portion of the strangulated part of the gut, about the size of a sixpence, had sloughed and been separated. The gangrene had involved all the coats, but the escape of fæces into the peritoneal cavity had been prevented by adhesions, which had connected the part firmly to the omentum. The separated part had no doubt fallen into the cavity of the bowel. The edges of the ulcer were bevelled off, and evidently in process of healing. The second preparation had been taken from a woman, aged 63, who had died with symptoms of continued strangulation, two days after an operation for femoral hernia. Strangulation had existed for eighty hours prior to the operation: the sac had not been opened. Although complete reduction was effected at the time, yet, on several subsequent occasions, the bowel again came down, and had to be returned. At the *autopsy*, a portion of gut was found in the hernial sac, and about the neck of the latter were some bands of adhesion, which did not appear to have been wholly of recent origin. The bowel, above and below this part, was highly inflamed, its coats being swollen and soft, like soaked leather. The subject from which the third preparation had been obtained was a woman, aged 73, in feeble health, and paralytic. The hernia was femoral, of recent origin, and had been strangu-

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lated fifty hours. The sac was not opened. The symptoms ceased after the operation, but death nevertheless followed on the third day. At the *autopsy*, it was found that only a small part of the calibre of the gut had ever been strangulated. The portion implicated was about the size of a florin, and presented the marks of acute inflammation, being covered with flocculent yellow lymph. Its mucous membrane was in condition similar to its exterior, and was ulcerated in one small patch.

The President asked concerning the second case, in which a portion of gut was found, at the post-mortem, in the hernial sac, whether it was certain that complete reduction had ever been effected.

Mr. Ward replied that he had inquired particularly on this point of the House-Surgeon in charge of the case, and by whom, on the occasions subsequent to the operation, the reduction had been effected. It did not appear that there had ever been any difficulty in returning it. He had no doubt that it had been completely reduced; but from the nature of the adhesions, it was plain, however, that it must have lain close to the femoral ring. The case was one admitting of the suggestion, that perhaps there would have been a better chance for the patient had the sac been opened.

Mr. Ward next showed a specimen in which had occurred

PERFORATION OF THE APPENDIX VERMIFORMIS BY A BRISTLE.

A gentleman, aged 25, had been suddenly seized with violent rigors, and on the day following had complained of pain and tenderness in the belly. The symptoms of acute peritonitis were subsequently developed, on the fifth day a swelling had become perceptible in the right iliac region, and on the eighth day death took place. At the autopsy a thick, almost purulent, fluid was found in the peritoneal cavity, together with much flocculent lymph. Behind the peritoneum in the right iliac region was a large abscess, communicating with which was a small ulcerated opening in the extremity of the cœcal appendix. Close to the latter lay a bristle, resembling one from an old tooth-brush, which appeared to have been the means by which the opening had been caused.

The President mentioned a case in which the entrance of a bristle from a tooth-brush into the larynx had caused death from inflammation; he was not aware, however, of any case similar to the one brought forward by Mr. Ward.

Mr. Simon exhibited

A CALCULUS OF UNUSUAL SIZE, REMOVED FROM THE URETHRA.

The stone had been taken from the urethra of a boy, aged 16. It had been forced to within a little distance from the meatus, and a slight incision of the lips of the latter was all that was needed for its removal. Its size was the only peculiar feature in the case. It was somewhat larger than the half of a full-sized almond.

Dr. Thudichum showed a specimen illustrating what he had named

GREEN PIGMENTAL DEGENERATION OF THE HEART.

The preparation was accompanied by drawings from the microscope. The degeneration which, in many respects, simulated the appearances presented by fatty degeneration of the muscular fibres, differed from it in that the molecules had a green hue, were not soluble in æther, were locally agglomerated, did not rupture the sarcolemma, and did not affect the nuclei proper to the muscular fibres. In the heart, from which the preparation had been taken, all parts of the organ were affected by the disease, and a careful examination had not been able to discover a single healthy fibre. It was believed that the degeneration was not of rare occurrence.

Dr. Quain asked whether the specimen was recent when first examined.

Dr. Thudichum replied that it had been removed from the body but thirty-six hours, and that it then presented precisely the same appearance that it now did.

Mr. Hutchinson showed a

FIBROUS TUMOUR EXCISED FROM THE MALE BREAST.

The tumour, which was somewhat lobulated, was about the size of three walnuts, placed in apposition. It had been removed from the subcutaneous tissue just below the left nipple of a healthy man, aged 22. It had commenced to grow about the age of puberty, and had slowly increased, without occasioning pain. Ulceration of the skin over it having at length occurred, its removal became necessary. Its connexion with the mammary gland was not proved, inasmuch as the gland itself had not been removed. Probably it had been formed over it, and not actually in its structure. Its microscopic characters were those of an ordinary fibrous tumour. There was no history of malignant diseases in the patient's family.

ASSOCIATION OF GENERAL MEDICAL PRACTITIONERS OF IRELAND.

The Annual Meeting of this Association took place at Apothecaries' Hall, Dublin, on Saturday, March 17, E. H. Bolland, M.D., in the Chair.

Dr. Ryan, Hon. Secretary, read the Report of the past year, congratulatory of the great success that had attended the Institution:—"In the brief period of one year they had enrolled more than two-thirds of their brethren in the Metropolis, and several in the provinces of Ireland. Their monthly meetings had been numerously attended, at which the greatest harmony prevailed, and where many useful and interesting papers were read and freely discussed. The Association had circulated several literary and scientific Journals among its members, viz. the *Irish Quarterly*, the *Dublin University*, the *Industrial*, the *Medical Quarterly*, the *Medical Press*, the *Lancet*, the *Medical Times*, the *British and Foreign Quarterly*, the *Edinburgh Monthly*, and *Braithwait's Retrospect*.

The Association had enacted a code of ethics, the observance of which was incumbent on each of its members. 1. To endeavour to attain the highest amount of knowledge and skill in his Profession. 2. To continue to hold inviolate every trust imposed in a Professional capacity. 3. To regard as of one brotherhood every honourable member of the Profession, and to be true to their reputation and interests. 4. To repudiate and refrain from every species of charlatanism, whether homœopathy, hydropathy, Mesmerism, drugging, quack advertisements, or puffing. 5. To seek Professional remuneration by charges for advice and attendance. The Association had, moreover, laid the foundation of a benevolent fund for the relief of members who may be in reduced circumstances, and for the benefit of widows and orphans of subscribers, and which, if generally supported, will prove a blessing to many in time of greatest need. A Reform Committee has been also added to the Association, charged with the important duty of watching over and providing for the political interests of the Profession.

The Report was unanimously adopted. The accounts having been audited, the sum of £5 0s. 7d. remained in the hands of the Treasurer. A ballot was then gone into, when J. U. Harrison, Esq., L.A.H.I., late Vice-President, was chosen President; and G. B. Owen, Esq., M.D., L.A.H., Governor of Apothecaries' Hall, Vice-President for the ensuing year. The remaining officers were re-elected, and the meeting then adjourned.

COMMITTEE OF INQUIRY.

STATE OF THE ARMY BEFORE SEBASTOPOL.

Dr. David Dumbreck said, he was a deputy-inspector-general of hospitals at Constantinople. He arrived there on the 16th of April, and entered on his duties the following day. He arrived at Varna before the forces, and established a general hospital there. He did not choose the hospital at Varna; he had it assigned to him. He did not consider the site of the hospital objectionable; but there were many of the features in the hospital itself objectionable. It had small windows like pigeon-holes, its privies were indescribably filthy, and many parts of the building were covered with vermin. When he left, the hospital was far from being in a satisfactory state, notwithstanding all his efforts to make it so, though its sanitary condition was improved. He was in charge of the hospital about a month, and at the expiration of that time Dr. Hall, his senior officer, arrived, and succeeded him. He saw the quality of the food of the men in

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the hospital and in camp, for he shared in it himself. The meat was very good, and the bedding was satisfactory. When he arrived at Scutari, the regiments were arriving, and, having their medicine chests with them, they were well supplied with medicines; but at that time no purveyor's stores had arrived. The sick at that time had the food and comforts that the commissariat provided; but the comforts were not such as a purveyor would have supplied. He was at the battle of the Alma, and he certainly saw no want of medicines or surgical appliances after the action. He was present at Alma, at Balaklava, and at Inkermann, and he saw no want of medical comforts on any of those occasions. Mr. Layard: Do you think the kind of utter confusion which is said to have existed in the hospitals at Scutari was creditable to anybody concerned?—Witness: I do not think it quite fair to ask me that question. It certainly was not creditable to our system. At first there was no purveyor at all, and no sufficient hospital corps; and I think Dr. Menzies was overworked, and that he was put into a position that no one man ought to have been placed in. It would be most desirable to have trained nurses in the Army hospitals, such as those Miss Nightingale had organized, and especially a body of trained orderlies. By Mr. Drummond: He was quite aware that medical men in the army were sometimes apprehensive that if they allowed patients comforts calculated to excite them they might be called to account. Most seriously did the routine which the medical officers had to go through, the amount of writing they had to do, and the accounts they had to keep, interfere with their medical duties. Mr. Drummond: Do you think that has been the principal cause of all the neglect that has taken place in the medical departments? —Witness: Oh, but I do not admit that any neglect has existed. By Lord Seymour: The system of maintaining regimental hospitals in time of peace had acted disadvantageously to the establishment of general hospitals in time of war.

Dr. Forest, principal medical officer for about ten days at Scutari.—He relieved Dr. Menzies there. He went on the 1st January, and left on the 10th. The barrack hospital was then overcrowded. The privies were badly constructed; there was a good deal of urine about them, but that could not be avoided. The dirt had been cleaned away from the floors and those places, and there was really no offensive smell about them. When he was at Scutari there was an abundance of medical stores, medical comforts, and medicines, with the exception of opium. He himself went down to Scutari from Balaklava in the Queen of the South, which had on board 240 sick, of whom two died before they started. The sick were on board the ship three days before they arrived in the Bosphorus, and about a week elapsed before they landed at Scutari. The sick lay on the deck without the least bedding; but they were not overcrowded, as she was a large vessel. When they were lying off Scutari, they were properly supplied with medicines, medical attendance, and comforts. When he came away the hospital was going on very satisfactorily.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—At the usual quarterly meeting of the Comitia Majora, held on Monday, April 2, the following gentlemen, having undergone the necessary examinations for diploma, were admitted members of the College:—Dr. Bealey, Lansdown-place, Brunswick-square; Dr. Sanderson, Albion-street, Hyde-park; Dr. Mackenzie, Chesterplace, Hyde-park-gardens; Dr. Marcet, Chapel-street, Belgrave-square; Dr. Semple, Torrington square; also Dr. Eager, Liverpool, was admitted an Extra Licentiate. At the same Comitia Dr. Billing, Dr. Nairne, Dr. Jeaffreson, and Dr. Owen Rees were chosen Consiliarii.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 30th instant:—Messrs.

DALE, WILLIAM, Kirby Moorside, Yorkshire.
DAY, FREDERICK AUGUSTUS EDWIN, Army.
DEAN, HENRY DACRE, Windsor.
DEB, JOHN, Royal Navy.
MACKAY, ALLAN DOUGLAS, Waterloo-place, Pall-mall.
POWELL, WILLIAM HENRY, Ross, Herefordshire.
PRIDHAM, CHARLES WILLIAM, Bideford, Devon.
ROGERS, GEORGE GODDARD, Kensington.
SHARP, GEORGE, Army.
TURNER, MICHAEL WILLIAM, Boston, United States.
TURNER, THOMAS, Langport, Somerset.
WATKINS, DAVID REES, Carmarthen, South Wales.

LICENTIATES IN MIDWIFERY.—The following members of the Royal College of Surgeons of England having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board, on the 3rd inst.:—Messrs. John Mennie, Plymouth, diploma of membership dated November 18, 1853; William Henry Beere, Banbury, Oxfordshire, December 8, 1854; Edward Charles Gasland, Bath, February 23, 1855; Robert George Hardwick, Leeds, January 8, 1855: William Hugh Aldersey, Puckeridge, Herts, March 2, 1855; Robert Bray Sweeting, Reading, Berkshire; William Hall, Leeds, March 16, 1855; Cecil Webster, Newton Heath, Manchester, March 16, 1855; John Nettleton Serry, Bradford, Yorkshire, March 28, 1855; Hanson Evison, Hull, March 28, 1855; William Dale, Kirby Moorside, Yorkshire, March 30, 1855; William Henry Powell, Ross, Herefordshire, March 30, 1855; Richard Staines Davey, Walmer, January 8, 1855; Peter O'Connell, Waterford, December 8, 1854; and Thomas Elkington, Fenny Compton, Warwickshire, December 8, 1854.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 29th March, 1855:—

BARETTI, THOMAS GEORGE L'ENARDI, Bath.
CROOME, WILLIAM FREDERIC, Middleton Clery, Banbury.
DALLEY, WILLIAM CHARLES, Leicestershire.
DAVENPORT, JOHN, Macclesfield.
FRESHFIELD, PHILIP WILLIAM, Harwich.
JOHNSON, CHARLES HENRY, Derby.
MARSH, EDWIN HOOKER.
PLANK, CHARLES.
SWEETING, ROBERT BRAY, Reading.
WATTS, JOSEPH, Army.

APPOINTMENT.

Dr. EDWARD SMITH has been elected Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, and Physician to the Western General Dispensary.

DEATHS.

BULL.—March 28, H. E. Bull, Esq., at the advanced age of 88 years, having been for the period of 55 years House-Surgeon to the Royal Cornwall Infirmary.

LE BLANC.—Shot by the French sentry, before Sebastopol, Surgeon Le Blanc, of the 9th Foot. The particulars of this melancholy occurrence, as stated by Lord Raglan, are as follow:—"Surgeon Le Blanc occupied the tent near the Hospital huts of his regiment, situated at some distance from the encampment of the regiment itself. He was a gentleman of most temperate habits, and was occupied in reading, when, suddenly, upon the alarm sounding, he rose from his seat, leaving his candle lighted and his book open, and walked out;—he was never seen alive afterwards. It should be explained that, shortly after the close of day on the 17th, there was a very heavy fire on the left of the French right, which was maintained for several hours. None of the English posts were attacked, but it was considered prudent to get the greater portion of our troops under arms. Mr. Le Blanc was short-sighted, and probably mistook his way from the first, the night being excessively dark, for he was found far distant to the left, and must have wandered from our position without knowing the direction in which he was going. Being anxious to ascertain the facts of this unfortunate case as correctly as possible, I have set on foot an inquiry, to be conducted by English and French officers, in association with each other; and I propose to do myself the honour to send you their report."

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LESHLEY.—March 14, on board the Transport Ship Emen, of typhus fever, aged 36, William Leshley, Esq., Surgeon of the ship, when attending upon invalid soldiers.

PIERPOINT.—Lately, at Crowneast, Worcestershire, after a long and painful illness, Matthew Pierpoint, Esq., in the 65th year of his age. M.D. Aberdeen, 1822; M.R.C.S. Eng., 1812; F.R.C.S. Hon., 1843; Surgeon to the Worcester General Infirmary; and Surgeon to the Worcester Militia, since 1815.

THOMPSON.—April 2, at Kensington, after a long illness, Charles Thompson, Esq., M.D., formerly of Rochester, Kent, aged 79.

GUY'S HOSPITAL.—The prize of the Pupils' Physical Society of Guy's Hospital for the past winter has just been awarded to Mr. Benjamin Hooke for his essay "On Diseases of the Joints."

DR. WINTERBOTHAM, of South Shields, was lately entertained, on the occasion of his 89th birthday, at the Master Mariners' Asylum, by many of the principal inhabitants of the town.

MEDICAL STORES FOR THE CRIMEA.—On Tuesday a large quantity of medical and surgical stores, etc., was shipped from the Tower for conveyance to Smyrna and Scutari. Among the stores are five hundred hospital bedsteads with bedding complete, hip and slipper baths, pails, etc., for the new hospital at Smyrna.

SEVERAL ENGLISH SURGEONS have received orders to go to Eupatoria, to attend the Turks who were wounded in the last two engagements.

THE SANITARY COMMISSIONERS AT THE CRIMEA.—This commission has already done some good, and paved the way for an infinite deal more, at Constantinople. The hospitals on shore, at Scutari and Kululee, and the floating one at Seraglio Point, have been inspected and reported on. The authorities have given the commissioners every assistance, and the works recommended are already commenced. Mr. Wilson, one of the inspectors of nuisances, from Liverpool, is stationed at Scutari, and has about twenty Turks and Greeks employed under him as scavengers. Lord W. Pawlet was to have given him an interpreter, but at present it is amusing to hear him directing in English, not one word of which is understood by his squad, who, nevertheless, manage to get on very effectively. The place had begun to wear a decidedly improved appearance. Dead dogs had been buried, rubbish was being swept up and removed, and this was being done daily and continuously, and not by fits and starts, and it would be vigilantly persevered in. The corridors within the barrack hospitals were being lime-washed, privies flushed and ventilated, water-tanks emptied, cleansed and roofed over, sewers cleansed and trapped, and better ventilation provided wherever practicable.

THE APOTHECARIES' COMPANY have shipped 13 large cases of medical and surgical stores for conveyance to Eupatoria, for the use of the hospital staff attached to the Turkish army. Messrs. Hodgkinson and Co., of Upper Thames-street, have also sent a large quantity of medicines to the military hospitals at Scutari, and to the Surgical staff of the army before Sebastopol.

METEOROLOGICAL REPORT FROM BALAKLAVA, from March 9 to March 11, 1855:—

Date.	Temperature of the Open Air in the Shade.			In the Sea.	Barometer.	Winds. General Direction and Force.	
Mar.	8 a.m. Deg.	3 p.m Deg.	8 p.m. Deg.	Deg.	Medium. Inches.	A.M.	P.M.
9	37	60	51	46	29·36	1, N.	0 to 2, N.
10	48	49	45	46	29·28	1, N. & S. W.	1 to 3. South.
11	49	49	46	47	293·3	2 to 4. S.S.W.	3 to 5. S.W.

MEASLES IN ADVANCED LIFE.—At the Hebrew Girls' School, Palestine Place, the cook lately died, at the age of 60 years, from measles and inflammation of the lungs (6 days).

LIBERALITY OF POOR-LAW GUARDIANS. — On Friday last the Guardians of the Thornbury Union paid to Mr. Edward Long, their Medical Officer, the well-merited compliment of a vote of thanks, expressive of their satisfaction, and they added to this a substantial proof of their sincerity, by awarding him a present of £15, over and above his regular salary, in consideration of the unusually large number of cases he had had to attend to during the past severe winter.

THE STOCK AGAIN.—We had hoped that this instrument of torture had been for ever laid aside in the army. Not so, however. Sir G. Brown has issued orders for the use of stocks to be resumed at once. Commanding officers are to get them for the men who are without them. This includes every one: the stocks have all been cast aside long ago. It is rather a hazardous experiment, considering the experience in Bulgaria, and the outcry against their use, and, in addition, the ease the men have been feeling from being without them for some time past. The General bases his order on no substitute having been provided by authority for these articles.

SHARK LIVER OIL.—At a meeting of the Chemist's Association, at Liverpool, Mr. Mercer placed on the table a sample of oil given to him by Mr. M'Innes, which had been imported into Liverpool under the name of "Shark Liver Oil." It derived a peculiar interest from its low specific gravity, being only ·866, whereas sperm oil, which till now had been considered the lowest, was as much as ·875. It gives the usual liver oil reaction with sulphuric acid. The sample in question, which was obtained from sharks caught on the West Coast of Africa, where it is known they abound, was imported from Marseilles.

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	1	..	7	13	2	9
North	490,396	1	2	9	14	..	6
Central ..	393,256	1	2	8	16	1	5
East.....	485,522	7	4	11	17	8	15
South	616,635	1	6	7	17	2	14
Total..	2,362,236	11	14	42	77	13	49

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, March* 31, 1855.

CAUSES OF DEATH.	In the week ending Saturday, March 31, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp° 36·5						° 48·6
ALL CAUSES	1604	758	237	280	284	45	1218·1
SPECIFIED CAUSES	1597	753	237	279	283	45	1237·4
DISEASES:—							
1. Zymotic Class	251	193	27	15	16	..	218·0
2. Dropsy, Cancer, and others of uncertain seat	64	11	7	20	23	3	55·0
3. Tubercular Class	246	89	91	57	9	..	208·8
4. Of Brain, Nerves, etc. ..	157	82	14	29	31	1	143·9
5. Of Heart, etc.	74	8	12	30	24	..	48·0
6. Of Respiratory Organs ..	303	142	23	57	75	6	232·3
7. Of Digestive Organs ..	71	37	5	14	13	2	67·3
8. Of Kidneys, etc.	13	..	6	4	3	..	11·3
9. Of Uterus; viz. — Puerperal Disease, etc. ..	3	1	3	3	1	..	10·9
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	17	3	5	5	4	..	7·7
11. Of Skin, etc.	2	1	..	..	1	..	2·1
12. Malformations	7	7	..	..	..	..	3·5
13. Debility from Premature Birth, etc.	40	35	..	..	5	..	28·0
14. Atrophy	42	27	1	1	13	..	27·9
15. Age	56	..	..	..	29	27	53·2
16 Sudden	74	34	12	8	16	4	35·9
17. Violence, Privation, etc...	172	33	31	36	20	2	33·6
CAUSES NOT SPECIFIED	7	5	..	1	1	..	5·7

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DEATHS IN PUBLIC INSTITUTIONS for the Week ending March 31 :—

	Males.	Females.	Total.
Workhouses	115	104	219
Prisons	1	1	2
Military and Naval Asylums ..	8	..	8
General Hospitals	65	36	101
Hospitals for Special Diseases ..	3	5	8
Lying-in Hospitals	..	2	2
Military and Naval Hospitals ..	13	..	13
Hospitals for Foreigners, etc. ..	..	..	..
Lunatic Asylums	14	5	19
Total	219	153	372

BOOKS RECEIVED.

The Journal of Psychological Medicine. No. XXX.
Wood's Practice of Medicine. 2 Vols. 8vo. Fourth edition. Philadelphia: Lippencott, Grambo, and Co. London: Trübner and Co.
The Entomologist's Annual for 1855. Second Edition.
Report on the Results of the Different Methods of Treatment pursued in Epidemic Cholera. The General Board of Health.
Pathological and Clinical Observations respecting Morbid Conditions of the Stomach. By C. H. Jones, M.B., B.A., Cantab, etc. London: Churchill. 1855. Pp. 226.
British and Foreign Medico-Chirurgical Review. No. XXX. April.

TO CORRESPONDENTS.

W. R.—In accordance with the wishes of our Correspondent we may state, that no one holding an appointment at University College or Hospital is, or ever has been, Editor or Sub-Editor of this Journal.

Sutton Valence.—In not a few recent instances the regulations as to age have been disregarded by the Army Medical Board. If the war continues there is little doubt but that an appointment such as you mention might be obtained in spite of the disqualification.

A Subscriber.—A Member of the Royal College of Physicians, Edinburgh, has no legal privileges south of the Tweed. In London, and within seven miles thereof, the London College of Physicians enjoys exclusive privileges. In other parts of England Graduates of Oxford, Cambridge, and London, are legal practitioners. 2. To answer this would require half the Journal. You had better refer to the Medical Directory. We shall be glad to give you any special information respecting any one of the Societies which you may require, but the question must necessarily be put concisely. 3. See the *Medical Times and Gazette*, page 487, May 13, 1854, "Modes of administering Cod-liver Oil;" also, Selections from Foreign Journals this week. 4. The Phytologist might meet your wants; it is not, however, illlustrated.

The Engraving No. 12 in Mr. Toynbee's Lecture last week was accidentally inverted.

M. C.—We cannot recommend Medical advisers.

Osteoma.—We believe that the Examiners at the College of Surgeons do not observe any rule on the subject.

TREATMENT OF CORYZA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Whilst favourably noticing my plan of treating nasal catarrh, you think that the trouble involved is a drawback. Allow me to assure you that this is a misconception. The nares can be injected in a few seconds, and with far less trouble than the urethra.

The inhalation of the fumes of opium must be more troublesome, and whilst relieving the patient of distressing pain and sense of weight in the frontal sinuses, I do not see how it can affect the discharge. You do not mention if it do so. Again, it appears to me not to have the advantage of removing a relaxed and congested state of the Schneiderian membrane—a very common predisposing cause of catarrh. The sulphate of zinc, instead of relieving pain, increases it for a short time; the inhaling of the fumes of opium after injecting might be worth a trial as a palliative.

Yours, etc.,

31, Bayham Terrace, March 31st, 1855. J. R. PRETTY, M.D.

[That a stimulant vapour is likely to have as good an effect in removing a relaxed and congested state of the mucous membrane, as a stimulant solution must be evident. The ease with which the one would permeate the sinuous passages of the nares, the ethnoid and frontal sinuses, etc., is to us as apparent as is the difficulty with which an aqueous solution could be made to do so. We did not of course suppose that there was any "difficulty" in squirting a syringe-full of sulphate of zinc solution up the nose—the difficulty, nay, the impossibility, lay in securing its application to the whole tract of the inflamed membrane.—ED. of Hospital Reports.]

If *Mr. Kerans* had referred to the Advertisement he would not have addressed us. Applications must be made on the spot.

P. P. P.—The term "gelatio" is applied to cases of frost-bite. We suspect, however, that many reported as having died from that cause have also suffered from other more serious complications. There is much that must be cleared up respecting the real pathology of the diseases which have proved so fatal in the East. We are glad to know that the Medical advisers of Government are providing a plan for securing better knowledge respecting them.

Rusticus.—Your question shall be answered next week. We shall have to make inquiries.

The Report of the Epidemiological Society stands over for want of space, together with several other contributions.

EPIDEMIOLOGICAL SOCIETY.

Copied from Council Report, read April 2nd, 1855 :—

"The Council again desire to acknowledge their obligations to the press in general, but more especially to the professional press, for the publicity they have given to the proceedings of the Society."

COMMUNICATIONS have been received from—

MR. TUCKER; HON. SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; A CONSTANT READER; OSTEON; M. C.; THE REGISTRAR OF THE ROYAL COLLEGE OF PHYSICIANS; MR. TOYNBEE; MR. GILLESPIE, Durham (with enclosure); DR. RAMSKILL; RUSTICUS, Yorkshire; MR. PRETTY, Bayham-terrace; MR. BAKER BROWN (with enclosure); MR. SUTTON VALENCE; A SUBSCRIBER; MR. LYONS KERANS, Doncaster; MR. SMITH; A UNION SURGEON; MR. CROFT, St. Thomas's Hospital (with enclosure); MR. CLOUGH; MR. LECKIE, Bonhill, Dumbarton; MR. GLOVER, Leicester; MR. LAWRENCE, the London Hospital; P. P. P.; AN OFFICER; DR. WRAY; A NON-PROFESSIONAL; MR. STRETTON, St. Bartholomew's Hospital; MR. COULCHER, West Norfolk and Lynn Hospital (with enclosure); MR. CORMER, the London Hospital (with enclosure).

APPOINTMENTS FOR THE WEEK.

APRIL.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
7. SATURDAY	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	MEDICAL SOCIETY OF LONDON, 8 p.m.: Dr. Richardson "On the Diagnostic Signs of Fibrinous Concretions in the Heart and Vascular System."
9. MONDAY		MEDICAL SOCIETY OF LONDON, Physiological Section, 8 p.m.
10. TUESDAY	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at Guy's, 1 p.m.	ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. ZOOLOGICAL SOCIETY, 9 p.m.
11. WEDNESDAY ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days); St. Mary's, 1 p.m.	NORTH LONDON MEDICAL SOCIETY, 7½ p.m. ETHNOLOGICAL SOCIETY, 8½ p.m. HUNTERIAN SOCIETY, 8 p.m.: Mr. J. Hutchinson will read a communication on "The Dyspepsia which precedes and attends Phthisis."
12. THURSDAY....	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals. Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 1 p.m.	
13. FRIDAY	Royal College of Surgeons, 4 p.m.: Professor Quekett's Histological Demonstrations. Operations at the London, 1½; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	BOTANICAL SOCIETY, 8 p.m.

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PHYSICIANS.

Richard Payne Cotton, M.D., M.R.C.P., 46, Clarges-street, Piccadilly (Physician to the Hospital for Consumption, etc., Brompton).
Charles Cowan, M.D., Reading, Berks (Senior Physician to the Royal Berkshire Hospital).
Henry Hardinge, M.D., 24, Sackville-street, Piccadilly.
John James Ridge, M.D., Gravesend, Kent.

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6. Profits determined and distributed among Policy-holders upon a new and most equitable plan.

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8. Loans granted, upon personal and other security, on an improved system.

9. No charge for Policy Stamps, nor for Medical Fees.

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N.B. The attention of the Medical Profession is particularly invited to a consideration of the liberal dealing of this Company towards the Profession.

Dr. Schonbein's Ozonometer.—

L. CASELLA & CO. having been appointed Sole Agents for the above, are prepared to supply them at 5s. 6d. per Box. Each box contains sufficient for one year, with ample directions for taking observations. Register forms for one year, 1s. The Ozonometer sent per post at 10d. extra; the Register forms at 6d. extra.

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Cotton Net Suspensory Trusses, from	0	0	10	Best Bleeding Lancets, per dozen	0	18	0
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"After a careful examination of the different kinds of Cod-liver Oil, Dr. de Jongh gives the preference to the Light-brown Oil over the Pale Oil, which contains scarcely any volatile fatty acid, a smaller quantity of odine, phosphoric acid, and the elements of bile, and upon which ingredients the efficacy of Cod-liver Oil no doubt partly depends. Some of the deficiencies of the Pale Oil are attributable to the method of its preparation, and especially to its filtration through charcoal. **IN THE PREFERENCE OF THE LIGHT-BROWN OVER THE PALE OIL WE FULLY CONCUR.**

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"ASSOCIATION MEDICAL JOURNAL,"

(*September 1st*, 1854.)

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"THE DUBLIN MEDICAL PRESS,"

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From the late Dr. GOLDING BIRD.

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"I have now for some time employed pretty largely the triple Compound of Iodine, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the use of the Iodide of Iron is recognised. This triple compound possesses many advantages over the simple Iodide, and not the least of them is the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.

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"Fellow of the Royal College of Physicians,
"Physician and Professor of Materia Medica at Guy's."

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CITRATE of QUININE and IRON, containing 25 per cent. Quinine. 4s. 6d. per oz.

SYRUP of the IODIDE of POTASSIUM and IRON. A fluid drachm contains two grains of each salt.

SYRUP IODIDE of ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

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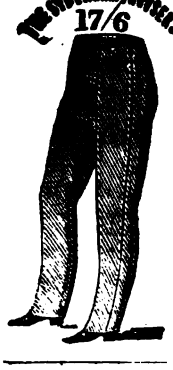

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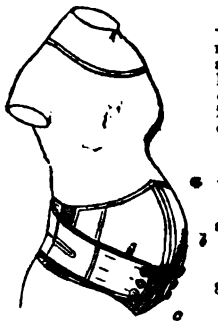

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3rd April, 1855. EDMUND BALFOUR, Secretary.

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On the Use of Creosote in Scorbutic CAMP DYSENTERY. By JOHN BRAMSTON WILMOT, M.D. Fellow of the Royal College of Physicians.

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London: John Churchill, New Burlington-street.

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London: John Churchill, New Burlington-street.

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"Mr. Z. Laurence, in venturing into the competition and taking off the Liston Prize, has shown no little temerity, but has added considerably to his growing fame. The volume affords evidence of an observant and thoughtful mind, untrammelled by the prejudices of the Schools."—Lancet.

London: John Churchill, New Burlington-street.

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CLERICAL, MEDICAL, AND GENERAL Life Assurance Society.

REPORT OF THE DIRECTORS,

PRESENTED AT THE ANNUAL GENERAL MEETING, HELD AT THE SOCIETY'S OFFICE, MARCH 1st, 1855.

AT this, the Thirtieth Anniversary Meeting, the Directors have much satisfaction in laying before the Proprietors the following statement of the Society's transactions, for the year ending June 30th, 1854 :—

The number of Policies issued was 558, by which the sum of £252,698 has been assured. The new Premiums receivable therefrom amounted to £8293 per annum.

During the period embraced in this Report, the sum of £50,448 has been carried to the Consolidated Fund, which is now increased to **£972,766**; and it is important to observe, that this large amount, which has been accumulated for the benefit of the Assured, is exclusive of the Proprietors' Fund.

The Annual Income of the Society is now £148,698.

For the information of those who were not present at the last Annual Meeting, it may be interesting to state, that the following important alterations were proposed and adopted :—

1st. Granting **WHOLE WORLD POLICIES**, which give the life assured permission to go at any time *to all parts of the Globe*, on payment of a fixed but moderate rate of Premium.

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The particulars of some additional advantages conferred by *the Special Act of Parliament* on Assurers in this Society can be obtained of

GEO. H. PINCKARD, RESIDENT SECRETARY.

No. 99, *Great Russell-street, Bloomsbury, London.*

N.B.—A Fee of ONE GUINEA is paid to the Medical Attendant of Persons proposing to assure in this Society.

Just published, 8vo, 6s. cloth,

Practical Observations on Conical

CORNEA, and on the Short Sight and other Defects of Vision connected with it. By J. NOTTINGHAM, M.D., F.R.C.S., Surgeon to the St. Anne's Eye and Ear Institution, Liverpool.

London: John Churchill; Liverpool: Deighton and Laughton.

OPINIONS OF THE PRESS.

"The work bears evidence of great research, and of a full acquaintance with the physiology of vision,—a department of science in which Ophthalmic Surgeons are too frequently deficient. There are several valuable practical observations upon the various modes of applying lenses of various forms and other mechanical contrivances, in cases of conical cornea,—the only efficient method which has yet been discovered of relieving this most obscure and distressing affection."—Medical Times and Gazette.

"The work before us is evidently written by a clever man: a confessedly rare and obscure disease has been grappled with; original cases have been carefully recorded; the literature of Europe has been ransacked; every theory or hypothesis as to the cause and the morbid anatomy of the disease is discussed; every suggestion as to treatment is described. The question of treatment is discussed in a very philosophic spirit, and with no bias towards any particular plan. The Author makes some ingenious suggestions with regard to the optical management of conical cornea, and seems to have been very successful in some of his own cases, and he very properly urges that all such contrivances should be exhausted before recourse is had to surgical operations."—The Lancet.

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The objects of the Society are—

1st. To provide a safe and efficient medium by which the Medical Profession may secure more certain and regular payment for their services; with every consideration for the convenience of those who are willing, but unable directly to discharge their liabilities; with rigour from those who are able, but have not the disposition, to remunerate medical men.

2nd. With the machinery necessary for carrying out the foregoing purpose, to establish a means of privately negotiating the transfer of Practices and Partnerships.

3rd. A Register is kept for Assistants and Pupils.

4th. To raise a Benevolent Fund, by devoting to that object the profits arising from the general operations of the Society.

The Members of the Society consist of qualified Practitioners *only*. Annual Subscription, One Guinea; a Firm, consisting of Two Partners, a Guinea and a half; a Firm of three Partners, Two Guineas. Fixed rates of Commission are charged on Business transacted.

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ROYAL MEDICAL BENEVOLENT COLLEGE.

Notice is hereby given, that the Election of Pensioners and Foundation SCHOLARS is appointed to take place in London, on THURSDAY, the 19th of JULY NEXT.

Candidates for PENSIONERSHIPS must be duly qualified Medical Men, who have been in practice in England or Wales five years from the date of their diploma, or the Widows of such.

Candidates for FOUNDATION SCHOLARSHIPS must be the Sons of duly qualified Medical Men, or the Orphans of those deceased.

The names of Candidates will not be received after the 1st of May next.

The Governors vote by ballot, either personally or by proxy, having votes in the proportion of One for every Guinea subscribed annually, every Ten Guineas given, every Twenty Guineas collected. Proxy papers, containing a list of the Candidates, with particulars relative to the Election, will be duly forwarded to every Governor, one month previously.

Those gentlemen whose Subscriptions are due would oblige by remitting them at their earliest convenience, as no Annual Governor whose Subscription is in arrear will be entitled to vote.

Members of the Profession who may be desirous of having their Sons admitted as EXHIBITIONERS, are requested to make early application to the Council.

Office, 37, Soho-square, April 5, 1855. JOHN PROPERT, Treasurer.

ROYAL MEDICAL BENEVOLENT COLLEGE.

At a Meeting of the Council of the Royal Medical Benevolent College, held on the 7th of MARCH, 1855, Sir JOHN FORBES, M.D., in the Chair, the following Resolution was unanimously adopted:—

"That Ladies presenting a Donation of Five Guineas, on or before the opening of the College, on the 25th of June next, be constituted Life Governors."

The COUNCIL deeming the opening of the Institution a suitable occasion on which to secure the moral and pecuniary support of a large body of persons friendly to the cause, with a view of facilitating their accession, it has been determined that LADIES presenting FIVE GUINEAS on or before the time specified, shall be constituted LIFE GOVERNORS. It is not probable that another occasion of sufficient importance to justify a similar step will occur; the Council therefore hope, that this exceptional Resolution will bring a numerous body of supporters and contributors, whose interest in the Institution they are most anxious to conciliate.

LADIES availing themselves of this privilege, will be entitled to a VOTE at the ELECTION of PENSIONERS and FOUNDATION SCHOLARS, which is appointed to take place on the 19th of JULY NEXT.

A FORM FOR ENROLMENT may be had on application at the Office.

Office, 37, Soho-square, April 5, 1855. JOHN PROPERT, Treasurer.

University College, London.—Faculty of Medicine.

The SUMMER TERM will commence on Wednesday, May 2nd.

Classes in the order in which the Lectures are delivered during the day.

Botany—Professor Lindley, Ph.D.
Pathological Anatomy—Professor Jenner, M.D.
Medical Jurisprudence—Professor Carpenter, M.D.
Practical Chemistry—Professor Williamson, Ph.D.
Midwifery—Professor
Ophthalmic Medicine and Surgery—Professor Wharton Jones.
Palæo-Zoology—Professor Grant, M.D.
Practical Physiology and Histology—Teacher, Dr. Boon Hayes.
Materia Medica and Therapeutics—Professor Garrod, M.D.
Hospital Practice—Daily.
Medical Clinical Lectures—Professor Walshe, Professor Garrod, and Professor Jenner.
Surgical Clinical Lectures—Professor Quain and Professor Erichsen.
Clinical Lectures on Ophthalmic Cases, by Professor Wharton Jones.
Practical Instruction in the Application of Bandages and other Surgical Apparatus, by Mr. Marshall.

Prospectuses may be obtained at the Office of the College.

G. VINER ELLIS, Dean of the Faculty.
CHAS. C. ATKINSON, Secretary to the Council.

April 10th, 1855.

University College, London.—Practical Physiology and Histology.—Teacher, Dr. Boon Hayes.

This Course will consist of a series of MICROSCOPIC DEMONSTRATIONS OF THE TEXTURES AND FLUIDS OF THE BODY, and will instruct the Learner practically in Anatomical and Physiological investigation. The Demonstrations will begin on Wednesday, the 2nd of May, at 3 o'clock, and be continued daily, at the same hour, except on Saturday, during the Summer Term. Fee £2.

G. VINER ELLIS, Dean of the Faculty of Medicine.
April 10, 1855. CHAS. C. ATKINSON, Secretary to the Council.

King's College, London. — Medical Department.

The SUMMER SESSION will Commence on May 1st, when new Students will be admitted.

All Students entering at this period will be entitled to compete for the two Warneford Scholarships of £25 per annum for three years, which will be given in October next. The examination will be in the following subjects:—Divinity, Classics, (the same subjects as for the Matriculation Examination at the University of London,) Mathematics, History, and the Modern Languages.

The particular books selected for examination, and all other information, may be obtained from J. W. Cunningham, Esq., Secretary, King's College, London.

March 13th, 1855. R. W. JELF, D.D., Principal.

St. Mary's Hospital Medical School.

The SUMMER SESSION will commence on Tuesday, May the 1st.

LECTURES.—Clinical Medicine, Dr. Alderson. Clinical Surgery, Mr. Ure. Midwifery, etc., Dr. Tyler Smith and Mr. I. Baker Brown. Practical Chemistry, Dr. Albert J. Bernays. Botany, Dr. J. S. B. Sanderson. Materia Medica and Therapeutics, Dr. Sieveking. Pathological Anatomy, Dr. Markham. Medical Jurisprudence, Mr. Ancell. Natural Philosophy, Mr. Lindsey Blyth. Military Surgery, etc., etc. Dr. James Bird. Ophthalmic Surgery, Mr. White Cooper. Aural Surgery, Mr. Toynbee. Dental Surgery, Mr. Nasmyth. Comparative Anatomy, vacant.

HOSPITAL PRACTICE.—This hospital contains upwards of 150 beds, 65 of which are devoted to Medical, and the rest to Surgical cases. This division includes a ward appropriated to the Diseases of Women, and also beds for Ophthalmic and Aural cases. A Maternity Department is attached to the hospital.

There are three Resident Medical Officers, who board in the hospital, and two Non-resident Officers, a Medical and a Surgical Registrar. Clinical Clerks and Dressers will be selected from the best-qualified Students. All the above offices are open to competition amongst the qualified Perpetual Pupils of the hospital, without extra fee.

Further information may be obtained on application to

SPENCER SMITH,
St. Mary's Hospital, April 11, 1855. Dean of the School.

Military Surgery.—St. Mary's Hospital.

DR. JAMES BIRD, F.R.C.S.E., late Surgeon to the European General Hospital, and Physician-General to the Army at Bombay, will deliver during the present summer, at St. Mary's Hospital School, a Course of Thirty-Six Lectures on Military Medicine and Surgery embracing Twenty-Two Lectures on Military Surgery in general, Eight on the Diseases of Foreign Climates, and Six on Military Hygiene, with the medical discipline and hospital arrangements for soldiers in garrison and the field. These Lectures will be illustrated by the preparations, casts, and drawings belonging to the museum of the late Dr. Richard James Mackenzie, of Edinburgh, and by duplicate casts and drawings from the museum of Sir George Ballingall. The Introductory Lecture will be delivered on Wednesday, the 2nd of May, at Half-past Two o'clock, and Members of the Profession be will admitted on presenting their cards at the Hospital.

Further information may be obtained on application to Mr. Spencer Smith, Dean of St. Mary's Hospital Medical School.

Sydenham College Medical School,

12, ST. PAUL'S SQUARE, BIRMINGHAM.

The SUMMER SESSION will commence on Tuesday, the 1st of May, when the following Courses of Lectures will be delivered:—

Midwifery, and the Diseases of Women and Children—Dr. Elkington and Mr. Blake.
Therapeutics, and the Treatment of Disease—Dr. Russell.
Materia Medica—Mr. Bassett.
Botany—Mr. Westcott, Assoc. L. S.
Medical Jurisprudence—Mr. Orford.
Practical Chemistry and Toxicology—Dr. Hill.

Further Particulars may be obtained on application to Dr. Dell Fletcher, Principal; or to Mr. Bassett, Honorary Secretary.

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St. George's Hospital Medical School.

—The SUMMER SESSION will commence on TUESDAY, MAY 1st. Gentlemen becoming Pupils of the Hospital may attend all the Lectures, and the Medical and Surgical Practice necessary for those who desire to become Members of the Royal College of Surgeons, or Licentiates of the Society of Apothecaries, on paying Forty Guineas at the commencement of the 1st year; Forty Guineas at the commencement of the 2nd year; and Twelve Guineas at the commencement of the 3rd year.

The payment for the year will admit the Pupil to all the Lectures, and to the Hospital Practice required, for that year only.

Special entries to Hospital practice, or to any separate Course of Lectures, may be made as heretofore.

A Maternity Department, for the delivery of married lying-in women at their own homes, is established at the Hospital, under the superintendence of the Obstetric Physician.

The Scholarships and Prizes will be awarded on October 1st.

Westminster Hospital Medical School.

The SUMMER SESSION will COMMENCE on TUESDAY, MAY 1st.

Clinical Medicine—Dr. Hamilton Roe.
Clinical Surgery—Mr. Barnard Holt.
Materia Medica—Dr. Radcliffe.
Midwifery—Dr. Frederick Bird.
Forensic Medicine—Dr. Fincham.
Botany—Mr. Syme, F.L.S.
Practical Chemistry—Mr. Harman Lewis, M.A.
Natural Philosophy, Mr. Brooke, M.A., F.R.S.
Pathological Chemistry—Dr. Marcet, F.C.S.

Information respecting the Hospital and School may be obtained from Dr. Radcliffe, or Mr. Hillman, at the Hospital, daily, from One to Two o'Clock; or at other times from Mr. Wilson, Secretary to the Hospital.

Operative Surgery. — School of

ANATOMY AND MEDICINE, 1, GROSVENOR-PLACE.—Dr. A. DEVILLE, Member of the Royal College of Surgeons of England, late Demonstrator of Anatomy in the Faculty of Paris, and in the Anatomical Theatre of the Hospitals, will deliver a Course of DEMONSTRATIONS and INSTRUCTIONS in OPERATIVE SURGERY, during the Summer Session, commencing on Wednesday, the 2nd May. In this Course the Operations will be demonstrated on the dead body, and will also be performed by each Student, under the direction of Dr. Deville. Fee for the Course, Seven Guineas, including the expense of Subjects, and the use of instruments.

R. W. BURFORD, Secretary.

*** Prospectuses of the Course, and further particulars, may be had by applying to Dr. Lankester, 8, Savile-row; or to the Secretary, at the School, 1, Grosvenor-place.

Midwifery and Diseases of Women

and Children.—Dr. MATTHEWS DUNCAN, F.R.C.P.E., will commence his COURSE OF LECTURES on the above subjects, on the 2nd of May, at Ten A.M., in the Medical School, No. 4, High School-yards, Edinburgh. This Course qualifies for all the Academical, Collegiate, and other Boards.

Pupils may study Practical Midwifery under Dr. Duncan, at the Royal Dispensary. Those cases not attended by Gentlemen having tickets at the Dispensary, are handed over to the Students of the Class. Fees for a first course, £3 5s.; second course, £1 3s. A class for Females will be commenced at the same time, intending pupils for which to apply at No. 55, Castle-street, at 1 P.M.

City of London Hospital for Diseases

OF THE CHEST, VICTORIA-PARK.—The Committee having determined to Elect an ASSISTANT-PHYSICIAN, Gentlemen anxious for the Appointment are requested to send in their Applications, addressed to the Treasurer, H. E. Gurney, Esq., at the Office, 6, Liverpool-street, on or before Monday, the 23rd April.—By Order of the Committee.

RICHARD P. SLATER, Secretary.

Parish of Birmingham. — Resident

Workhouse Medical Officer.—Notice is hereby given, that the Guardians of the Poor will, at their Weekly Meeting, to be held on Wednesday, the 25th day of April inst., proceed to Appoint a properly qualified Medical Practitioner, to be the Resident Medical Officer of the Birmingham Workhouse, at a salary of £150 per annum, with furnished apartments, and also coals, gas, and attendance. Drugs and medical appliances, and the services of a competent Dispenser, are likewise supplied by the Guardians. Gentlemen desirous of becoming candidates must possess one of the four qualifications named in the order of the Poor-Law Board, under the title "Qualifications of Officers," and must agree (if appointed) to give one month's notice previous to resigning the office, or to forfeit one month's amount of salary. The party appointed will be required to devote his time exclusively to the duties of his office. Candidates are expected to send in their applications in writing, with testimonials enclosed, addressed to "The Guardians of the Poor, Birmingham," and superscribed "Application for Appointment of Medical Officer," on or before Tuesday, the 24th day of April instant. Each application must state the age of the applicant. No party is to attend before the Board, or any Committee of the Board, unless officially written to for that purpose. Canvassing the Guardians either personally, by agent, or in writing, is strictly prohibited, and will be held an entire disqualification of any candidate pursuing that course.

By Order of the Board,
JAMES CORDER,
Clerk to the Guardians.

April 4, 1855.

New Works and New Editions

To appear during the present Month, April.

DR. HANDFIELD JONES, F.R.S.

Pathological and Clinical Observations respecting morbid conditions of the stomach.

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ORIGINAL LECTURES.

ABSTRACT REPORT OF THE CROONIAN LECTURES,

DELIVERED AT THE

Royal College of Physicians,

By PATRICK BLACK, M.D.,
Assistant-Physician to St. Bartholomew's Hospital.

ON THE FORCES OF THE CIRCULATION.

Lecture II.

In our first Lecture we pointed out the manner and successive stages by which we had arrived at our present state of knowledge in reference to the amount of force exerted by the heart at each contraction.

Our great Harvey contributed nothing to the solution of this question, and the laboured effort of Borelli was rather memorable as a splendid failure, than because it had thrown any light on the subject.

Keill acknowledged the great difficulty of the subject, and considered that the notable failure of Borelli, whose vast attainments in mathematics would give such promise of success, probably deterred many from attempting its solution.

When Keill therefore approached the subject, it was in complete darkness. Did he leave it as he found it? We have already answered this question, and shown that he threw sufficient light on it to aid the researches of those who might come after him, and therefore was the first who trod the path which led to a complete discovery.

We pointed out the special fallacy of Borelli's argument, and may now state that the error which he committed, though so vast in its amount, exhibited by this very circumstance the truth and power of his reasoning faculties, for the principles on which he reasoned involved the conclusion he arrived at; but these principles, though not false in the abstract, were inapplicable to the question he had to determine.

Borelli's principles were true in the abstract, and his logic cannot be impugned; but when he arrived at a conclusion, which to others would have seemed a *reductio ad absurdum*, proving the falsity of his premises, or their misapplication, he rather looked upon it as a marvellous communication of science, which the philosophic mind is alone privileged to enjoy.

Borelli, therefore, accomplished nothing. Keill's idea was speculatively a sound one; but he erred in substituting the arterial tension for the force of the heart. The arterial tension, too, was derived in an inferential method from the velocity of the blood; and his experiments which tended to show this, though able, were not satisfactory. Michelotti corrected the scientific error of Keill—and the experiments of Hales were based on the philosophy of the two.

Borelli was mistaken, we said, in the view which he took of the heart's primary function. What then is the heart's function? Is it not to move the blood? No; not primarily. The force of the heart is to the movement of the blood what the muscular effort that winds up a time-piece is to the movement of the several parts. The force of the heart acts only on the elastic properties of the arteries, just as the muscular effort which winds up a clock does not primarily set the various parts in motion, but either raises a weight or acts upon a spring.

If this analogy be just, might not the force of the heart be measured by the resistance of the spring, which it has to influence just as the muscular effort in winding up a clock is measurable by the weight which it raises, whose gravitation sets the parts in motion?

But this view, which at first was only stated as an hypothesis, must be true in fact, and admits of the clearest proof. For if, as is generally allowed, the flow of blood be equably continuous in the veins, it must be so in the capillaries, and likewise in the arteries, notwithstanding any presumption to the contrary from the emission of the blood per saltum from wounded vessels; since this effect does not prove an accelerated flow when the vessels are entire, but is a proof only of increased tension.

If the heart's primary function be to move the blood through the arteries, then must its power be spent in producing this result, for a force which is productive of motion cannot at the same time be acting on a spring; or, if it act on the spring, it cannot at the same time be a cause of motion. Whichever effect you admit, the power must be expended in producing that effect; nor will it remove the difficulty if we admit, as some contend, that the heart's power is divided between the two effects.

Therefore Hales is in error when he says that "the blood in the finer capillary arteries presses into the veins with a much more equal velocity than in the aorta and greater arteries:" and the expression of Volkmann, "the loss of rhythm" in the veins, suggests the erroneous notion, that he considered the flow of blood to be rhythmical in the arteries. The views which are developed from a consideration of the heart's primary function are of the highest interest, and have not, as it appeared to the Lecturer, received a just exposition. If the function of the heart be simply as it has been shown, to act on a spring, its power must bear a necessary relation to the resistance of that spring. If the resistance of the spring were multiplied three or four times, the heart would stand still as if paralyzed; if it were diminished in a similar ratio, and the capillary resistance remained unchanged, the arterial system would suffer the most rapid distension, until at last it would burst. Hence it is evident that a certain strength, but not more than a certain strength of the arterial walls is required, and this not so much for our security from violence from without, as for our safety from the natural actions and mechanical forces they are exposed to from within.

Let there be any great increase in the resistance of the arterial tunics, and the heart could not move; any great diminution of this resistance, and the heart's movements would be fatal.

Pathology confirms and illustrates this view, by the fact that atheromatous or ossified arteries induce dilatation and hypertrophy of the heart. Hence the relation of the heart's force to the elastic tunics of the arteries is clear; destroy this relation: in the one case it would tend to a sudden arrest of the heart's function; in the other it would involve the destruction of the animal, by the ordinary exercise of that function.

We have considered the force and its transference to or absorption by the arteries. The force, therefore, is spent as regards the heart, but it is not lost even in part, it is only transmuted or transferred. Where, then, is the resistance? it is everywhere, but greatest in the capillaries. This resistance at the capillaries is the cause of that condition which we designate as tension, and which is wholly independent of velocity, and must be considered on distinct principles. This subject has engaged the attention of very eminent physiologists—we may name Hales, Poiseuille, Volkmann, Spengler, and Ludwig. Some of these have asserted one view as the necessary result of the laws of hydrostatics: others the very opposite view, as being alike the inevitable result of the same laws—and all have appealed to experiment as in their favour. Where shall we find the truth amid such contradictions? Hales perceived the true bearing of the question by the force of the clearest intuition. He did not appeal to experiment, he *saw* the truth, and reasoned upon it as from an axiom. Poiseuille, by the aid of experiment, corrected his false *à priori* views and arrived at half the truth. Volkmann committed the great error of confounding two distinct laws of motion, viz., the law of communicating motion by impulse, and the law of the pressure of fluids. Can we wonder that with such indistinctness his experiments should sometimes have appeared to sanction one view, and at other times the very opposite view?

The remark of Poiseuille, that "a particle of blood is moved with equal force throughout the whole arterial system," is quoted with much approbation in all our modern works on physiology, and Magendie even looked upon it as a discovery; but as far as the last claim is concerned, it is at least half a century old, and, as to its value, it is actually false, or only half true; for the blood-pressure may be much greater in an artery at a great distance from the heart than in the ascending aorta itself. If an animal is laid in the horizontal position, the pressure of the blood on the arteries will be everywhere equal, be they large or small, near to the heart or remote from it, but when an animal stands on its legs a pressure measurable by a column equal to the perpendicular height of the animal must be added to the force with which

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the blood presses on the vessels at the lower part of the body, and so in proportion for other parts.

Therefore the law which is applicable to the question is the fundamental law of hydrostatics, that "fluids press equally in all directions at equal depths," *i.e.*, when tested on the same horizontal plane. Had these physiologists, whose names we have mentioned, studied the writings of Hales with the attention they deserved, they would have saved them from much false reasoning and unnecessary experiment.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS.

No. XXXI.

TREATMENT OF YELLOW FEVER BY TURPENTINE.

By JAMES LAIRD, Esq., Surgeon, R.N., of H.M.S. Medea.

From various documents which have been forwarded to us, we gather the following interesting facts respecting the remarkably successful treatment adopted during a recent outbreak of yellow fever on H.M.S. Medea. The disease broke out in the beginning of August, whilst cruising on the South Coast of Cuba, and continued to rage for upwards of a fortnight, during which a sixth part of the ship's company suffered from it. During this epidemic, and a subsequent relapse, about sixty cases came under Mr. Laird's care, and of these but four died. The principal treatment pursued consisted in the exhibition of turpentine in small doses, as first recommended by Dr. Gilmore King. The supposed modus operandi of the remedy was by elimination, in virtue of its action on the skin and kidneys. The dose usually ordered was 15. minims, with a little nitric æther and camphor mixture given every three or four hours, and continued until a remission was apparent. As soon as the remission occurred, quinine was resorted to, together with a more nutritious diet. As adjuvants, castor-oil, occasional doses of blue pill, evaporating lotions, sinapisms, cupping, blisters, &c., were employed. Regarding the further details of the treatment, &c., the following extracts of a letter from Mr. Laird will be the best explanation:—

"With regard to bloodletting, I have to state that this remedial agent was had recourse to in a few of the cases, chiefly because the practice appeared to be of service during the Bermuda epidemic of 1843.

"On the important question, however, of bloodletting in yellow fever, I have been led from my late experience considerably to change my opinion, and although I took blood from the arm only to a moderate extent in nine instances out of more than sixty cases of yellow fever treated on board, I am now convinced, limited as my practice in this respect was, that venesection in this disease, however early and moderately practised, is a remedy extremely hazardous, and one which might, except in some particular cases, be safely dispensed with.

"Local bleeding, by means of cupping over the epigastrium or nape of neck, as found requisite, will, I now believe, generally answer the purpose required.

"In respect to the therapeutic effects of turpentine in yellow fever, particularly its almost certain action on the skin and kidneys, I cannot speak too highly.

"Except in cases attended with much irritability of stomach, the draught I gave did not appear to cause nausea, and that annoying symptom, strangury, only occurred in six cases. In the last eleven cases put on the sick list after leaving Port Royal for Halifax, I gave the turpentine in doses of ten instead of fifteen drops with equally good effect, and without the occurrence of strangury in a single instance of this number.

"In no case did this remedy appear to act as a stimulant by exciting the pulse, an objection which I have heard was made to its use by some of the medical officers who served during the Bermuda epidemic of last year; but this objection I believe to be erroneous, from repeated observations I made on the pulse fifteen and twenty minutes after the administration of the turpentine draught.

"When applied externally, as was done in the case of a sailor-lad, with black vomit and suppression of urine, who would not take the draught,—turpentine mixed with equal parts of olive oil, and rubbed in over the body and limbs, seemed to act even better than if it had been taken by the mouth. Three hours after the frictions were applied, this patient made a pint of healthy-looking urine, and, after an interval of eight hours, he passed a pint and a half more urine of the same character, at one micturition. Early next morning, black vomit, which had been present for about thirty-six hours, entirely ceased, and the lad appeared otherwise much improved. The frictions were continued at intervals, but no medicine whatever was given by the mouth. He made urine freely; the pulse had become stronger, and he appeared as if quite certain of recovery, when, after struggling violently to resist the administration of a nutritive enema, to which was added ℥ xxv. of tincture of opium, to secure its being retained, he was soon after seized with symptoms of congestion of the brain, under which he ultimately sank.

"On dissection no trace of black vomit could be detected, unless a little dark green matter found in the ileum might be considered as such. The mucous lining of the stomach was much congested, and discoloured dark red; but its epithelium was perfectly intact, and although the liver presented the usual fawn colour, the skin was not tinged yellow, as was the case with the other patients who died with black vomit. This case, I might be excused saying, ought to have been a recovery from black vomit, had not the unlooked-for head affection come on, with which I cannot but regret to think the opium might have had something to do, notwithstanding the small quantity administered.

"In another case of black vomit, I gave turpentine in doses of 40 drops, combined with medium doses of hydrocyanic acid, with the evident effect of controlling this fatal symptom, although the patient was carried off soon afterwards by profuse and uncontrollable hæmorrhage of fluid-looking blood from the mouth and nose.

ON A PREVAILING FORM OF CHRONIC PNEUMONIA.

(Read before the Medical Society of London, Dec. 9, 1854.)

By RICHARD PAYNE COTTON, M.D.

Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

(Continued from page 309.)

Auscultation.—The respiratory murmur is at first either weak or harsh, or it is suppressed; it is seldom bronchial. The extent and situation of the pulmonary disease must, of course, greatly influence this particular; but weak and harsh breathing, extending for some distance beyond the dullest part of the lung, would seem to be the usual attendant of the early stage of this form of pneumonia. In some cases there is, even for weeks together, an entire absence of secretion sounds; but, more generally, the subcrepitant rhonchus is more or less abundant, and oftentimes so minute as closely to resemble *fine crepitation*. This latter sound, however,—erroneously regarded as the true characteristic of pulmonary inflammation,—is very rarely indeed, to be detected. Sibilant and sonorous rhonchi are sometimes heard at different parts of the chest, and are indicative of attendant bronchitis.

There is more or less bronchophony; and the vocal and tussive fremitus are correspondingly developed.

In two fatal cases, I had an opportunity of watching the gradual changes in the auscultatory murmurs, induced by the softening process. The harsh breathing became by degrees bronchial, and subsequently cavernous; whilst the subcrepitant râles, increasing in abundance and in size, gradually gave place to the cavernous or gurgling.

Differential diagnosis.—The disease under consideration is unlikely, if not impossible, to be mistaken for any other except bronchitis or phthisis; and, to distinguish it from

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either of these, it is only necessary to make a physical examination of the chest.

I was consulted a few weeks back by a healthy-looking farmer, who had been gradually getting thinner, and was troubled with a dry irritable cough. He had neither dyspnœa nor thoracic pain; but his chest had never been thoroughly examined, and all his symptoms were referred to an obstinate bronchitis. On making an examination of the lower lobes of the lungs, I found that on the right side completely dull and impervious to air.

Last year I saw a gentleman supposed to be phthisical. He had long had a severe, dry, spasmodic cough; he had been getting thinner, and was much harassed by profuse night perspirations. The base of the right lung was found, on percussion, to be completely dull and wooden; the respiration was in that part feeble, and masked by abundant fine subcrepitant rhonchi. Here, as in the preceding case, there was no difficulty about the diagnosis, immediately that the physical signs were taken into account. It would not be easy, perhaps, to name another disease wherein the value of a physical examination is more apparent.

Treatment.—If the attack be of recent date, either cupping, or the application of leeches, according to particular circumstances, and to an extent depending upon the patient's strength, will generally be productive of marked relief. In consequence, however, of the insidious nature of the disease, it rarely comes under treatment quite at its onset; and I have found the greater number of cases far more benefited by immediate recourse to counter-irritation.

The choice between the repeated application of blisters and the continued use of an irritating liniment, must be determined by special circumstances. I have generally applied, in the first place one or two blisters, trusting afterwards to a strong liniment either of croton oil or iodine, or a combination of both. This treatment should be pursued for some weeks, indeed until some impression be made upon the pulmonary disease. More active counter-irritants, such as issues or setons, are, to say the least, undesirable; they are too exhausting in their effects, are less easily regulated in their action, and cannot so safely be discontinued when their use becomes no longer necessary.

The selection of internal remedies must, likewise, be determined by the particular stage of the disease, and by other special conditions. Where I have either discovered or suspected a tuberculous tendency in the patient, I have never given mercury; but, in the absence of this, and in proportion to the patient's strength, I have found it a valuable agent. I have generally at once administered small and repeated doses, until the gums have been slightly affected, taking care, however, not to carry it to extreme salivation. At the same time, I have prescribed some form of conium or hyoscyamus, combined generally with ipecacuanha or with squill, according to special symptoms. In a few instances, where the pulse has been rather quick, the respiration rather hurried, and the cough troublesome, I have found the addition of antimony of considerable use; but, more generally, depressing agents of this kind, even at the onset of the attack, are rather contra-indicated.

As the disease passes into a more chronic state, continued, but mild mercurial action, in conjunction with a general tonic treatment, should be perseveringly employed. The syrup of the iodide of iron,—the iodide of potassium, with some vegetable tonic,—or one of the mineral acids, with quinine or cinchona, will now become of essential service. To either of these, cod liver oil may be advantageously united; but if I were required to say from which combination I have seen the most advantage, I should, without hesitation, name that of the iodide of iron with cod-liver oil. But I am far from being the advocate for an exclusive, or even a general use of any such remedy; it is to the class, rather than to the individual, to which I would direct attention. When the patient is anæmic, some of the salts of iron, in conjunction with cod-liver oil, are frequently useful. For children, I have often successfully prescribed a mixture of steel wine and cod-liver oil, twice daily; and, at night, small doses of ipecacuanha.

But it would be folly to attempt the treatment of this disease by physic only. In no other malady, perhaps, is the use of hygiene more called for, or more apparent. When the early symptoms have passed away, change of air and scene, and mental relaxation, should, as soon as possible, be resorted to. Pure country air, sea-breezes, healthful and happy associations, freedom from business and care, are now the allies of physic, without whose aid victory must always be uncertain and seldom permanent.

Even at the very earliest period of the disease, the diet should be nourishing. It is impossible to lay down very precise dietetic rules for the first stage of the attack, as everything must depend upon the activity, or otherwise, of some particular symptom, and the physical powers of the patient. Few persons, however, will bear any great reduction of their accustomed fare; and, I am convinced, that very few indeed will be found to require it.

When the disease is stationary, or passing into a more chronic stage, a liberal and nourishing diet is absolutely essential. The addition of wine or of beer is now not merely harmless, but really efficacious. To keep a patient upon a low diet because he may cough or be a little feverish would be, I am satisfied, only to treat the symptoms and to disregard the disease. The observant practitioner will, of course, occasionally see the necessity of departing temporarily from such a practice; but, as a part of the general system of treatment he must speedily discover its vast importance.

ON THE TREATMENT OF OVARIAN DROPSY BY THE INJECTION OF THE TINCTURE OF IODINE.

By I. BAKER BROWN, Esq.
Surgeon-Accoucheur to St. Mary's Hospital, etc.

(Read before the Medical Society of London.)

HAVING so lately placed my views on the nature and treatment of this troublesome disease before the Profession, in my work "On some Diseases of Women," etc., I shall not, on this occasion, do more than draw the attention of the Fellows of the Society to the simple statement, that Ovarian Dropsy may be either unilocular, multilocular, or malignant; and that the first care of the Surgeon should be, by the most careful and repeated examinations, to diagnose not only the nature of the case, but also its connections with the surrounding parts, and its influence on the functional action of the neighbouring organs, especially the kidneys, bladder, and uterus—the next important step to take is to learn the origin and progress of the disease, and its influence on the general health; then one of the following modes of treatment may be determined on, viz.,—1. Tapping simply; 2. Tapping with pressure; 3. Tapping and injection of iodine into the sac; 4. Artificial oviduct.

(a) External.
(b) Per vaginam.
(c) Per rectum.

5. Excision of a portion of the cyst.
(a) By a small incision.
(b) By a large incision.

6. Extirpation.

It is to the third plan of treatment I now desire to direct the especial attention of the Society, viz., tapping and injection of the tincture of iodine into the sac. This mode of treatment is almost new in London practice, not so, however, in Paris nor in Edinburgh. The injection of the tincture of iodine into the tunica vaginalis, for the radical treatment of hydrocele, was prominently brought before the Profession, many years since, by Mr. Ranald Martin, and is now the regular practice amongst English Surgeons; but the French Surgeons have carried their experimental inquiries much further in this direction. Velpeau first suggested its application for effusion into large joints. Bonnet of Lyons, however, made the first trial, and with perfect success. This success was soon followed by many others in the hands of Velpeau, Robert, and some others. Then Boinet of Paris took up the subject, and applied the injection of iodine into ovarian cysts, and published several successful cases in the *Gazette Médicale de Paris*. Others followed his example, and amongst the number, Monod, and one of his successful cases fell under my own observation. The French Surgeons have also used this injection of iodine for peritoneal dropsy, and it appears, from various discussions and trials, with undoubted success. Our intelli-

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gent neighbours have gone further, especially Velpeau, Jobert, Maisonneuve, and Ricord, and have injected the peritonæal sac of herniæ, and have obtained by it the radical cure of ruptures; and lately, my colleague in St. Mary's, Mr. Coulson, has tried this plan.

The first real practical application of the injection of tincture of iodine into ovarian cysts, that I am aware of, in this country, is by Professor Simpson, of Edinburgh, who with his usual zeal and industry has pushed his inquiries and experiments very freely; the result of his investigations I shall allude to fully when giving my own practical deductions. I shall now relate a case which I have lately treated in St. Mary's Hospital, and then offer some practical remarks for the consideration of the Fellows.

Case.—Mary Baker, kindly sent to me by Mr. Coulson, was admitted into Boynton Ward, on December 9th, 1854. She stated that she had had two children, and one miscarriage. She was 27 at the birth of the first, and 29 at the birth of the second child; from the latter period she has noticed herself getting much larger round the waist, and has been much troubled by flatulency; has always been regular in menstruation all through her illness; she suffers no pain, but considerable inconvenience from leucorrhœa.

Examination, December 12, 1854.—I discovered a well-marked ovarian cyst, apparently unilocular, and fluctuation distinct. The measurement around the abdomen was 29 inches below, and 28 above the umbilicus. I placed her under medical treatment, with a view to improve her general health, which was much impaired by the secretion of the fluid into the cystic cavity, and on

The 20th—I proceeded to empty the cyst; first placing the patient on the table in the horizontal position, I introduced a large trocar through the semilunar line, and evacuated twenty pints of a turbid thin fluid, which was found to be strongly albuminous, becoming almost solidified by the joint application of heat and nitric acid; it also contained abundant crystals of cholesterine. I then introduced a long flexible catheter, and through it injected five ounces of the tincture of iodine, (Edinburgh Pharmacopeia,) which is about double the strength of the London Pharmacopeia—the pain experienced was very trifling, described by the patient merely as "smarting;" the wound having been closed by strapping, I applied appropriate pads, and one of my many-tailed bandages; the patient was then placed in bed, and two grains of opium given, and four ounces of port wine ordered for the next twenty-four hours.

In my case book, I find Dr. Vernon, the resident medical officer in charge of the patients in the ward for diseases of women, has made the following notes:—

10 p.m. Pulse 76—expresses herself as being very comfortable, having neither pain nor tenderness in the abdomen; complains only of a bad taste in her mouth—her breath smells of iodine.

21st.—10 a.m. Feels comfortable,—has slept only two hours during the night,—has voided three and a-half pints of urine since the operation, the fluid injected having amounted only to two pints; says she has a nasty taste in her mouth, somewhat like sea-weed.

1 p.m. Complains of her cough being troublesome, and of pain in the abdomen on both sides when she coughs—the pulse has mounted up to 110—discontinue the wine and take a tincture for the cough—continue the opium pill every six hours.

22nd.—Amount of fluid taken, 3 pints; voided, 3 pints; bowels relieved this day. Pulse 90.

23rd.—Amount of fluid taken, 1½ pints; voided, 1 pint. Pulse 76. No pain or tenderness in abdomen.

24th.—Amount of fluid taken, 1½ pints; voided 1 pint. Pulse 74. Skin cool; and she complains only of the nasty taste in her mouth.

25th.—Has taken 2 pints of fluid, and voided 1 pint.

26, 27, 28, 29th.—The same.

From this date to the 15th of January she took a diuretic mixture, and the effect on the secretions was, that the amount of fluid voided corresponded with the amount taken.

It was now apparent that there was some refilling of the cyst, but it proceeded very slowly, her appetite was good, she slept well, and suffered no pain.

20th January.—There is apparently about two quarts of fluid in the cyst, but it does not appear to increase, and the patient is decidedly better in health. I now ordered her to wear one of my ovarian bandages to keep up gentle pressure over the whole abdomen, so as to give support to the parietes, and also to arrest the refilling of the cyst. In a few days she left the hospital in good health, considering herself much improved, and exhibiting no external signs of disease. I have lately seen and carefully examined her, and can find no increase of fluid, but great improvement in her general health, and she has resumed her laborious duties of laundress, and states she feels quite well and is in good spirits.

Before offering some practical observations I am desirous of drawing the attention of the Society to the important fact of the iodine having been taken up speedily into the system, as evinced by the smell of the breath and the taste in the mouth. I was anxious to ascertain whether it was to be found in the urine, and therefore requested our dispenser, Mr. Copney, to examine some for me on the day following the injection. He says:—

"The urine gave unmistakable evidence of the presence of iodine by the following tests:—

"1. The formation of the blue iodide of starch of considerable intensity.

"2. By its forming with the salts of lead and mercury the characteristic iodides of those bodies.

"3. By the production of hydriodic acid.

"4. By the elimination of the iodine itself."

Three days later, I examined the sweat of the patient, but could then detect no iodine, although it is probable that, if I had made the examination sooner, I should have found evidence of its elimination.

Practical remarks.—The first question in a practical point of view is, Has the treatment in this case been successful? The answer is, that it has been only partially so at present; for, although it has not prevented some return of the fluid, still it has evidently controlled the refilling of the cyst, and the general health has much improved; further time is required to test the extent of benefit. My own impression is, that in such a case the injection of iodine is not likely to effect a complete cure, yet that it will arrest the refilling. I believe that those cases which are radically cured by this plan are the more simple form of unilocular ovarian dropsy,—*i. e.*, where the cyst is thin, and its contents non-albuminous, or slightly so. The dropsy of the broad ligament is especially favourable for this plan; but, then, so it is for simple tapping and pressure, and the latter plan is a less hazardous one than the former. I apprehend we cannot expect to solve the whole question until we know more of the pathological structure of the different cysts, in each form of the disease. I am investigating this question by aid of the microscope, and I hope to arrive at some certain facts as to the peculiar condition of the secreting surfaces, and the peculiar fluid from those surfaces; so that, by drawing off a small portion of fluid, we may be so certain of our diagnosis, as to recommend with greater confidence the adoption of any mode of treatment best fitted for that especial case. It will be seen at once that this will prove of the greatest practical importance; and I do not at all despair of being able to form certain general rules from the results of these inquiries; and I shall feel particularly indebted to any Fellow of the Society who will favour me with a post-mortem specimen of this disease. Much has already been done during the last twenty years, and I trust to see much more done in future years.

In the *Monthly Journal of Medical Science* for May, 1854, is the following opinion of Dr. Simpson:—

"Dr. Simpson has, within the last year, injected into dropsical ovarian cysts, subsequent to tapping, the tincture of iodine, of the "Edinburgh Pharmacopœia," undiluted, in seven or eight cases. He has usually thrown into the cyst 2 or 3 ounces of the tincture. In some cases, he has allowed a portion of the injected fluid to escape; in others, has retained the whole of it. From these cases he drew the following conclusions:—

"1. In none of the cases of ovarian dropsy treated with iodine injections after tapping, has he yet seen any considerable amount of local pain follow the injection, with one exception; in most instances no pain at all is felt; and in none has constitutional irritation or fever ensued. In the one exceptional case considerable local irritation followed, and the pulse rose to 110; but the same phenomena occurred in the same patient after previous tappings, without iodine being used.

"2. While the practice seems so far perfectly safe in itself, it has by no means proved successful, as in hydrocele, in pre-

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venting a reaccumulation of the dropsical fluid; for in several instances, the effusion into the sac seems to have gone on as rapidly as after a simple tapping without iodine injection.

"3. But, in two or three of the cases, the iodine injection appears to have quite arrested, for the time being, the progress of the disease, and to have produced obliteration of the tapped cyst, as there is no sign whatever of any reaccumulation, though several months have now elapsed since the date of the operation.

"Lastly. Accumulated experience will be required, to point out more precisely the special varieties of ovarian dropsy most likely to benefit from iodine injections, the proper times of operating, the quantities of the tincture to be injected, and other correlative points. Perhaps the want of success, in some cases, has arisen from an insufficient quantity of iodine being used, and from the whole interior of the cyst not being touched by it. The greatest advantage would of course be expected from it in the rare form of unilocular cysts. In the common compound cyst, the largest or most preponderating cyst is usually alone opened in paracentesis; and though it were obliterated, it could not necessarily prevent some of the other smaller cysts from afterwards enlarging and developing into the usual aggravated form of the disease."

I have preferred giving the whole abstract, so that Dr. Simpson's opinion might be fully understood. It will be seen that he used only half the quantity of the tincture that I have used; and I intend, in the next case, using 10 or 12 ounces, so as to insure, if possible, the complete covering of all the cystic surface.

ON INJECTION INTO THE UTERUS IN CASES OF HÆMORRHAGE AFTER DELIVERY.

By SEPTIMUS WRAY, Esq., M.D.

It is now many years since I first made trial of the practice to which the present communication refers, and as I have every reason to believe that it has been the means of preserving life in several instances, I now feel justified in recommending it most strongly to the attention of the Profession. Many have been the plans which have been proposed for the arrest of hæmorrhage after delivery. In these fearful cases we have been advised to use cold effusion, to inject cold water into the vagina, to compress the uterus externally, to introduce the hand, to give astringents, stimulants, etc. Amongst all these recommendations, the plan, to my mind, the most simple and direct, and, in my practice, by far the most effectual, has been omitted. I allude to the injection of cold water *into the cavity of the uterus itself*. By so doing a stream of cold is secured to the open mouths of the vessels themselves; all clots, etc., which prevent closure are washed away, and the organ, to a matter of almost absolute certainty, is stimulated to contract. There is neither difficulty nor danger in the procedure. I use a Weiss's syringe, and introduce the nozzle an inch or two fairly into the os uteri, holding it in position whilst an assistant works the piston. A common stomach-pump, or enema syringe, will serve the purpose well; and with those fitted according to the new plan with an elastic propellor, the accoucheur might manage the whole without assistance. If, however, his syringe require two hands to work it, he will require help, as it is absolutely necessary that one hand be employed within the vagina in keeping the nozzle of the tube in place. The stream may be kept up as long as deemed necessary; and, if the case be very urgent, it might be well to use vinegar and water in equal parts, instead of water only. In one protracted case of hæmorrhage I used a solution of lunar caustic, in the proportion of 3 grains to an ounce of water, with perfect success. The old plan of injecting into the vagina is often ineffectual, there being, indeed, no security that any of the water ever enters the uterus itself; whilst that of cold effusion to the abdomen is yet more remote in its mode of action. Having been for nearly forty years in extensive practice, I speak from considerable experience in these matters. I am very sanguine that, were the expedient I recommend in general employment, life need almost never be lost from the distressing accident referred to.

Tudor Lodge, Brixton. April, 1855.

ACCOUNT OF A CASE OF DEATH, FROM THE INHALATION OF CHLOROFORM DURING LABOUR.

[We have been requested not to publish names in connexion with the following unfortunate case. It is one, however, in all its details, of extreme importance to the Profession, and we therefore give it at length. The account subjoined has been kindly supplied to us in a communication from the Surgeon in whose practice it occurred, and its correctness may, consequently, be fully relied on.—Ed. M. T. and G.]

I received a note from Mrs. E. on March 11th, stating she was not very well, and if I was not particularly engaged, she would be glad if I would go to see her (she resided at ——— Hall, three miles from my house). I did so, and, although there was not any uterine action to be of service, I remained all day. She was very anxious I should not remain in the room, but promised she would send the nurse to inform me when I should be required. I saw her five or six times in the course of the day; and at 12.45 a.m., I wished to see her before retiring to rest. The nurse said I could not see her just then. I went ten minutes after, and nurse said she had just gone to sleep. I said I would not disturb her, and went to bed. About 2.15, nurse came, and said Mrs. E. was still sleeping, and had been very quiet since I left. I told her rest would be of service, as most probably the pains would improve when she awoke. Ten minutes after she came again, and said Mrs. E. was still sleeping, and she thought it was a long time. I said it was the best thing for her. Five minutes afterwards, Mrs. E.'s nursemaid came, and said nurse had called her from the nursery, and desired she would tell me she was uneasy that Mrs. E. was sleeping so long, and wished me to see her. I did so immediately, and when I felt her hand it was quite cold, and she was pulseless (she was lying on her left side). I turned her over, and to my great horror her face was livid and cold. I have no doubt she had been dead above an hour. As no one had been with her but the nurse, I questioned her, and she said Mrs. E. snored for half-an-hour after she fell asleep, and then became quite still. I could in no way account for her death from any natural cause, as there was neither internal nor external hæmorrhage. The os uteri was dilated to the size of an orange; presentation natural; vagina and os uteri flaccid; and I have no doubt, had she lived, the child would have been born before daylight. After some consideration, I was convinced she could not have died from any other cause than the inhalation of chloroform. I then went to the nurse and asked, "Where is the bottle that Mrs. E. put something out of her handkerchief to smell at?" She said it fell by the bedside and was broken, and described the size as ʒij. On asking where the broken glass was, she said she had thrown it on the ashes-place. I said, she had done very wrong, as everything in that room ought to have been shown to me before being removed; and I told her I was convinced Mrs. E. had died from chloroform. She said, she did not know anything about it. Now Mrs. E. had been using large quantities of different scents on her handkerchief all the preceding day, and, instead of nurse showing me these bottles, which were standing on the dressing-table, why should she have named the little bottle which she said was broken? This still more convinced me. I asked where Mrs. E.'s handkerchief was when she called me, and she answered, it was close to her face on the pillow. I desired it to be brought to me. I fancied I could detect a slight odour of chloroform, but the other scents overpowered it, and a piece of camphor was tied in one corner of it. I feel satisfied these scents were used to prevent me detecting the chloroform when I occasionally went into the the room. I, the housemaid, and a stable-boy went to the ashes-place, but could not find a particle of glass. The nurse said there might have been some ashes thrown over it. I told her none had been thrown out that morning. I remonstrated very seriously with her and requested her, for her own sake, to go and endeavour to find them. A short time after, she brought me three pieces of glass, which, she said, was part of the bottle which was broken. I pointed out to her the inconsistency of her state-

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ment, as these pieces of glass had been broken from a ʒij bottle, which had contained Tr. camph. c., and she had previously stated the broken bottle was the size of the second joint of my forefinger. She said, she did not know anything more about it. She was strongly remonstrated with, and asked if she had ever procured any chloroform for Mrs. E. She replied, she could take an oath she never had. Not being able to elicit more from her, I returned home, and called on Mr. S., druggist in this town, and asked him if he had sold any chloroform to any of Mr. E.'s servants lately? He said, he had not; but on the following morning he came to my house about 9 o'clock, and said, since I was there, he had remembered that, about a week ago, Mrs. E.'s monthly nurse had been there, and after some conversation he had let her have a small bottle, but he was not to let me know anything about it. I then went back to the Hall, and when the nurse found it was discovered, she confessed, and stated she was so much alarmed when she found Mrs. E. was dead, that she had thrown the bottle which she had got of Mr. S. down the water-closet. I immediately sought for it, and, after some trouble, I succeeded in reaching it. It was a ʒj stoppered bottle, with about ʒiij. of chloroform remaining in it; consequently ʒv. had been used, as Mr. S. said it was full when he gave it to the nurse. The nurse stated afterwards that when Mrs. E. went asleep, she also slept in her chair; and when she awoke she found Mrs. E.'s hand cold, and she could not feel her pulse, but had rubbed her hand to try to restore her. This was before she came to me the first time. I asked why she did not tell me so, instead of saying she was asleep? She said, she was so frightened she scarcely knew what she was doing. The fact was, she was conscious of her own improper conduct in this distressing case.

I have now given you the particulars of this melancholy case, for the late Mrs. E. was not only a patient but a most intimate friend. Mrs. E. knew my opinion of chloroform, for the last time she was confined she said, "Now, Mr. H., if you attend me again in labour, let me have some chloroform." I said if she wished to be confined under that influence she must find another medical attendant, as I considered it an unmanageable and dangerous agent, not necessary in natural labour, and I should not feel justified in using it except where an operation might endanger life by protracted suffering. Since Mrs. E.'s death I have learnt from her nursemaid that she was stupified (as she expresses it) with chloroform when she was confined in America, but without the knowledge of her medical attendant, for the nurse there put it on her handkerchief, and kept letting her smell at it. Mr. E. states that he had often known her use it for tic, but never when in labour, and her impression and his also were, that if there was no disease there was no danger. It came out in evidence at the inquest that last year she had a bottle of chloroform broken, and she stated to the monthly nurse at that time if Mr. H. knew that he would be glad, as he would not let her have any. What makes the nurse more culpable (if after all the falsehoods she told anything could make her more so) was her not telling me that Mrs. E. had any in the house, for she had frequently heard me speak to Mrs. E. of the danger of using it.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

ESCAPE OF A CALCULUS BY THE URETHRA.

[Case under the Care of Mr. LLOYD.]

Cases in which vesical calculi had been removed from various parts of the urethra have been mentioned not unfrequently in our Hospital Reports of the last few years. Their subjects have been, for the most part, children, or at least those under adult age. However the fact may be explained, it is certainly very rare indeed for grown-up men to require treatment on account of stones impacted in the urethra. It would be easy to count up at least a dozen such cases which have come under our notice in the different London Hospitals during the past two years, but in every one of them the patients were under the age of 15. The event is, indeed, of sufficiently frequent occurrence to be worth consideration in deciding on the question of treatment. The removal of a stone from almost any part of the urethra, even if incisions have to be practised, appears to be attended with no risk to life, whilst, of lithotomy, the same cannot be asserted. In cases, then, in which children are known to be subjects of stone, but in which the concretion is believed to be small, and the sufferings are not great, is the Surgeon justified in delaying the operation in the hope that spontaneus expulsion may take place? There is at present in Lucas' Ward, St. Bartholomew's Hospital, a case in point. A child, aged 3, was admitted, under the care of Mr. Lloyd, a fortnight ago. He was in tolerably good health, but had been known to suffer from stone for upwards of six months. One day in last October he had suffered an attack of retention of urine, which was caused by the impaction of the calculus in the urethra, but which had terminated unfortunately in the stone slipping back into the bladder. With this history, and having also ascertained that the stone was still small, Mr. Lloyd resolved to wait a while, and keep the patient under observation. Some time having passed, however, the performance of lithotomy had been resolved upon. On Monday last, however, the child had another attack of retention, and on examination of the urethra, the calculus was felt lodged about half an inch from the orifice. By means of a scoop-director, Mr. Lloyd easily dislodged it from its position, and rid the child of his disease. No one would of course think of advising delay in cases in which the stone was the source of much suffering, or of material detriment to the health, but in certain others in which, perhaps, the symptoms are ill-marked, and the inconvenience caused slight, the recollection of such cases as this may fairly encourage the Surgeon to adopt for a time the expectant plan. The motives for so doing will, of course, be much strengthened if ever the stone have been forced into the urethra, as this would make it certain that it was not too large for such mode of escape.

ST. BARTHOLOMEW'S, GUY'S, AND THE HOSPITAL FOR DISEASES OF THE SKIN.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

OINTMENT FOR PILES.

The following is the formula of an ointment, often found very useful as an application to piles, when not of very large size. It is copied from the Pharmacopœia of Guy's Hospital:—

℞ Gallarum contrit. ʒij.
Opii (emolliti aquæ cum ʒj.) ʒss.
Liq. plumbi diacet. ʒij.
Adipis ʒj. Misce. Ft. ung.

We have here combined the astringent properties of lead and of galls with the sedative and anodyne ones of opium. Of course, in having resort to local measures, the general ones which address themselves to the cause of the disease should never be neglected. On the use of mercurials and castor-oil, as the radical treatment of hæmorrhoids, we had occasion to comment a few weeks ago. There is no doubt, however, that the sufferings of the patient may be materially mitigated by topical applications. If the piles be large, ulcerated, and very painful, the free application of nitric acid will be the best; if in a more chronic condition, the above ointment may be ordered, or lunar caustic may be freely smeared over the parts. A good formula for an astringent ointment is valuable, even if the other means be in a general way preferred, since, in private practice, cases are not unfrequently met with in which the Surgeon must prescribe without being permitted to inspect the part.

LOCAL APPLICATIONS IN ALOPÆCIA CIRCUMSCRIPTA.

At the Hospital for Diseases of the Skin, Mr. Startin has recently been employing the following application to patches of local baldness. The skin is first brushed over with a solution of nitrate of silver (♏ij. ad ʒj.), which is, while moist, followed by one of the hydro-sulphuret of ammonia. A black sulphuret of silver is thus made, with which the skin remains dyed for a week or more. Its therapeutic value is, of course,

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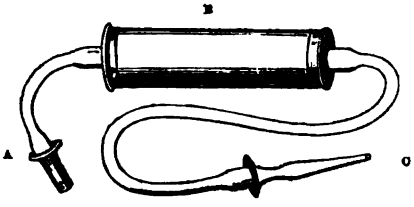
as an irritant, and its use appears to have been attended by benefit. Over the vesicating fluid, the cantharidine ointment, &c., it has certain advantages. In the first place, it is more cleanly, not causing any discharge; in the second, it is almost painless; and lastly, it is of use to conceal the patch. If the patient's hair be black, or nearly so, the advantage of staining the bald patch is great, and, as the application usually requires to be made weekly, the effect becomes permanent, and the disfigurement is almost entirely concealed.

ENEMA APPARATUS WITH ELASTIC BARREL.

The little apparatus figured below, although invented at least two years ago, is not yet so generally known as it deserves to be. It possesses, in simplicity of construction, great advantages over the instruments in common use. *a*, repre-



sents the perforated metal end of a short piece of elastic tubing; *b*, is a barrel of thick Indian rubber, sufficiently strong to re-expand by its own elasticity, after compression; and *c*, is a long piece of elastic tube, ending in the ordinary nozzle of an enema pipe. In use, all that is needed is to insert the nozzle, to place the other end, *a*, in the fluid to be injected, and then grasping the barrel in the hand, to alternately relax and grasp. By means of valves the fluid is prevented from passing, excepting in an onward direction. A vaginal tube is supplied with the syringe, by which it is adapted for use in uterine diseases. It might easily, by screwing on a stomach tube in place of the one marked *a*, be made to serve as a stomach pump. The portability of the apparatus, and the ease with which it may be used by a patient without assistance, are its great recommendations. A paper appears in another part of this Journal, in which the author (Dr. Wray) advises the injection of cold water into the cavity of the uterus, a proceeding which, with the usual instruments, would require two operators to accomplish; but with the one just described, might easily be effected by one. The employment of the elastic barrel was, we believe, originally suggested by Mr. Higginson, of Liverpool; the apparatus is now kept in stock by Messrs. Ferguson, of Giltspur-street, and we suppose by most other instrument makers.

TREATMENT OF CONDYLOMATA.

The local remedy usually employed by Mr. Lloyd, in St. Bartholomew's Hospital, for the treatment of Condylomata about the anus is calomel. Of this a pinch is taken in the fingers, and sprinkled over the diseased part, the application being repeated once in every two or three days. Mr. Wormald, we observe, uses the grey powder for the same purpose; and in the case of children, the latter is probably the safer application. For out-patients, whom it may not be deemed safe to trust with the calomel, Mr. Lloyd is accustomed to prescribe the following lotion: ℞. Hydrarg. Chlorid. gr. viij., Zinci Oxydi gr. viij., Mucilagin. 3 ij., Aq. 3 vj. Ft. lotio.

THE ROYAL OPHTHALMIC HOSPITAL.

DEATH FROM CHLOROFORM.

(Case under the care of Mr. BOWMAN.)

THE following unfortunate case occurred on Tuesday last. John Cannon, aged 40, a moderately stout, florid, and healthy looking man, had been attending for some weeks on account of the results of an injury to the left eye-ball. He was a native of London, and had generally led a temperate life. The globe had become disorganized, and, on account of the sympathetic irritation which it occasioned to the other, its removal was at length determined upon. The man expressed a strong wish to inhale chloroform before the operation, and as he had no indications of disease of any kind, no objection was made. The inhaler used was the one devised and recommended by Dr. Snow; the chloroform was from Messrs. Battley's (a), had been in stock not more than a fortnight, and had been used successfully for many other patients. The administration was intrusted to Dr. Playne, of King's College Hospital. In the commencement of the inhalation the valve of the mouth-piece was so turned as to admit an abundant supply of air, a point to which Mr. Bowman directed personal attention. During the first four minutes (more or less) nothing unusual occurred. Dr. Playne, who had his finger on the pulse, had noticed that it had rather increased in fulness, and was of good volume. Rather suddenly, however, just as the anæsthetic appeared to be producing its effect, symptoms of excitement occurred. The eyes became fixed and staring, the arms outstretched and rigid, and the face contorted. It was now impracticable to feel the pulse, on account of the tossing about of the arms, but, as is usual in such conditions, the respiration was noticed to be all but, if not quite, suspended, by the spasmodic fixture of the chest. The inhaler was at once removed, and the face and chest of the patient dashed with cold water. Almost immediately after, as the respirations had become extremely feeble and sighing, Mr. Bowman commenced practising artificial breathing, by the application of his own mouth to that of the patient. By this means the chest was made to fill very completely, and the process was kept up almost without intermission for from five to eight minutes. During the first three or four minutes after the alarm began, the patient continued at times to make slight sighing efforts at voluntary inspiration, and the case was not thought, by those looking on, to be by any means hopeless. At length, however, these finally ceased, and from that time it was apparent that the man was dead. The attempts at resuscitation were persevered with for a considerable time, and were not relinquished until evidently without hope of benefit. At the first opportunity which occurred for examining it after the spasmodic struggling had commenced, the pulse was found to be extinct, and it remained so ever after, although there were, as stated, feeble efforts at inspiration. The patient's countenance changed somewhat during the treatment, but was mostly suffused and congested.

As to the quantity of chloroform used, it is not practicable to give any estimate, as the inhaler had just before been employed for another patient. The point is, however, of no consequence, since precautions had been taken to begin the administration with a well-diluted vapour.

The post-mortem examination was conducted by Dr. C. Bœder 48 hours after the death had occurred. The following are its brief particulars:—

The sinuses, and the veins of the brain generally, were much congested, and there was some œdema of the brain-substance. The heart, excepting some slight deposits on the curtains of the mitral valve was healthy. Its muscular substance was easily lacerable. The right ventricle contained a considerable quantity of fluid blood, the left was nearly empty. There were some pleuritic adhesions, and the lungs generally were congested, being also in some parts full of air. The blood in every organ examined was fluid, and without trace of coagulation. Nothing was observed throwing light on the cause of death.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY

THE NOTTINGHAM GENERAL HOSPITAL.

REPORT ON THE STATISTICS OF AMPUTATIONS DURING THE LAST SIX YEARS.(b)

By JOSEPH WHITE, Esq., Resident Surgical Officer.

THE following remarks are based upon an examination of the records of cases in which amputation has been performed at the Nottingham General Hospital during the last 6½ years.

In this period there have been 132 amputations performed

(a) We believe of Edinburgh manufacture.
(b) This report was read by Mr. White before the Nottingham Medical Society at a recent Meeting.

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in the Hospital,—104 males, 28 females; 54 for injuries, 78 for disease. Of those for injuries 35 were primary, 19 were secondary.

—	Primary.			Secondary.			For Disease.		
	Cases.	Recoveries.	Deaths.	Cases.	Recoveries.	Deaths.	Cases.	Recoveries.	Deaths.
Thigh	9	5	4	7	5	2	42	38	4
Leg	7	4	3	4	3	1	18	16	2
Arm	10	7	2	3	2	1	11	10	1
Forearm and Hand ..	9	9	0	5	5	0	7	7	0
	35	25	9	19	15	4	78	71	7

In 118 cases recovery took place, and in 98 of these the time during which the patient remained in hospital subsequent to operation has been noted.

—	Primary.	Secondary.	For Disease.
	Days.	Days.	Days.
Thigh	38	42	39
Leg	36	36	29
Arm	29	31·5	25
Forearm	34	32	22·3
Average time	34·25	35·3	28·75

From this Table it will be observed, that in amputations for disease the recovery generally took place in a shorter time than when performed in consequence of injuries, the average number of days being—

In Primary Amputation.	In Secondary Amputation.	In Amputation for Disease.
34¼	35½	28¾

and it is remarkable, that while the average time of recovery from primary amputation of the arm has been 29 days, that from primary amputation of the forearm has been 34 days, or 5 days longer, and 11·7 days longer than amputation of forearm as the result of disease. This more tedious recovery has, I believe, arisen from the great tendency which there seems to be to the formation of matter in the stumps after this amputation. In nearly every case this has been observed, though it has always been most severe in primary amputations.

Not only do the amputations for disease appear more favourable than those for injury as regards the length of time occupied in recovery, but they present a most striking contrast in the small proportionate amount of mortality observed in that class of operations. This is a fact observed not only in those cases which have occurred at our own Hospital, but is borne out by the observations of all those writers who have directed attention to the subject.

According to the Tables which I have prepared, while the proportion of deaths to recoveries in amputation for disease is 1 to 10½, the proportion in primary amputations is 1 to 2½.

In the 1st, 11·14 per cent. of cases died.
In the 2nd, 29·00 ,, ,,

I have also arranged in a tabular form the results obtained by several observers, and all show an equally high, or higher rate of mortality.

In "An Exact Extract of all the Amputations practised in Paris for Traumatic Lesions during a period of Ten Years, from 1836 to 1846," as given by Malgaigne, in *Medical Gazette*, Sept. 15, 1848,

There were 102 deaths in 157 cases—64·9 per cent. deaths.

In a Table prepared by Professor Simpson, from the results of primary amputations, without anæsthesia, in 30 of our British Hospitals, between the years 1840 and 1847,

There were 88 deaths in 130 cases—67·6 per cent. deaths.

In a Table prepared by the same Author from similar results, under anæsthesia, in 49 British Hospitals,

There were 25 deaths in 73 cases—34·2 per cent. deaths.

In a paper on the results of amputation published in the *Medical Gazette*, Vol. XXXIII., by Dr. Laurie, and showing the result of the primary amputations in the Royal Infirmary of Glasgow, from 1794 to 1838,

There were 39 deaths in 74 cases—52·7 per cent. deaths.

In a continuation of the same series of cases, published by Dr. Steele, of the Glasgow Infirmary, in the 183rd Number of the *Edinburgh Journal*,

There were 62 deaths in 169 cases—36·8 per cent. deaths.

In a paper "On the Causes of Mortality after Amputation of the Limbs," by Mr. James, of Exeter, published in 17th Volume of "Provincial Transactions,"

There were 18 deaths in 68 cases—27·9 per cent. deaths.

In the practice of Mr. South, of St. Thomas's Hospital, and published by him in his Translation of Chelius's Surgery,

There were 7 deaths in 21 cases—33·3 per cent. deaths.

In a paper contributed by Mr. Potter to the 24th Volume of the "Medico-Chirurgical Transactions," and giving the results of primary amputations at University College Hospital to the end of 1840,

There were 3 deaths in 10 cases—30·0 per cent. deaths.

And, in a continuation of the same series up to 1853, given by Mr. Erichsen, in his "Science and Art of Surgery,"

There were 4 deaths in 14 cases—29·0 per cent. deaths.

Such, then, being the great proportionate mortality after amputations for injuries, it is important to ascertain as far as possible the reason of such an excess as compared with those for disease.

As regards the nature of the injuries for which these amputations were performed, a point which, of course, has a most important bearing upon the result,—those of the forearm were principally lacerations by machinery, either that employed in the manufactures of the town, or, perhaps as frequently, that in use in the agricultural district surrounding it; and by the bursting or discharge of guns; and, in two instances, by being crushed between the buffers of railway carriages. Those of the upper arm almost entirely lacerations by machinery of different kinds. The injuries in the leg have been railway or colliery accidents, in which the limb has been dreadfully crushed and lacerated; the same effect produced by heavy waggons passing over the limb; and in three cases injuries received by falls from scaffolding of a considerable height. In the thigh the injuries have generally been of a similar kind.

In considering the different modes in which these various injuries affect the results, the first point will be to investigate the more immediate causes of death after primary amputations.

Our accidents demanding amputation are rarely uncomplicated. A railway accident, a fall from a height, or the descent of a heavy mass of earth or coal, not only smashes a limb, but injures another limb, the head, or some important organ, and inflicts a severe shock on the general system. From these causes a great number of our patients are in such a state of extreme exhaustion and shock when admitted as to be unable to bear any operation, or, if they rally sufficiently to admit of its performance, they never recovered from the first depressing effect of the injury.

Primary Amputations.

—	Deaths.	From Shock immediate.	From Secondary Processes.
Thigh	4	2	2
Leg	3	1	2
Arm	2	1	1
Forearm	..	..	..

It thus appears that a large proportion of this mortality has been caused by shock, a result which agrees with the experience of most other observers.

But although a large number of cases of amputation died from immediate shock, yet if we even subtract these, we find that the proportion is far greater than when performed for disease. Thus, of 9 cases of primary amputation of the thigh, 2 died from secondary consequences, whilst, out of 42 similar amputations for disease, only 4 died, being in proportion of 1 to 4½, and 1 to 10½.

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Of 7 primary amputations of the leg, 2 died from secondary consequences. Of 18 for disease, only 2; being in proportion of 1 to 3½, and 1 to 9.

It is, therefore, necessary to glance at the most important secondary consequences which cause this greater mortality. Sloughing, unhealthy suppuration, low fever, phlebitis, etc.

We have also to contend with the injury which is frequently inflicted in the parts in the neighbourhood of a severe injury.

There is yet another serious complication met with in cases of injury, which is not present in cases of amputation for disease. We have not only the *immediate*, but we have also the *remote* effects of shock to encounter. These give rise to most serious constitutional disturbance, as has been pointed out by Hodgkin, James, Alcock, and others, which sometimes do not manifest themselves for some time after the infliction of an injury. Some change appears to be induced in the condition of the blood, or in the action of the nervous system, which is incompatible with health; severe febrile symptoms, usually of a low form, supervene, and death is frequently the result.

Such, then, are the most important causes of death in primary amputations. I will now consider very briefly the principal causes of mortality in those which have been termed secondary.

Nothing can differ more than the statements which we have upon this point: some tables give a greater, some a less, proportion of mortality after secondary than after primary. The first question, then, is, what may be fairly deemed the true period of secondary amputation? The second, the causes which more or less influence the results.

Injuries, such as are likely to require amputation, may be divided into three stages;—

1. "The period between the infliction of the injury and the occurrence of tension, pain, swelling, and symptomatic fever"—a period of greater or less extent, according to the nature of the injury, and the state of the patient's constitution.

2. "When the inflammatory symptoms have commenced, and have given rise to a constitutional affection, or symptomatic fever."

3. "When the constitutional disturbance and fever have abated."

The second of these periods is undoubtedly that in which amputation can be performed with the smallest chance of success(a); and it is a matter of regret that, in many returns, amputations at this period have been classed as secondary—in others they have been collected by themselves, or included amongst the primary operations. Of the great mortality of primary operations there can be no doubt; of the comparative mortality of primary and secondary there has long been a considerable discrepancy of opinion and statement. The records of our own hospital show a less proportionate mortality in secondary than in primary amputations; and the reports of civil hospitals generally afford the same result. In military practice, however, the returns would appear to be most decidedly in favour of primary amputations. From tables given by Mr. Guthrie it would appear that of 291 cases of primary amputation performed upon the field of battle, 24, or about 1 in 12, died; whilst out of 551 cases of secondary amputations performed at hospital stations, 265, or nealy one-half, died. This, I believe, has also been the case during the present war. The amputations in the field nearly all did well—those in hospital have done very badly. Such has, indeed, generally, been the observations of military Surgeons; such was the experience of the French and American Surgeons in 1780—such the experience of both French and English Surgeons during the Peninsular War—such the result of the amputations after the Battle of Navarino in 1827—and such the result of the amputations performed in the hospitals of Paris upon those wounded in the Revolution of 1830; but the most striking illustration of the successful issue of primary amputations in military practice is contained in an official report, transmitted by Dr. Burke, Inspector-General of Hospitals, to the Army Medical Board, wherein he states that, of 80 cases of amputation performed at Bhurtpore in Upper India, the whole recovered in 14 days.

"The comparative success of primary over secondary amputations," says Sir George Ballingall, "which has been so generally observed in military hospitals, does not take place to the same extent in civil hospitals. Upon this point," says Sir George, "I have had as good an opportunity of forming an opinion as most of my contemporaries, having now served thirteen years in the former, and more than twenty years in the latter. In civil hospitals the comparative success of primary amputation has not been by any means so great as that which I was accustomed to see and to hear of in the army. Sanson, who has noticed this fact, has assigned several reasons, obviously leading to a different result; and, amongst these, the moral influence of the different circumstances under which a patient is received into a civil and into a military hospital, has always appeared to me one of the most important. A working-man, who has, perhaps, an indifferent constitution, and a family dependent upon his exertions, is admitted with an injury requiring amputation, which may be the result of an accident by which he finds himself suddenly reduced to misery and dependence; whilst the soldier, again, with a constitution originally sound, and accustomed to contemplate such an accident, loses his limb in a good cause, under circumstances creditable to himself and duly appreciated by his country, from which he is certain of a pension for life."

There is, however, another point, which has not, perhaps, received its due share of attention, as regards the results of civil compared with military practice. In the latter, the injuries which require amputation are, for the most part, inflicted by fire-arms, a large proportion compound fractures from musketry; and in these the injury is by no means equal in extent, and consequently in degree of shock, to that which occurs in those accidents which, in civil practice, are more generally submitted to amputation: accidents chiefly arising from crushing by railway carriages, the fall of heavy weights, or those produced by machinery. These are similar to the most serious class of injuries which occur in warfare, from cannon shot, shells, or other explosives; and it would be matter of no surprise if, on more accurate investigation, the greater number of successful cases of primary amputations in military practice were found to result from the former class, which are rather, perhaps, submitted to operation from circumstances of situation, and the impression which exists as to the consequences to be ultimately apprehended, than because there is an intrinsic evil, too great to be combated at the moment, while in civil practice this description of case is more frequently reserved for treatment.

"I believe," says Dr. Laurie, himself a military surgeon for many years, "that in military practice, especially on the field of battle, very many limbs were removed which in civil practice we should have attempted to preserve. In our Hospital (the Glasgow Infirmary) we rarely, if ever, amputate, unless it be obvious that the limb cannot possibly be saved. It is further probable that, when the patient is seen almost immediately after being wounded, and the amputation is performed on the field of battle, he is in a much better state to bear the operation, and more favourably circumstanced for recovery, than in civil practice, when he is frequently not brought to the Hospital for several hours after the accident, and after being carried, perhaps, many miles.

Again, in military hospitals, the subjects of secondary amputations (unlike those submitted to primary operations) have been, for the most part, long exposed to the influence of a vitiated atmosphere. Often, after a great battle, carried into such hospitals as the emergency alone has created; crowded together; poisoned by the air they breathe, in common with a vast number of other wounded men, and often subject to the influence of endemic or epidemic diseases, their fate is often determined by circumstances entirely foreign to the operation itself.

If, then, the results of military practice are liable to be affected by these two important causes, viz.: 1st. The number of lighter cases submitted to primary amputation, which would have been placed under treatment in civil hospitals, whilst in them only the graver cases are at once submitted to operation; cases where both the immediate and remote effects of shock are powerfully adverse, and where injured parts are often left behind; and also, 2ndly, by the secondary am-

(a) Mr. Guthrie states that, of 150 unfortunate wounded Frenchmen, who, after the battle of Salamanca, could not be collected for surgical care till the period for amputation had passed, 46 had amputation performed; but of these only 6 were saved.

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putations in military practice having been, in many instances, previously exposed to deleterious influences, quite extrinsic to the operation itself, we may be warranted in concluding that the greater fatality of primary amputations in civil practice on the one hand, and, on the other, the greater success of secondary, amongst military suageons, can both be explained.

The discrepancy in the results of military practice are certainly very great, as may at once be observed by referring to the report of a meeting of the French Academy of Medicine (Aug. 1, 1848), *Med. Gas.* Malgaigne there adduces the following instances of different success in the practice of military Surgeons. Percy, out of 92 primary amputations of all limbs, lost only 6. Guthrie, at Toulouse, 9 out of 47. Larrey's military experience, a most extensive one in various regions, afforded a proportion of 3 recoveries to 2 deaths; while, on the other hand, Bilguer, Surgeon-General to the Prussian army, says, "Among a crowd of persons, on whom, during the Seven Years' War, amputation was performed, scarcely were 1 or 2 saved." In his own campaign in Poland, also, Malgaigne says he lost all his cases of amputation of the thigh who had fractures from gunshot wounds. These results, he adds, were so contradictory that he was induced to make the exact extract of all the amputations in Paris for traumatic lesions, during a period of ten years, to which I have already referred. I shall only add to the statement of Malgaigne the two following more recent returns, to show how great the difference still continues to be, even with the same class of operators and with the same class of subjects. Of primary amputations performed on the field, between June 21st and December 24th, 1813, in the army under the Duke of Wellington:—Lower extremities, 128; deaths, 19; 14·8 per cent. Of primary amputations performed in the British Legion at San Sebastian, from May 5, 1836, to June 10, 1837:—Lower extremities, 20; deaths, 12; 60·0 per cent. This great discrepancy in military practice may perhaps be accounted for by the causes to which I have already referred.

Of the amputations performed at our own hospital, the following have been the proportion of secondary amputations for injury and those for disease, with the results of each:—

	Secondary Amputations.		
	Cases.	Deaths.	
Thigh....	7	2	Diff. inflammation and Erysipelas + Pleuritis.
Leg.....	4	1	Sloughing of stump and exhaustion.
Arm	3	1	Pneumonia and purulent deposits.
Forearm .	5	0	
	Amp. for Disease.		
Thigh....	42	4	2 Pneumonia and Pleurisy + Diff. cellr. inflammation + Diarrhœa.
Leg.....	18	2	1 Sloughing of stump and exhaustion + Pneumonia.
Arm	11	1	Pneumonia (in a child).
Forearm .	7	0	

MORTALITY NOTABILIA.—The deaths of 1226 persons were registered in the week that ended last Saturday. The corrected average of deaths that occurred in the corresponding weeks of 1845-54 is 1253. These figures are satisfactory evidence of an improved state of the public health. The mortality which has for many weeks been excessive showed a decrease last week on the ordinary amount. But the mortality from bronchitis, and also from hooping-cough, is still great.

BIRTHS.—The births of 828 boys and 689 girls, 1517 children, were registered. Average, 1494.

METEOROLOGY.—The mean height of the barometer in the week was 29·881 in. The mean temperature was 41·9°, which is 2·2° below the average. Monday was remarkably cold, and the mean daily temperature was below the average till Friday and Saturday, on which days it was 6° above it. Wind south-east and west; horizontal movement of air, 400 miles. Rain, 0·04 in. Electricity positive, with variable tension.

Medical Times & Gazette.

SATURDAY, APRIL 14.

THE MEDICAL DEPARTMENT OF THE FRENCH ARMY.

As a sequel to the articles (a) on the Medical Department of our own Army, we now submit the following information regarding that of the French:—

Until very lately the Medical officers of the French army were divided into Physicians, Surgeons, and Apothecaries. By the ordonnance of the 23rd March, 1852, which introduced considerable modifications into the department, and placed it on its present footing, the distinction between Physicians and Surgeons was abolished, and two branches only are now recognized, Medical officers (*Médecins*) and Apothecaries. The following are the various grades and numbers of each borne on the strength of the army at its peace establishment:—

	Médecins.	Pharmaciens.
Inspecteurs	7	1
Principaux, 1re Classe.....	40	5
,, 2de ,, ...	40	5
Majors, 1re Classe	100	15
,, 2de ,, ...	220	30
Aides-Majors, 1re Classe	340	45
,, 2de Classe.....	340	45

The corps of Medical officers is placed under the authority of the Minister of War, who appoints annually a Council of Health consisting of four *Médecins-Inspecteurs* and one *Pharmacien-Inspecteur*, with a *Médecin Principal* or *Major* as their secretary, to assist him with their advice on all professional questions.

When the number of officers on the strength of the establishment is inadequate to the requirements of the service, "Auxiliary" Medical officers from civil life may be appointed by warrant from the Minister of War, or may be employed by the officers of the "*Intendance Militaire* (b)." They are not, however, incorporated with the regular staff, but are classed after that branch of the department to which they belong.

The *Aides-Majors* are appointed from the students of the special school of military medicine and from the "auxiliary" officers. The former must have studied the regulated time in the school—must have passed the required examinations—and must possess the University degree of Doctor, if appointed to the Medical, or of Master in Pharmacy, if to the Pharmaceutical branch of the service. The "Auxiliaries" are eligible for permanent appointments after having served two years and made one campaign, but they too must possess the degrees. Vacancies are filled up in the proportion of three-fourths from the school and one-fourth from the "Auxiliaries."

The following statement shows the period an officer must serve in each grade before being eligible for promotion, and the principle on which the promotions are made:—

(a) See *Medical Times and Gazette* of 30th December and 13th January.

(b) The "*Intendance Militaire*" is a corps to which there is nothing analogous in our army. It may be described as the civil department of the staff; there is a branch of it charged with the administration of the hospitals in everything except the professional treatment. The *Sous-Intendant* appears to have duties to perform similar to those of a purveyor united to the obsolete appointment of commandant of the hospital in our service.

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Médecin et Pharmacien.	Must have served in his present rank at least	Promotion made by Seniority.	Selection.
Aide-Major, 2de Class ..	2 years.		
,, 1re ,, ..	2 ,,	Two-thirds.	One-third.
Major, 2de Classe	4 ,,	,,	,,
,, 1re ,, ...	3 ,,	One-half.	One-half.
Principal, 2de Classe....	2 ,,	None.	All.
,, 1re ,, ...	3 ,,	None.	All.
Inspecteur		None.	All.

These periods, however, may be reduced by one-half in time of war, and may be dispensed with altogether if the exigencies of the service require it, or in case of an act of devotion and courage duly authenticated and published in the Orders of the Army or of the Division.

The recommendations for the promotion of *Aides-Majors* are made in regiments by the *Médecin-Major*, subject, however, to the approval of the Commanding Officer, and in hospitals by the Officer at the head of that branch of the service to which the *Aide-Major* belongs, subject to the concurrence of the *Sous-Intendant Militaire*. The duty of recommending the *Médecin-Major* of a regiment rests with the Commanding Officer, and that of the Chief Medical Officer of an hospital, with the *Sous-Intendant* charged with the administrative direction of that establishment. Both classes of recommendations are submitted to the *Médecins-Inspecteurs* at the period of their annual inspections, and are forwarded by them, with their opinion on each case, to the Inspecting General Officers and Military Intendants; they have also the power to recommend any officers whose claims may appear to them to have been overlooked. The recommendations, without any alteration, are forwarded to the Minister of War by the Generals and Intendants, with such remarks as they may deem requisite. They are then classified by a Commission consisting of one General of Division, who is President, two Military Intendants, and three Medical Inspectors, and upon their report the vacancies are filled up by the Minister.

The duties of the Council of Health are to superintend and direct, in Professional matters, both branches of the service, and to advise the Minister on all questions having reference to it; to keep up a correspondence with the Officers on the various subjects connected with Medicine, and the collateral sciences; and to give an opinion upon the nomination of individuals to the different appointments in the department. The duty of the "*Inspecteurs*" is to make the annual inspections of the Hospitals and Corps, or any extraordinary inspections the Minister may deem requisite. The "*Principaux*" may be attached to a *Corps d'Armée* in the field, where their duties are analogous to those of the Council of Health; they are also the Chiefs of the Department in the Military and Civil Hospitals. The "*Majors*" treat the sick in Hospital, and they are also the Chiefs of the Medical service in Regiments. The "*Aides-Majors*" are divided into two sections; the second section of the second class is employed, on first appointment, in Regiments, and the first section in Hospitals; the same arrangement is adopted with the two sections of the first class. This employment is carried on strictly by seniority, and every *Aide-Major* being thus posted alternately to a Regiment and an Hospital has an opportunity of becoming acquainted with the duties of both. This is an arrangement which might be advantageously adopted in our Army.

In matters of general discipline, the Medical Staff Officers are under the authority of the Generals of Divisions. In Regiments they are under the Commanding Officer. In the Hospitals they are subordinate in all matters of discipline, and in the execution of the regulations and police of the Hospital, to the Officers of the *Intendance Militaire*. Under the head of police are comprised the visits, the dressings, the distributions of the food, cleanliness of the Wards and courts; the good order and quiet among the Medical Officers, the administrative officers, and the Hospital servants, as well as among the sick and wounded under treatment.

These regulations appear to have materially limited the power of interference on the part of the Officers of the *Intendance Militaire*, which was formerly a source of frequent complaint by the Medical Officers, and gave rise to much unpleasant feeling and irritation.

The pay and allowances of the Officers of the Department are shown in the following Table:—

Médecin ou Pharmacien.	Full pay. Per annum.	Full pay. Extra, when doing duty in Paris.	Pay when not employed. From reduction, suppression of employment, return from captivity, temporary infirmities.	Pay when not employed. From withdrawal or suspension of employment.	Additions to pay. Allowance in lieu of Lodging.	Additions to pay. Allowance in lieu of Furniture.
	£	£ s. d.	£ s. d.	£ s.	£ s.	£ s.
Inspecteur	352	..	176 0 0	140 16	48 0	16 0
Principal, 1re Classe ..	200	40 0 0	100 0 0	80 0	38 8	12 16
,, 2de ,, ..	180	36 0 0	90 0 0	72 0	33 12	11 4
Major, 1re Classe	140	28 0 0	70 0 0	56 0	28 16	9 12
,, 2de ,, ...	112	28 0 0	56 0 0	44 16	14 8	7 4
Aide-Major, 1re Classe	90	26 0 0	54 0 0	36 0	9 12	4 16
,, 2de ,,	74	24 18 4	44 8 0	28 12	9 12	4 16

In addition to the above pay, the *Inspecteurs* receive £88 per annum when the army is on the footing of war. When they are on the unemployed list, but waiting for employment, their pay is £200 a year. [*Solde de Disponibilité.*] An addition of one-third is made to the lodging and furniture allowances of all Officers doing duty in Paris.

The Medical Officers are entitled to retired pay under the same regulations as the other Officers of the Army, but are permitted to count as service five years spent in preliminary studies before their appointment as *Aides-Majors*. The minimum rate of pension is granted after 30 years full pay, and there is an annual increase at a fixed rate up to 50 years service, when the maximum is attained. There are certain circumstances which entitle an Officer to count additional time at the rate of two years, and sometimes more, for every one of actual service. The chief of these are, when the Army is on the war establishment; when the Officer is serving with a *corps d'armée* occupying a foreign country; or serving on board ship in a maritime war; or serving out of Europe in time of peace.

The age at which Medical Officers are entitled to claim their retirement, and the rate of retired pay in each rank, are shown in the following Table.

Médecin ou Pharmacien.	Maximum.	Minimum.	Age at which entitled to claim retirement.
	£ s. d.	£ s. d.	
Inspecteur	160 0 0	120 0 0	64
Principal, 1re Classe.....	120 0 0	96 0 0	60
,, 2de ,, ...	96 0 0	72 0 0	
Major, 1re Classe	80 0 0	60 0 0	58
,, 2de ,, ...	64 0 0	48 0 0	56
Aide-Major, 1re Classe.....	48 0 0	32 0 0	50
,, 2de ,, ...	40 0 0	24 0 0	

Although the Ordonnance of March 1852 has improved the full pay of all ranks, and given an increased retirement to the Inspectors and Principals, it must be confessed that the scale of remuneration is yet very inadequate to the amount of duty required, and holds out but little inducement to men of talent or good standing to enter the service. Their position with reference to the Officers of the *Intendance militaire* has

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been modified, but it remains to be seen whether enough has been done to remove those unpleasant feelings which too often existed between the departments, and frequently gave rise to disputes and squabbles, on which time and energies were expended, that, under a better system, might have been employed to promote the welfare of the Soldier.

THE CASE OF MRS. RAMSBOTHAM.

Among the universally admitted forms of mental aberration is one manifested only by an inordinate and uncontrollable desire on the part of the sufferer to appropriate to himself the property of others. This variety of insanity ranks in the same category with certain cases of homicidal mania. In both, the madman breaks the laws which are framed to enable men to live together in a social state, and consequently, in both, the magistrates whose duty it is to guard those laws from violation, are called on to take cognizance of his acts. No doubt, many of those who rid themselves of their own property in the most reckless manner, or destroy their own health by indulgence in the use of alcoholic liquors, are equally the subjects of mental aberration; but the offence being merely against the individual who commits the act, it is in exceptional cases only that the law is called on to interfere.

Cases of homicidal mania are by no means infrequent, in which, without provocation, or on the slightest provocation, the madman, although sane in his ordinary intercourse with men, slays perhaps his dearest friend, or cuts the throats of children whom but a little while before he would have saved from death at the expense of his own life. Cases, too, of undoubted mental aberration, manifested only by what in a sane person would be theft, are pretty common. In one well-known case the sufferer was a lady of wealth, and her servant accompanied or followed her in all her walks, in order that she might enter every shop which her mistress left, to inform the owners that she would pay for any articles the lady had appropriated without permission. The plea of insanity, however, in these cases, is very properly regarded with much suspicion by the public and the law. It is felt, were this plea readily admitted as an excuse for theft, that property would soon be unguarded by the law; that those who longed for their neighbours' goods, who desired to indulge in luxuries they could not command, would help themselves to the property of others, and when detected in their crime, would plead, as an excuse, an irresistible propensity to take what did not belong to them. Still, while the law is unwilling to admit in these cases the plea of insanity, justice is obliged to admit in other cases that the plea is a right one.

A gentleman, having command of an abundance of wealth, and wanting for no luxury, is so affected mentally that he takes every trifling ornament from the rooms, even of his nearest friends. So well known to his relatives is this passion, that at night his pockets are regularly searched, in order that every one may receive again those articles which really belong to him. Such a case is on record. Now, supposing this gentleman to enter a shop where his madness is unknown, he, morally innocent, would probably be cast into the cell of the felon. Difficult as it is to separate these cases from those in which the moral responsibility of the thief is altogether unimpaired, yet in many cases it can be done; and it behoves those whose duty it is to administer justice, to watch that they do not, on the one hand, readily admit the excuse, and, on the other hand, that they do not forget the fact that, in certain cases, these illegal and apparently immoral acts are the results simply of a disordered intellect. In the majority of these cases, the condition of the mind must be estimated by the want of motive for the committal of the offence.

The case of Mrs. Ramsbotham illustrates this point. Here a lady, possessed of every comfort that wealth could supply, enters a shop and purloins three or four pocket handkerchiefs, which, judging from their price and the account given of them by their owner, must have been almost entirely valueless to her. Surely the facts themselves are the strongest evidence that could be offered of the absence of moral guilt, because they afford the strongest evidence of mental aberration. With such *primâ facie* evidence of weakened intellect, we regret that a lady so highly respected as Mrs. Ramsbotham, should have been placed, by what seems to us to be the ill-judged zeal to do right on the part of the prosecutor and of the magistrate, in a position which may cause irreparable damage to a mind affected, perhaps, by some transient cloud, and which may convert a case of temporary moral monomania into one of hopeless imbecility or confirmed melancholia.

It has been urged that if we are to judge of the sanity or insanity of the accused by the relation between the offence and the temptation, we admit a mode of defence to the wealthy from which the poor are excluded. To this the answer is manifest, viz., that because in a given case a particular mode of defence is impossible, we are not to prevent those to whom such a mode of defence is possible from using it. As well might we say it was wrong for the man who possesses two legs to employ them in escaping from a danger because a man with one leg only is left behind to suffer from it; or that he who can swim should not exert his limbs to save his life because another placed in the same circumstances is unable to strike out.

To have had one so near to him afflicted as Mrs. Ramsbotham is, must have been a source of the most poignant grief to Dr. Ramsbotham, but if it be any consolation to him, and we think it must be, to know that he has the warmest and the truest sympathy of his professional brethren in this time of trouble, we feel confident that he must enjoy that consolation. We have witnessed the exhibition of but one sentiment, viz., that of deep sympathy with Dr. Ramsbotham; we have heard but one opinion in the Profession, viz., that Mrs. Rambotham is free from all moral guilt.

Since the above remarks were written, the trial of this unfortunate lady has been concluded, by the dismissal of the jury without coming to a verdict. The punishment already inflicted has been indeed terrific; but we have very little doubt that those who have reflected upon the mysterious operations of the human mind, as affected by health and disease, will agree with us in the views which we have expressed, and will rejoice that, by a termination satisfactory to all parties, and discreditable to none, this unhappy trial will now cease to occupy the public mind. The psychological question, however, still remains for discussion; but the parties competent to discuss it are not the persons who form our common juries.

THE WEEK.

The Profession will be sorry to learn that more than one of the important schemes of investigation undertaken by the Epidemiological Society are at a standstill for want of the needful funds. An application for a grant from Government has been refused, and the only method now remaining is to attempt to increase the number of members. It is not right that a society with such objects should be dependent upon Medical men alone for pecuniary support. They, of course, are its most efficient workers, but as the chief intention of the undertaking is the prevention of disease, it would be but fair

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that the public, which is to gain all the advantage, should help to find the money. Membership is not confined to our profession, and should any of our readers incline to serve this invaluable society, they cannot do better than bring it under the notice of their friends, whether lawyers, clergymen, or others, who may be likely to take an interest in its proceedings.

The magnificent Baltic fleet has again sailed. Whether it is intended to fight this time or not, we have no means of knowing, but if it be meant to come to actual bloodshed, we know no terms in which to express our appreciation of the criminal apathy of the Admiralty Board to the question of the Medical service. The pupil dressers, about whom so much has been heard, have, in default of regularly qualified men, been sent out, and their presence constitutes the chief source of complaint and dissatisfaction amongst our gallant tars. It is said that in one three-decker were two of these youths, whose ages were respectively 16 and 18. That there is no backwardness on the part of the Profession to volunteer into her Majesty's service, is proved by the fact that there are now 700 names on the list of applicants for posts in the civil hospitals of the East. The Navy is avoided simply because in it the treatment of Assistant-Surgeons is such as gentlemen cannot endure; and this the Admiralty know, remonstrance after remonstrance having been addressed to them; but in spite thereof, and of the warning given by the recent disasters in the East, the Board persevere in their course of stupidity and wrong-headedness. The students who took part in the late agitation would accomplish another piece of patriotism if they would procure a commission *de lunatico inquirendo* on Sir Charles Wood. Evidence of the most conclusive kind might be adduced.

Mr. Syme, with that energy of purpose which constitutes so praiseworthy a feature in his character, is determined that public attention shall be drawn, *vi et armis*, to the anomalous position of medical evidence in the Scotch Law Courts. Not satisfied with the notoriety produced by a recent trial for libel, which well brought out the absurdities of the present system, a pamphlet, containing a full report of the same, with the addition of other important facts, is now published for general circulation. It appears from it that, in one instance, by a vigorous remonstrance with the Home Secretary, Mr. Syme had the satisfaction of being the means of preventing the execution of a criminal, convicted on imperfect medical evidence. He is in this matter fighting the battle of common sense and of right; and the Profession must, accordingly, applaud him, and wish him success.

Last Wednesday a most interesting *soirée* was held in the Hall of the Apothecaries' Company. These meetings, of which this week's was the second, reflect great credit on the zeal of the Wardens, and more especially of the Master for the year of that body. A reunion, attended by 500 members of a learned profession, held in rooms furnished with a rich collection of scientific objects, calculated to supply abundant topics for conversation and inquiry, could not be otherwise than most profitable. Setting aside the actual knowledge gained on such occasions, they afford opportunities for a kind of social intercourse nowhere else so well obtainable. Acquaintances are formed, old rivalries are done away with, while personal prejudices, often the result of imperfect knowledge, are dispelled, the rugosities of character are polished off. The indication and the result of a healthy, genial, and zealous spirit, these meetings in their turn do much to increase it. They tend greatly to augment that *esprit du corps* and kindly feeling one to another, which are beyond all price in our profession.

It is our lot this week to have to record in the same journal the particulars of two cases of death from chloroform. The first of these is one in which, from the circumstance that the fatal event occurred from the administration of the remedy by the patient herself, and in the absence of her medical attendant, nothing can be known respecting the mode of death. The case, however, in many of the facts connected with it, is of extreme interest and importance. Too much praise can scarcely be given to the Surgeon in attendance for the sagacious and persevering manner in which he pursued an investigation in which every attempt was made to deceive him. In the hands of many, the case would have been left as one of sudden and unexplained death during labour. The second case is another instance of what we insisted some time ago should be classed among *simple accidents*, teaching us nothing whatever as to their prevention in future. A healthy, robust man, the subject of no kind of disease,—a Surgeon unsurpassed by any for skill and knowledge—with all a London Hospital appliances at hand, and abundance of professional assistance,—a pure drug, the best form of inhaler, every precaution used,—yet, despite all, death results.

The Executive of the War Office is now prudently seeking advice in its Medical matters from the quarters best capable of affording it, and is actually attempting to a considerable extent to act up to the advice given. The excellent organization of the Hospital destined for the east shores of the Bosphorus, we noticed at length last week. The exact site of the erection is not yet determined upon, it being most judiciously determined to leave the selection of the spot to be made by the Medical Superintendent, Dr. Parkes, on his arrival. Other civil hospitals are under contemplation; and another project of the utmost importance, and the suggestion of which is a testimony to the foresight of Lord Panmure's advisers in the matter, has been carried out. It consists in the appointment of a Pathological Investigator, who, with a small staff of assistants, is at once to proceed to the depôts of disease for the express and sole purpose of collecting evidence as to the real nature of the prevalent maladies. Under his superintendence autopsies on a large scale are to be performed, and every means is to be taken for obtaining and recording such facts as may throw light on the subject of the fearful mortality which has prevailed. It is right that duties such as these should be allotted to a separate commission, who will be unencumbered by the care of the sick, and left at full liberty for their special labours. The gentleman appointed as chief in this commission is Dr. Lyons, of Dublin, a physician in every way well fitted for the undertaking. He has, we believe, already left London. The salary given is to be £100 per month, with all expenses, and a liberal allowance for assistance, outfit, etc. The Report to be prepared will, no doubt, be printed by the Government.

REVIEWS.

The Entomologist's Annual for 1855. Second Edition. Edited by H. T. Stainton.

This little book seems well adapted to answer the end had in view by its compilers, and to assist greatly the labours of those who can spare time for the pursuit of practical entomology.

On the Use of Creosote in Scorbutic Camp Dysentery. By J. B. Wilmot, M.D. Pamphlet.

Dr. Wilmot's remedy for dysentery is the injection of creosote into the rectum. He employs drachm doses in about 12 ounces of thin starch or gruel. In this remedy, even in the most hopeless stages, he reposes an unbounded confidence. A

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series of cases are quoted, which seem, as far as they go, for they are but few, to fully support the assertions made. The remedy is cheap, and easily obtained, and is certainly well worthy the attention of those now engaged in treating the diseases of our soldiers. It is stated that the injection, as might be expected, generally occasions a temporary increase of pain, which is, however, not to be regarded with any apprehension. In some of the cases given, the injection does not appear to have been repeated, but the author is not so explicit on this point as could be wished. In one, it was used on seven successive nights. The paper which forms the bulk of the pamphlet was communicated by Dr. Watson to the Medico-Chirurgical Society in 1845, but was not then published.

Notes on some of the Developmental and Functional Relations of Certain Portions of the Cranium. Selected by F. W. Pavy, M.D., from the Lectures on Anatomy delivered at Guy's Hospital by John Hilton, F.R.S. Pp. 93. London. 1855.

The first half of these Notes was inserted in the Guy's Hospital Reports for October, 1853; and, in consequence of the demise of that periodical, the whole has been revised under Mr. Hilton's superintendence and collected into the small volume before us. As may be expected from Mr. Hilton's experience as a teacher, these remarks are highly interesting to every student of anatomy. He first considers the exterior and then the interior of the cranial vault; then the internal and the external bases, and the effect of the full development of the sphenoid bone upon the configuration of the skull and face. The relation of the osseous system to the soft parts, which are in connexion with it, is constantly pointed out; and the evidence of design in the mutual adaptation of the structures is forcibly indicated. Many points of minute anatomy are developed very clearly by Mr. Hilton, and his remarks are illustrated by some well-executed engravings of the bones of the head, showing their different sections and the changes which they undergo in their progress from childhood to maturity.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON CHLOROSIS SIMULATING PHTHISIS.

By M. RILLIET.

In this Essay M. Rilliet describes a condition of which he has seen many examples, and which he does not think has sufficiently excited attention. Young girls, or young wives, generally after prolonged grief or violent emotions, present the following train of symptoms, viz., general *malaise*, sleeplessness, palpitations, panting breathing, decoloration of countenance, indigestion, dysmenorrhœa, or amenorrhœa. These symptoms of chlorosis may persist for several weeks, when another series appears, giving to the condition a different signification. The pulse becomes accelerated, as in fever, and there is general or partial increase of heat, accompanied by profuse general sweating, which occurs sometimes at night. Rapid and progressive emaciation follows, and the patient becomes so feeble as to be confined quite, or partly, to bed. After a month or two, but rarely before, a cough suddenly appears, and rapidly gets worse. It is dry and short, sometimes paroxysmal, and very distressing, and is accompanied by violaceous cheeks, an increase of transpiration, and sometimes by hæmoptysis. These signs lead to the fear of phthisis, but an examination of the respiration only furnishes negative signs, while the heart and large vessels reveal the chlorotic condition. There is also present an excited state of the nervous system, and melancholy. The appetite is capricious, rather than absent, and articles of food are sought for possessed of a strong taste, little in harmony with the febrile condition of the patient.

These symptoms persist, with varying intensity, for several weeks. Menstruation is arrested; but at its periods the febrile state becomes exacerbated, or, after a temporary calm, all the symptoms resume their former character. There may be every shade between a mere suspicion of disease of the chest, and a well-grounded fear of its existence: and although M. Rilliet now believes he is able to assure himself of the true state of such patients, this results from the experience he has acquired from observing the recovery of cases offering the same negative and positive symptoms. The purity of the respiratory murmur will not, however, always assure us of the absence of tubercles, for cases of acute, or even subacute, phthisis, and even in a somewhat advanced stage, do not always furnish auscultatory signs. As these, too, are the very cases oftenest simulated by chlorosis, M. Rilliet endeavours to lay down some marks of distinction between the two conditions.

1. In febrile chlorosis, well-marked chlorotic symptoms precede the cough, while, in the great majority of cases of phthisis, the cough precedes the general symptoms. 2. The chlorotic cough sometimes resembles, in its *timbre* and mode of return, hysterical cough. In other cases, it is not to be distinguished from the phthisical; but it is often remarkable for the rapidity with which it increases, contrasting by its intensity with the complete absence of stethoscopic signs. 3. The fever is sometimes as ardent as in phthisis, but it differs in not usually taking on the hectic form in the evening, the exacerbations being very irregular and usually diurnal. 4. Contrary to what is observed in the phthisical, but in accordance with what often takes place in the hysterical and hypochondriacal, the patients are easiest in the evening; and they are sleepless rather from the excitement of their nervous system than from any increase of fever. 5. The pulse in the chlorotic is vibrating, nervous, tense, and often irregular,—in a word, "palpitating;" while in phthisis, it presents a special character more easy to appreciate than describe. It is undulating, one pulsation running into another, giving to the touch a sensation analogous to that which would be furnished to the sight by two fingers rapidly turning around each other. 6. The sweatings as copious as in phthisis are less regular, succeeding usually the paroxysms of cough, and occurring as often in the day as at night. 7. The emaciation is as complete and as rapid as in well-marked phthisis. The cheeks become violaceous, but the paleness of the face does not assume the dead-white of common chlorosis. 8. The menses are very early suppressed, and when they should appear, we have sometimes a remission, and sometimes an aggravation of symptoms. When, however, they are suppressed in phthisis, it is at an advanced period, and without the production of any special effect. 9. The desire for high-flavoured aliments during the febrile condition is not observed in phthisis. 10. It is the combination of the above marks of distinction, the progress of the disease, and the influence of remedies, that establish the diagnosis completely. The criterion derived from the progress of the disease is the more important, inasmuch as there are undoubted cases in which chlorosis and tubercle are associated; and the possibility of such a coincidence must render our prognosis reserved, until a notable melioration justifies our treatment. Still, it is to be observed that it is rather the chronic than the acute febrile chlorosis that masks phthisis.

The disease should be treated with promptitude. Iron must be given, without regard to the cough, fever, or other symptoms which may seem to contra-indicate it; but alone it will not suffice, requiring to be combined with change of air, good hygiene, and abstraction of predisposing causes.

Archives Gén., February, 1855. Pp. 129—142.

A NEW STYPTIC.

By M. HANNON.

As the fluid form impairs the hæmostatic power of any substance, M. Hannon has contrived the following styptic, which he says is the best he has hitherto met with, surpassing in efficacy the aqua Pagliari:—Take of benzoic acid 1, alum 3, Bonjean's Ergotine 3, and water 25 parts. This mixture is to be boiled in a porcelain capsule for 30 minutes, stirring it constantly, and replacing the fluid evaporated by warm water. It is next to be evaporated to the consistency of an extract, still stirring it to prevent the separation of the benzoic acid. The paste is to be spread over the bleeding surface. M. Hannon has also administered the compound internally, with excellent success, as in hæmoptysis. For internal use the following pills are preferable to the extract: Benzoic acid 15 grs., alum and ergotine, of each 30 grs., divided into sixteen pills, of which one is to be taken every second hour.—*Gazette des Hôp.*, 1855, No. 22.

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IODINE INJECTION IN PLEURITIC EFFUSION.

By Dr. ATLEE.

Dr. Atlee relates the case of a gentleman (age not given) from whose side nine pints of pus were discharged on the 16th December, through a trocar passed into the left side of the chest between the seventh and eighth ribs, midway between the spine and the sternum. No farther discharge took place until the 2nd of January, but the closed wound then re-opened, and from that time about a pint of pus continued to be discharged daily, with the effect, in spite of restoratives, of rapidly wasting the patient's strength. On February 2nd, 3ij of liq. iodin. c. (U. S. Disp.) diluted with ʒi of tepid water, was thrown in without inducing any ill effect, no precaution against the admission of air being taken; and next day the amount of discharge was found diminished by one-half. Each day the strength of the injection was increased, and on the 7th February the iodine was used undiluted. The amount of matter discharged rapidly decreased, and by the end of February the flow had ceased, the patient daily recovering strength, and in a few weeks later being able to go to business. When seen three years later he was quite well, and had insured his life. On examination the left side of the chest was found measuring 2½ inches less round than the right. The respiration was normal, and the heart's action was audible in the natural locality.

During the discussion upon this paper Dr. Bowditch related an interesting case which occurred in the person of a young woman, who, during a three months' treatment, had her chest tapped seven times. A steady improvement and a diminution in the size of the collection ensuing each time, and the intervals between the operations being gradually increased. During all this time pregnancy steadily advanced, and the fœtus was vigorous in its movements. At first a large trocar was employed, so that by leaving the canula *in situ* a fistulous opening might be produced; but it became displaced, and caused much more irritation than the small one employed on subsequent occasions. Dr. Bowditch observed that during the past three years he has operated with the small trocar seventy-seven times, and in no instance with ill effect. In all the cases when fluid was obtained relief followed; and in some the operation was the chief or sole cause of cure.

Amer. Journ. Med. Science. 1855. Vol. XXIX. p. 68.

CASE OF RUPTURE OF THE UTERUS AND GASTROTOMY.

By Dr. MASON.

This case occurred in a strong, healthy woman, pregnant with her sixth child. Her labour was going on slowly but naturally when, while passing a stool, she was seized with two dreadful pains accompanied by the feeling of something having given way within. Although the pulse was little altered, and there was neither vomiting or syncope, the total cessation of pains, the recession of the presenting part and a sanguineous discharge gave rise to the fear of rupture; and on a closer examination the entire child was found to be external to the uterus. Her pulse continued firm, the countenance good and skin natural; and, as she resolutely forbad any manual interference, a large dose of morphia was given her and she was left for the night.

Next morning (July 25), the same favourable conditions continued, and she now consented to gastrotomy, which was performed under the influence of æther. A large hydrocephalic child was found in the cavity of the abdomen. The rent in the uterus was enormous, but as soon as the placenta and coagula had been removed from its cavity the organ contracted to the size of the fist. The blood, of which a large quantity was effused into the abdomen, was removed as far as possible, and the wound united by sutures. The strength was not much exhausted, and the pulse, although 120, was firm and equal. Grain doses of opium were given every hour with the effect of procuring sleep.

She went on very well, with the exception of occasional vomiting and an offensive vaginal discharge, until the 30th, when the pulse mounted up to 130 and 140, the body became covered with a clammy sweat, and altogether she seemed moribund. The mind of this remarkable woman nevertheless remained firm and composed, and she declared she was not dying, even when informed that such was the case. And, in fact, she rallied, and eventually recovered, though after similar vicissitudes recurring. By the 15th August she had come down stairs, and a month after the rupture had occurred she was engaged in washing.—*Am. Jour. of Med. Sc.*, 1855, vol. xxix. p. 278.

GENERAL CORRESPONDENCE.

INDIAN BAEL IN DIARRHŒA.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your number for February 10, I see a notice of the trial of the Liquor Baelæ—a remedy held in high estimation by native Indian practitioners in the treatment of diarrhœa and dysentery. The limited experience of this remedy by European practitioners renders it desirable to have further information regarding it. With this view I enclose the following particulars for publication, if you consider them worthy of recording. Simultaneously with the trial at St. Bartholomew's, a bottle of the decoction of the rind of the fruit was put into my hands for trial in the distressing and virulent scorbutic dysentery and diarrhœa which has so greatly thinned our ranks in the army before Sebastopol. I commenced by administering two table-spoonfuls twice a day to three patients who were suffering from a more obstinate form of the complaint than the rest. This was continued for six days, when the contents of my bottle were expended. In all the cases the frequency of the diarrhœa was diminished, the uneasy sensations in the colon and small intestines were calmed. The taste was rather pleasant than otherwise to the patients (indeed, the smell and appearance very much resembled London porter). The result of my small experience does not justify me in recommending it as a trustworthy remedy, but it is sufficient to justify a more extended trial, and for a longer period; and I regretted that the quantity in my possession was insufficient to enable me to forward you more positive results. I am, &c.

George E. Blenkins, Surgeon, Grenadier Guards.

Balaklava, Crimea, March 14, 1855.

SEVERE AND COMPLICATED CASE OF ONYCHIA.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have to mention a most severe and complicated case of lameness, induced by in-growing of the toe-nail, and displacement of the toes. The patient is a gentleman aged 36, long subject to this dismal affliction, and in a weak, nervous state of health.

Originally (in 1851) the nail of the great toe of the left foot "grew in" at the external (lateral) edge, and the consequence was, intense pain and inflammation, followed by suppuration. Whereupon a portion of the edge was excised, and relief temporarily obtained. But observe the necessity, in all cases of onychia, of going, literally, to the root of the evil. In this case, instead of the scissors being thrust up to the matrix, and the root of the offending portion of nail being extracted with the forceps, a sharp convexly-growing angle of nail was left. This kept up a constant irritation, but for a time the angle was occasionally picked away by bits, and so the evil, to a certain extent, kept under. At length, last autumn, this no longer availed—the angle grew down into the flesh, and produced, by its irritating influence, an increased secretion along the free edges, and up to the tip of the toe, of hard, horny skin. Added to this, there was, just under the upper edge of the nail, the disease noticed by Chelius (see Ashton on the subject of corns and in-growing nails), where there is a copious secretion of scarf-skin, in bran-like scales, with a cup-like cavity beneath.

As the patient was now not only lame, but in a state of agony by day and night, an operation was performed, and, by means of the scissors and forceps, a sharp triangular piece of unhealthy nail was extracted from the matrix, which was probed and found to be clear. There was little effusion of blood, but suppuration ensued, and lasted for three weeks, the ulceration finally involving the entire gland of the nail. For a time the inflammation was great, but it has now subsided, pus is no longer secreted, and nature is preparing to shed the old nail entirely.

As if this were not enough, one of the smaller toes had overridden the other, and produced a small corn at the root of the nail, and is still a source of great annoyance, notwith-

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standing we used strapping-plaister to keep the toes in situ, and the drilling of a hole in the boot immediately over the sore toe.

Nor is this all. Owing partly to a similar displacement of the toes, and a tendency of the internal edge of the nail to grow convexly, the gland of the great toe of the right foot is now in a state of inflammation, and unless the toes can be kept apart by padding, the nail will, doubtless, be shed. It does not actually grow in at the side, but tends so to do. The displacement of the toes can only be accounted for by the lameness of the patient, and, no doubt, compelled him to walk, so to speak, on the sides of the feet. He generally wears pannus-corium boots.

Such, Sir, is the purgatory of a poor martyr to onychia. It would be worth the while of any of your surgical friends to take notice of this case. That it may now be cured is probable, but, oh! the tortures in the interim! The patient would be glad to walk barefoot to Jerusalem or Mecca, and on flinty roads too, could he only recover the power of walking as before. He has even talked of suicide, but this is, of course, an excusable extravagance.

The result of this and other cases confirms me in the belief that the palliative mode of treating onychia, such as cutting the nails square, scraping, and padding with lint, is all twaddle! Scrape, if you like, afterwards; but when the nail is ingrown already, stare danger in the face, and boldly excise the offending edge with the scissors and forceps—you must be cruel only to be kind. I am, &c.

March 23. PHILO-CHIRURGUS.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, MARCH 17.

Dr. SNOW, President, in the Chair.

DR. ROUTH alluded to the recent opening of a cemetery at Quebec, in which a large number of persons who died of small-pox about a century ago, had been interred; the opening having been followed by a violent outbreak of the epidemic in the neighbourhood.

Dr. Gibb stated that the burying ground was opened some two hundred years ago, in order to bury some Indians who died during an epidemic of the small-pox; it was opened a century after for the like purpose; and in September or October last it was again opened for sewerage and water-works, upon which small-pox broke out in the immediate vicinity, and thence spread to other parts, affecting all classes alike.

Mr. Rogers Harrison did not believe that after the lapse of so long a period the opening of the cemetery could have produced the same disease as that of which the buried persons died, though it possibly might produce some other. The epidemic appeared to have broken out at intervals of a century; and the last outbreak was, he thought, independent of the opening of the graveyard.

Mr. Dendy thought, as the vitality of an egg or a seed was retained for thousands of years, when hermetically sealed, so the poison in a human body, in a like condition (as when buried in a leaden coffin), might be preserved for a similar period.

Mr. Rogers, while believing that poison might remain in the ground for a lengthened period, would hesitate to believe, without further evidence, that the epidemic in question arose from the opening of the cemetery.

Mr. Wm. Adams read a paper on

INFANTILE PARALYSIS.

The author began by observing that the form of paralysis to which children are liable presents so many peculiarities, is of such frequent occurrence, and so full of practical interest, that the little attention it had received even from high authorities on infantile disorders, was to be much regretted. He now brought the subject before the members of this society, in the hope of eliciting information with respect to the earlier stages of the affection, its causes, treatment, etc.; and of making more generally known the advantages of surgical and mechanical treatment in the late stages of the affection, usually accompanied with consecutive deformity. In this stage the cases frequently came under his observation. Whether paralysis of particular muscles or limbs, independent of traumatic lesion, is ever congenital, Mr. Adams considered to be at least doubtful. The cases related of limbs remaining flaccid and useless in infants born asphyxiated, after difficult and instrumental labours—of facial paralysis, usually of one side, and sometimes accompanied with loss of power in the corresponding arm, etc.—which had in some instances been satisfactorily traced to traumatic lesion, could not be admitted as examples of the affection now described.

Infantile paralysis usually occurs between the ages of six and eighteen months, generally during difficult dentition, and often preceded by fits or convulsions. It may, however, occur at earlier and later periods. In one of Mr. Adams's cases it occurred at the age of five years, and both arms as well as both legs were paralyzed. It is said frequently to happen without any convulsive disorder, and when the children are in robust health. Mr. Adams, however, considers that in many of these cases the children have fits which pass away unnoticed in the night (when the seizure generally occurs), and careful inquiry has convinced him that in most cases the children are at the time suffering from a slight febrile condition. He mentioned one case of paralysis of the deltoid muscle, in which the mother said the child was in good health, and the paralysis took place in the day-time, whilst the child was eating an orange, and sitting in the room with her. Upon asking the mother why she gave the child the orange, she said, "because it was thirsty and a little out of sorts," but not more so than children frequently are. The author referred to the frequency with which many children, apparently in good health, get into a heated, feverish condition during the night, the skin, especially of the face, hot and burning—the head freely perspiring—a condition which he thought might be sufficient to produce the slight, partial, and imperfect forms of paralysis frequently seen.

It may result from intestinal irritation, caused by worms, indigestible food, etc. The cause may be either centric or eccentric irritation. It not infrequently follows marked febrile disorders, especially measles and hooping-cough.

Mr. Adams considers that in cases in which many muscles or entire limbs are affected, and in which the paralysis is persistent, it depends upon structural lesion of the nervous centres, brain, or spinal cord. That in similar cases in which the paralysis is transient, it depends upon congestion of the nervous centres, sometimes accompanied with effusion, which afterwards becomes absorbed. And that in cases in which single muscles, or a group of associated muscles, are affected, it depends upon some local failure of nutrition in the nerves supplying the muscles, under circumstances of a general, though perhaps slight, febrile condition, as in the case above related.

M. Bouchut, who has recently written upon this affection, which he describes under the title of "Myogenic or Essential Paralysis"(a), admits, as a cause, lesion of the nervous centres and cords, only in those cases which succeed febrile convulsions. In all the other cases, which he groups in two classes, viz., those accompanied with pain in the affected limb, and those following eclampsia, or convulsions, without febrile excitement, he considers the cause to be primarily and essentially "an alteration of the elementary tissue of the substance of the muscles." The nature of the affection in these cases he regards as "entirely rheumatic;" and traces it as a frequent result of exposure to cold from low dresses, throwing off the bed-clothes, etc.

Mr. Adams has not seen any cases accompanied with pain; but, upon the ground of deficient evidence, doubts the rheumatic character of the affection under any circumstances, and regards it as probable that the children who in restless nights throw off the bed-clothes are frequently suffering from febrile or eccentric irritation. No evidence whatever is given of any alteration in the elementary structure of the muscles in the early stages, and Mr. Adams considers the myogenic theory to be advanced without sufficient evidence.

M. Bouchut states that the development of the paralytic affection is usually slow and progressive. In Mr. Adams's experience it has always been sudden, and he considers that the cases of supposed slow-development are cases in which the consecutive phenomena, such as contraction and atrophy,

(a) "Practical Treatise on the Diseases of Children." Translated by Mr. P. H. Bird.

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have taken place. In these cases the limb is often said to get weaker, and, when it occurs in the leg, the lameness increases; but this is due to the supervention of contraction, and not to any increase of paralytic affection, which, indeed, is not infrequently improving.

In one observation made by Bouchut, viz., that "whether at the beginning or at the end of the myogenic paralysis, sensation remains quite perfect," Mr Adams entirely concurs. He (Mr. Adams) has also noticed another peculiarity, viz., that there does not appear to be any disposition in the paralyzed muscles in this affection to become rigid, as in cases of adult paralysis recently noticed, more particularly by Dr. Todd. The muscles either remain flaccid through life—Mr. Adams has witnessed this condition at the age of forty-two—or, by the spontaneous cure and disappearance of the paralysis, they are restored to a healthy condition, or the complete recovery is arrested at some stage, and the muscles remain in a state of partial paralysis through life. This latter Mr. Adams believed to be the most frequent termination, the complete recovery second, and the persistent flaccid condition third in relative frequency.

The paralysis most frequently affects one leg, and then only some of its muscles. Very frequently the leg and arm of the same side were affected—occasionally both legs were affected—and very rarely both legs and both arms.

When single muscles were affected the most frequent to suffer were, 1st, The extensor longus digitorum of the toes; 2nd, The tibialis anticus; 3rd, The deltoid; 4th, The sterno-mastoid. When particular groups of muscles were affected the most frequent to suffer were, 1st, Those on the anterior parts of the leg, forming the extensors of the toes and flexors of the foot; 2nd, The extensors and supinators of the hands, always together; 3rd, The extensors of the leg, and with them generally the muscles of the foot in the first class.

At the time of seizure Mr. Adams was unable to say whether any other muscles were affected, but if so they completely recovered, as in the last stage the cases described presented themselves as well-marked examples of paralysis of single muscles or groups of muscles.

Sir B. Brodie lately mentioned to Mr. Adams a case brought to him in which the muscles of deglutition were paralyzed in a child. The attempts to swallow were very painful to witness. He did not know the result, but death from starvation probably took place.

In respect of the muscles subject to this form of paralysis, one very important fact in reference to the treatment in the late stage was that, in the experience of the Royal Orthopædic Hospital, where these cases apply in considerable numbers, no case had been seen in which the muscles of the hip-joint were involved. Some patients, viz, those in whom both legs are affected, the rectus and other muscles of the thighs as well as those of the legs being paralyzed, have never walked at all, but the existence of power in the muscles of the hip-joints enables us to make these patients walk—mechanically fixing the knee and ankle-joints—with considerable comfort and freedom. The most satisfactory feature in the history of this affection generally, is the strong tendency exhibited towards spontaneous cure. In some cases the paralysis completely disappears even when entire limbs are involved, but in reference to complete recovery in severe cases, Mr. Adams concurred in an opinion recently expressed to him by Sir B. Brodie that unless it takes place within a few months the paralysis is generally persistent through life.

In slight and moderately severe cases, the rule is, that either complete recovery, or very great improvement, takes place; and this frequently several years after the seizure. Numerous cases are seen at the Orthopædic Hospital in all stages of spontaneous recovery.

The second stage is marked by the production of deformity, and Mr. Adams described the mode in which this is produced by adapted atrophy of certain muscles, determined by paralysis of the opponent muscles and position of the part, as seen in the commonest form, viz., elevation of the heel.

The author advises the removal of contraction in the lower extremities by division of tendons, whenever it exists to an extent sufficient to interfere with the free use of the mechanical motions of the joints necessary to progression and the erect posture. Loss of power can be subsequently compensated for to a great extent by mechanical means, and the joints either rendered available in progression, or fixed according to circumstances. The extent to which these objects can be accomplished, and the great advantages to the patients, appear to be very little known. The benefit derived from treatment may be said generally to be in proportion to the severity of the case.

Infantile paralysis lays the foundation of a very large proportion of all the non-congenital deformities, itself being frequently only a transient condition. When the paralysis has disappeared, and the deformity alone remains, the cure is of course perfect; yet even in these cases the lameness is frequently thought to be due to a persistence of the paralytic affection. Mr. Adams then referred to the possibility of preventing these deformities, and stated that if the mode of their production were rightly understood, their prevention would be found so easy that there never need be another example of deformity in these cases. Passive muscular exercises, to be determined according to the circumstances of the case, and properly adapted mechanical supports, are the preventive measures indicated.

With regard to medical treatment, Mr. Adams recommends gentle mercurial remedies for a few months after the seizure, if not injurious to the general health, but beyond this period has no confidence in any internal remedies except those calculated to improve the general health. Febrile irritation must be allayed if existing at the time of seizure; and where difficult dentition is obvious, the gums may be lanced. Although this cannot remove the mischief done, it may contribute to this end, and diminish its effects. Mr. Adams had not seen benefit from blisters, or other counter-irritants, though he had used them. He preferred champooing, galvanism, warm clothing, sea-bathing, and passive exercises, as likely to aid the vigorous and frequently successful efforts made by nature, during the early period of life, for its removal. Mr. Adams has found the hæmospatic apparatus invented by Dr. Junod, extremely useful in maintaining a natural temperature in the paralytic extremities, and has used it during the last two years in the hope that, by keeping a good supply of blood in the muscles, their atrophy may be prevented, and restoration of power favoured. To some extent the apparatus had been useful in these respects, but its power of maintaining the temperature is alone sufficient to recommend its use.

Dr. Winn said he had met with cases of congenital paralysis, and he believed them to be incurable. Other forms occurred during dentition, or were produced by the exposure of children to cold, as when seated on a cold stone. Such cases he had been able to cure, though sometimes slowly, by having the extremities placed in hot water morning and evening, administering alteratives, and supporting the system by tonics.

Dr. O'Connor complained that the author had ignored the productions of Dr. Evory Kennedy, Dr. Henry Kennedy, Dr. Doherty, Dr. West, and others, who had written on the subject of infantine paralysis. He also stated that post-mortem examinations had been made by Mr. Hardy, who had brought the matter before the Obstetrical Society of Dublin, and who found that the cases of paralysis depended upon lesion of the brain, arising from tubercular deposit or effusion. He (Dr. O'Connor) disapproved of the use of the instrument recommended by the author; giving preference to the system of firing (passing a button heated by a spirit lamp over the affected part) recommended by Dr. Corrigan.

Mr. Weedon Cooke mentioned the case of a child who had been for four years completely paralyzed in the lower extremities, and who recovered in two months by the daily application of electricity.

Dr. Willshire believed that paralysis following eclampsia depended on organic lesion. There were cases, however, not preceded by convulsions or systemic disturbance, but arising from exposure to cold. The treatment he recommended was local counter-irritation, and the use of the douche bath. The earlier the treatment the more successful was it likely to be; the very duration of the malady increasing the disease.

Dr. Barnes thought that the origin of most cases of paralysis was very obscure. He had met with but little success in his treatment except in cases of a myogenic character. He approved of the use of galvanism, which he thought useful in counteracting an atrophic tendency.

Mr. Hunt mentioned a case of paralysis which he had cured by cupping and blisters applied to the spine.

Mr. Dendy attributed most cases of paralysis to defective innervation; and urged the necessity of a microscopic exami-

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nation of the tissue of the muscle, in order to arrive at correct conclusions concerning the nature of the disease.

The author then replied, and the Society adjourned.

PHYSIOLOGICAL SECTION.

Monday, April 9.

Dr. Snow, President, in the Chair.

Dr. Pavey exhibited a dog, in which he had, according to the experiment of Bernard, punctured the medulla oblongata, for the purpose of producing artificial diabetes. He also exhibited and tested, by Bariswell's copper test, three samples of urine taken from the dog; the first, before the operation; the second, an hour and a half after; and the third, several hours after. The first, on being tested, showed no saccharine reaction; in the second the reaction was distinctly marked by a yellow reduced oxide; and in the third a similar result was obtained, but the oxide was not quite so yellow. Dr. Pavey explained the reasons which led Bernard to make the experiment, and adverted to the difference in the urine of ordinary diabetic patients, and that of animals subjected to artificial diabetes. In the latter case, he said, the sugar was rapidly decomposed and converted into lactic acid, while in the former it might be kept for months and years without undergoing such a metamorphosis.

Mr. T. Hunt then read a paper on the influence of human instinct in the prevention and cure of disease, chiefly in reference to diet. Having described instinct as a propensity prior to experience and independent of instruction, and possessed by man in common with, though not to the same extent as, the lower animals, the author referred to this propensity as manifested in children, leading them to suck, and subsequently to bite, masticate, crave for solid food, and the like; and as indicating the kind of diet required by the system. The same propensity, he believed, presided over the whole physical man, from the cradle to the grave, and its dictates could not be neglected with impunity. Instinct, he contended, if left to itself, was always temperate, and indicated (with but few exceptions), both in health and disease, the kind of food best suited to human requirements. It was impossible to discover, except by instinct, what kind of diet was required in health and disease; and he had yet to learn on what principles Medical men presumed to interfere with the tastes and appetites of their patients. Chemistry had shed but feeble light on the subject, and the child knew far better than the most searching analysis could discover, what was wanted for its mystic economy. He believed that most cases of dyspepsia originated in, or were aggravated by, a too rigid adherence to artificial rules of diet. The palate was the best guide as to the nature, and the appetite as to the quantity, of food required by the system. The most judicious prescriptions of Medical men were often countervailed by the rules of diet which they imposed. No doubt the sensations of the palate and stomach might at times be morbidly deranged; and a desire for unnatural food or an unnatural quantity might usurp for a time the dominion of the natural instinct, as in the case of the habitual drunkard; but these were exceptions to the general rule, and reason would easily define the limits to which instinct might be trusted.

Dr. Routh vindicated the use of chemical analysis in relation to diet, and mentioned the results of researches which he had made in reference to that subject. In the ingredients of food it was necessary that there should be at least one part nitrogenous to four parts non-nitrogenous, and one-twentieth of the whole mineral. One great drawback to the establishment of dietetic rules was the contradictory nature of many of the analyses which had been published by Liebig, Playfair, and others. He had found that the dietaries of many large establishments, especially workhouses, were insufficient, and disease was the necessary result. He believed that great discrimination was required to know when human instinct might be followed in matter of diet, and when not.

Dr. Richardson described the method in which the poor were fed in workhouses as infamous and barbarous, especially referring to the workhouse at Warrington, in which he said he scarcely saw a single child who did not exhibit some traces of disease.

Mr. Dendy attributed much of the disease occurring in workhouses to the want of open air exercise; and he mentioned the case of two ladies, who, whenever they ate mutton, suffered from diarrhœa, which subsided on their changing the diet, and taking pork chops three times a week. Human instinct, he believed, was but slight in comparison with that of brutes. Mothers had often great difficulty even in making their infants take the breast; and that case of the school-boy, who would eat green apples to excess, and that of the alderman at the civic feast, demonstrated that inclination alone was but a fallible guide in matters of diet.

Dr. Camps said he had seen some workhouses (no doubt exceptions to the general rule) which did not deserve the strictures passed upon those establishments; and he concurred with Mr. Dendy in attributing much of the disease complained of to the want of exercise.

The author then replied, and the Society adjourned.

THE PATHOLOGICAL SOCIETY OF LONDON.

April 2.

Mr. Arnott, President, in the Chair.

Dr. Bristowe read for Dr. Habershon and himself a report of Dr. Thudichum's specimen of

GREEN PIGMENTARY DEGENERATION OF THE HEART.

The muscular fibres submitted to examination had been found generally but slightly degenerated; but nothing had been observed to induce the committee to think that the form of degeneration differed from that known as "fatty." The green colour was very slight, and would not, excepting attention had been especially directed to it, have been observed. As to the mere solubility of the particles in æther, such was far from unusual in the case of fat globules.

Mr. Hillier showed specimens of

OSTEOID CANCER,

and read a very elaborate and minute report on their examination. The primary development had been in the femur, and secondary deposits had occurred in the lymphatics of the groin, the lungs, the pleura, the omentum, and the diaphragm. All the secondary formations were like the original one of bony structure. An account of a careful microscopic examination was read.

Mr. Salter asked if specimens were present in which the microscopic appearances could be seen.

Mr. Hillier regretted he had not brought them, but would do so at the next meeting.

Mr. Shaw showed an example of

SOFTENING OF THE BRAIN FROM FIBRINOUS PLUG LODGED IN CEREBRAL ARTERY.

A lady, of middle age, had for five years past been, more or less, an invalid. She had been seen by Dr. Robert Lee and Dr. Watson, and by the latter the diagnosis of valvular disease of the heart had been pronounced. Suddenly an attack of hemiplegia occurred; seven days after which death took place, the paralysis having been persistent. At the autopsy, besides an œdematous condition of the subarachnoid tissue, there was found extensive softening of the corpus striatum, on the side opposite to the one paralyzed. The arteries were then carefully inspected, and lodged in the middle cerebral of the same side; just at the point of its division was a plug of fibrine, exactly resembling the warty growths often found on the valves of the heart. By this plug, which was perfectly loose, the vessel was distended so as to bulge externally, its calibre being quite filled. The heart was slightly enlarged, and on the curtains of the mitral valve, and also on those of the aortic semilunars, were numerous wart-like vegetations. There was a large mass of yellow fibrinous deposit in the spleen. The left femoral vein was quite obliterated, and converted into a thin cord, a condition which was explained by the history of an attack of phlebitis in that vessel five years before death. Mr. Shaw alluded to two other cases, somewhat resembling the above, which had recently fallen under his notice.

Mr. Jabez Hogg next showed a specimen of

ENLARGED PROSTATE.

An elderly gentleman, who had for three years required the frequent use of catheters, had at length died of other disease.

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The specimen was chiefly interesting on account of the very large size attained by the third lobe of the diseased gland.

Mr. Birkett exhibited two specimens of

NECROSIS OF THE TIBIA.

The first had been obtained from a child, aged 3 years, whose leg had been amputated between two and three months after the commencement of the disease. A vertical section of the bone showed that a portion of the middle of its shaft had died. The dead portion was white and bloodless, and was surrounded by delicate lamellæ of new bone. In the second case, a lad, aged 15, had been for two months the subject of acute inflammation of the knee-joint. There could be no doubt, from the history, but that the disease of the joint had preceded that of the tibia, and that the latter had consequently been of very recent origin. A peculiarity observed in the operation was, that the periosteum of the femur slipped off with the greatest ease, although that bone appeared quite healthy. The knee-joint was found disorganized, and an abscess opening into it extended into the head of the tibia. A thin lamella of the whole shaft of the tibia was found necrosed and white; it was not, however, separated in all parts; much vascular new bone had been deposited in layers around the dead portions.

Dr. Lionel Beale read an account of the examination of a specimen of

MOLLUSCUM.

A man, aged 60, under the care of Mr. Bowman, in King's College Hospital. In the skin of almost every part of the body, were developed tumours, varying in size from a shot to a walnut, and in one or two instances even attaining that of a small orange. One large one in the axilla had become hard and resembled scirrhus, the others were soft, tough, semi-pendulous masses. The scirrhus growth was excised, and for the sake of submitting them to examination, Mr. Bowman removed also several of the others. On dissection, the latter were found to be somewhat lobulated, their lobes being connected by firm fibrous tissue. In the centre of the skin covering each was a little black point, from which, on pressure, sebaceous matter might be squeezed. Passing through the condensed fibrous structure which composed the growths, the ducts of sweat glands might often be seen. The conclusion Dr. Beale had come to respecting these growths, was that they consisted of hypertrophic developments of the external membrane of the hair sacs.

Dr. Van der Byl showed a

LOOSE BODY FROM THE PERITONEAL CAVITY.

It was about the size of a large hazel-nut, had a white glistening cartilage-like exterior, and contained a gritty yellowish material. Its wall was about three lines in thickness. It had been removed from the peritoneal cavity of a subject in the Middlesex Hospital dissecting-room, and had been found quite loose in the neighbourhood of the liver.

Dr. Bristowe remarked, that the body exactly resembled the one shown some weeks ago by Dr. Ogle.

Mr. Hutchinson asked if any sulcus or depression had been observed in the liver or other organ in which it might be supposed to have been lodged?

Dr. Van der Byl.—"No."

Dr. Bristowe next showed an example of

ANEURISM OF THE AORTA OPENING INTO THE ŒSOPHAGUS.

The man from whom it had been obtained had been two months ill, and had twice brought up large quantities of blood. All the usual symptoms of aneurism were present. Death from hæmorrhage at length occurred. A large aneurism connected with the arch of the aorta was found after death, and in its posterior wall was an opening by which communication with the œsophagus had been formed.

Dr. Bristowe showed also a specimen of

LARGE APOPLECTIC CYST.

The brain in which it was contained had been removed from a woman, aged 55, who had died in St. Thomas' Hospital, three months after an attack of apoplexy. The right side had been paralyzed, and had remained so, although under the use of iodide of mecury slight benefit had resulted. The cyst was in the left corpus striatum, contained a coloured fluid, and had a smooth lining membrane.

Mr. Hillier asked if there had been any history of a prior attack of appolexy, as he thought the cyst had the appearance of an older date than that assigned.

Dr. Bristowe replied in the negative. He thought three months quite sufficient for a cyst to become organized in the condition shown.

Mr. Henry Thompson exhibited a preparation from a case of

FRACTURE OF THE NECK OF THE FEMUR IN AN OLD WOMAN.

The patient, aged 96, had died ten weeks after the accident. The evidence as to there having ever been crepitus was not clear, but the limb was shortened and reverted. The autopsy showed an impacted fracture, the neck having been driven into the great trochanter, and there firmly fixed. The bone of the opposite side had also been removed for the sake of comparison, and it illustrated an observation which had been recently made by Mr. Canton, which opposed a generally received opinion. Notwithstanding the age of the woman, the neck of the bone was nowise altered in its shape or direction from that of a healthy adult. Mr. Thompson asked attention to this fact, as tending to support Mr. Canton's opinion, that the alteration in the axis and length of the neck of the femur in old age is much less common than generally thought.

Mr. Thompson also showed a specimen of

KIDNEY WITH DOUBLE URETER.

It had been removed from the same patient as the preceding specimen. The ureter was double for a length of about two inches, and the chambers of the pelvis did not communicate. The organ was not diseased.

Mr. Thompson exhibited also a preparation showing

DILATATION OF THE URETHA BEHIND A STRICTURE.

He showed this in order to make an observation respecting one of the difficulties of catheteim. In cases of stricture, the dilated position behind the stricture is often irregular, and few circulated so as to make it difficult to get the end of the instrument into the bladder, even after the constricted part has been fairly passed. Such difficulty was believed to have occurred in the case from which the specimen shown had been obtained.

Mr. Toynbee exhibited a series of preparations illustrating the

EFFECTS OF ACCUMULATED CERUMEN IN THE EXTERNAL EAR.

These effects were divided into two classes, 1st, mere occlusion, and, 2ndly, organic disease. The latter was the one upon which the specimens bore, and included absorptions of the bones in various directions. From statistics it did not appear that it was nearly so usual for wax to accumulate in sound ears as was generally supposed, whilst it was very frequent in those already the seat of disease.

Mr. Partridge asked with what particular lesion of the internal ear the accumulation of wax was, according to Mr. Toynbee's experience, likely to be associated.

Mr. Toynbee stated that it might occur in several, but was especially common after anchyloris of the malleus.

A suggestion having been made by Mr. Hutchinson, that possibly organic disease of the ear might be the effect and not the cause of accumulation of wax,

Dr. Gibb related a case in which a man had been deaf for thirty years, and had recovered his hearing perfectly on the removal of a plug of wax.

Dr. Ogier Ward exhibited specimens of

SEBACEOUS TUMOURS FROM THE SCALP.

They had been removed after death from the scalp of an old man. One of them had ulcerated and sloughed, and been the occasion of much suffering. The affection was hereditary in the family.

The Society then adjourned.

WESTERN MEDICAL AND SURGICAL SOCIETY.

MARCH 2.

Dr. SEATON, V.P., in the Chair.

MR. BENSON read a paper on

THE LATE EPIDEMIC OF SMALL-POX,

as far as it was observed in the practice of the Chelsea Dispensary. The observations which he offered were founded

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only on those cases which occurred after the middle of February, 1854, which period marked the decline of the epidemic. At the onset he alluded in general terms to the great prevalence of asthenia which was generally present, and also to the coexistence of purpura, with the variolous eruption. These patches of purpura evidenced extreme debility, and were attended with weakness of the pulse, and collapse of the pustules. In some cases the spots disappeared after the free use of stimulants, whilst in two of them an aspect of extreme malignancy was assumed, which terminated in death. The effect of unhealthy locality, and other depressing causes of disease, was then noticed, and illustrated by the cases under consideration. In most cases the author had early recourse to bark and ammonia, and he found many instances in which considerable heat of surface, co-existent with unfilled and collapsed pustules, and weak pulse, and in which the administration of bark and acetate of ammonia was generally attended with much benefit. He found the best criterion as to the administration of stimulants was afforded by the pulse, and that when that was weak he gave stimuli, notwithstanding the heat of surface. Of the 47 cases observed by the author, no instance was found in which the disease had occurred a second time; 25 occurred in unprotected persons, and 22 after reputed vaccination. Of the 25 cases which occurred in unprotected persons, 12 had the distinct form of the disease, 2 the semi-confluent, 11 the confluent. In 21 the disease was unmodified, and in 4 only modified. With respect to age, the greatest number of cases occurred under 5 years, the numbers being 19 under 5 years, 4 between the ages of 5 and 10, 1 at 14, and 1 at 32, years, showing the immunity from the disease as age advances. Seven of the cases were fatal, death taking place as early as the sixth day in 2 of them, and 6 of the deaths of these 7 cases occurred in children under 7 years. With respect to the causes of death, it was observed, that those that died early seemed to sink from the effects of the poison upon the blood, and that those that died later seemed to be killed by exhaustion, dependent upon the extensive suppuration of the skin and the implication of the nervous system. Pneumonia in an insidious form occurred in some of the cases, and proved the cause of death. With respect to the appearance of the purpura, the author did not consider those cases in which it occurred as cases of hæmorrhagic small-pox, and gave his reasons for so thinking. Of the 22 patients in which he observed small-pox after reputed vaccination, 18 afforded well marked cicatrices, and in the remaining 4 the evidences of vaccination rested solely upon the statement of the party or his friends. Of the 18 cases with cicatrices, 16 had the distinct form of the disease, and in 17 the attack was modified. Of these 18 cases 15 presented the regular, radiated, and sweated cicatrix, and in 3 there were scars only. Of the 15 with radiated cicatrices, 1 case occurred in an infant six months old, in which the disease was modified and distinct; 7 occurred between 5 and 10 years, 5 between 10 and 20 years, 1 at 26, and 1 at 42, thus showing that more than half the cases, after proper vaccination, occurred in children under 10 years of age. In 3 cases affording only scars as evidences of vaccination, and in 4 bearing no mark at all, the attack of small pox was in every instance distinct and modified, except in one case in which it was confluent and unmodified. No fatal case occurred among the vaccinated. From the comparatively few cases on which these remarks were based it was impossible to obtain any information as to the relative value of one, two, three, or four, or more cicatrices as indications of a less or greater amount of protection afforded by vaccination. Mr. Benson then entered into the conditions of each family where a case of small-pox had occurred, detailing the number of protected and unprotected individuals, including the father and mother, living together, and giving the result upon the present occasion. In 18 families, numbering 126 individuals, 81 were protected and 23 unprotected. Of the 81, 7 took the disease and 74 escaped, and in 6 of these 7 cases the disease was distinct and modified, and in 1 confluent and unmodified. Of the 23 unprotected cases, 19 took the disease and 4 escaped. He then concluded by inferring, that had the 74 persons who escaped the contagion been unprotected, nearly 60 of them would have had the disease, and 1 in every 4 would probably have died. On the other hand, had the 23 unprotected individuals been properly vaccinated, at most 2 only would have suffered from the small-pox, and that those 2 would probably have recovered. The paper was carefully illustrated by a number of valuable statistical tables, a mere abstract of the most important facts in which has been mentioned.

After some remarks as to the value of vaccination and the immunity it affords from the contagion of small-pox, the Society adjourned until March 16.

NORTH LONDON MEDICAL SOCIETY.

March 1.

Mr. Filliter on a case of

TUMOURS OF THE DURA MATER.

The patient was admitted into the Marylebone Infirmary on February 4, in a state of maniacal excitement, which had come on suddenly the day before, and which terminated in coma and death the following evening. Whilst under observation she was unable to speak, but the face was frequently distorted with grimaces, and the legs were in constant motion. The left arm was rigid and insensible to pinching. She was said by her neighbours to be an eccentric character, and had been noticed to stagger a little on walking for about a week previously. In other respects she appeared in her usual health until the date of the attack. She had been living in much privation with an aged brother, who is now in the Infirmary, in a state of partial imbecility. At the post-mortem, on removing the dura mater from the posterior part of the brain, two tumours were found attached to its under surface, and were readily withdrawn from cavities which they occupied in each hemisphere. The larger tumour was smooth, shining, globular, and elastic; weighed 5½ drachms, the diameter of its section being ¾ inch; the colour of the cut surface was an almost uniform greyish-white, speckled with opaque granules; the consistence was friable, resembling that of a pear; the smaller tumour was about the size of a marble, and resembled the other, with the exception of being gritty on section. The cerebral substance generally was unusually firm. In the right posterior pillar of the fornix was a hard, grey, translucent nodule. Each hippocampus, but especially the right, was remarkably indurated; its grey matter exposed on section being almost cartilaginous. The cerebellum, also, was firmer than natural; about two ounces of coagulable serum were found at the base of the brain. The other organs of the body were healthy. On microscopic examination the larger tumour was found to consist of fibrous tissue and fibro-plastic cells, which were not materially altered by the addition of acetic acid. There were also free nuclei. The smaller tumour was similar in structure, but contained numerous calcareous spiculæ and bodies, in which a laminated fibrous basis was developed on the removal of the earthy constituent, by the addition of dilute muriatic acid.

Some doubts having been raised as to the precise nature the tumours, the case was referred to Mr. Adams and Mr. J. Zachariah Laurence for further examination, to be reported on at the next meeting of the Society.

Mr. William Adams on a

CASE OF ULCERATION OF THE SIGMOID FLEXURE COMMUNICATING WITH THE ILIUM AND BLADDER.

A woman, aged 54, came under Mr. Adams's care in the early part of January. Her health had been unexceptionable up to two years ago, when she began to suffer from dyspepsia, loss of appetite, and general "malaise." For the last twelve months, she had lost flesh very greatly, so that when Mr. Adams saw her she was reduced to an extreme degree of emaciation and weakness. She suffered much from flatulence, and occasionally from sickness; her bowels were costive, tongue glossy, pulse feeble. She complained of no pain, and pressure on any part of the abdomen caused her only a sense of discomfort. She passed healthy urine five or six times daily. An aperient was given, which acted gently the following day; a liberal diet was ordered, and a tonic prescribed thrice daily. Under this treatment she improved slightly, and at the end of a fortnight was enabled to sit up daily for a few hours. Tympanitis, which occasionally became distressing, was sensibly mitigated by 5 grs. of pil. assaf. co. three times a day. The bowels acted with tolerable regularity every day, and the evacuations were observed to be always

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more or less fluid and devoid of form; the act of defecation was attended by a slight pain in the bowels.

No notable change occurred in her condition until the 10th of February, when the urine suddenly became thick, and very offensive, depositing slimy matter, intermixed with shreds of slough, of a whitish colour. The same kind of matter was discharged per anum, but of a thicker consistence. After a few days, the discharge and urine came involuntarily from the bladder, and sometimes with an explosive noise, caused by the expulsion of foul air with it. She suffered no pain, but gradually became weaker till her death on the 20th of February.

Autopsy.—The body was extremely emaciated, but all the organs were in a healthy state, excepting the preparation exhibited by Mr. Adams. This consisted of the sigmoid flexure of the colon, with a coat of ilium united to it, bladder, rectum, uterus, and appendages. The bladder was united by its fundus to the ilium in front, and the colon behind; and when laid open by a longitudinal incision through its anterior wall, and across the line of union with the small intestine, exposed an irregular cavity, the size of a small orange, formed by the anterior wall of the ilium in front, and the posterior wall of the segmoid flexure behind, and communicating with the bladder by an opening which admitted two fingers. In the upper and inner walls of this cavity were the orifices of the colon, surrounded by a free irregular edge of mucous membrane; the lower orifice being much narrowed, admitting with difficulty the point of the forefinger. Beneath the mucous membrane of the ilium, in the front wall of the cavity, was a crescentic mass, about the size of half a walnut. In the posterior wall were three similar indurated masses, between which the bowel is much broken down by disease. Ulceration of the lining membrane of the bladder extended three-quarters of an inch below the line of union with the bowel; the membrane below this appeared healthy. The lumbar glands were matted together, and enlarged; ulceration of the mucous membrane of the bladder extended down that viscus three-quarters of an inch below the line of union with the intestines; the membrane below this appears healthy; the lumbar glands are matted together and enlarged.

Microscopic examination of the indurated masses and glands revealed:—

(a) Multitudes of spheroidal cells, about twice the size of a pus corpuscle, containing one or more small nuclei, some fine cells, and have a caudate disposition.

(b) Fibres.

(c) Granular matter of a fatty character.

Mr. Norman then read a paper on a

RECENT CASE OF GUN-SHOT WOUND.

The subject of it is Mrs. L——, late of Foley-place, who was shot by the murderer of her reputed husband on 7th January last. She is a woman of full habit of body, of little sensibility, and of great firmness of character, from 35 to 40 years of age, and was up to the time of the injury in perfect health. She must have been shot whilst falling on her knees before her assailant, with her right forearm raised across the front of the chest and face, as was evident by the powder blown into the skin of the left side of the forehead and cheek as well as the back of the right hand and wrist. The ball passed through the back of the forearm about an inch and a half above the wrist, and entered the root of the neck above the clavicle through the sterno-cleido mastoid muscle; there was no fracture nor hæmorrhage. Much anxiety and some depression followed, and quickly, also, acute pain in same side of chest to back, with dyspnœa. Cough, extensive dulness of the chest, crepitant ronchi, bronchial breathing, and bronchotomy were marked on the fourth day. The wounds healed in three weeks under treatment by poultices and water-dressing. The general treatment consisted at first of opium, wine and water, warm clothing, rest in bed, then of expectorants and nauseating remedies, salines, counter-irritation, and at a later period of iodide of potassium and mercury. From the fifth day expectoration was free and became exceedingly abundant, was once only bloody and scarcely at all purulent, the dyspnœa continued to be considerable for five weeks, and the patient could not lie low in her bed and turn from side to side without first rising, for between six and seven weeks. Her state is now that of most favourable convalescence, but there still remaining some considerable dulness of the back of the chest, and imperfect breathing of the affected side. Mr. Norman argued that the lung had been bruised by the ball in its course along the thoracic parietes, in which he believed it to be still lodged, without attempting to define its exact locality.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 4th instant:—Messrs.

BAILLIE, NEIL BENJAMIN, Montague-place, Poplar.
BROWNE, CHARLES, North Terrace, Camberwell.
CAVANAGH, JAMES WALTER, Army.
COOKE, WILLIAM HARRY, Wordsley, near Stourbridge, Worcestershire.
DEVONSHIRE, CHARLES JAMES, Hampton Court.
FAWCUS, JAMES, North Shields.
FREEMAN, JAMES EATON, Army.
HUGOE, WILLIAM PYLLE, Truro, Cornwall.
JOHNSON, WILLIAM GREAVES, Clapham.
RICHARDS, ANDREW KNOX, Army.
SALTER, WILLIAM HENRY, West Bromwich, near Birmingham.
SAWYER, ROBERT HENRY, Guildford-street, Russel-sq.
SMITH, JOSEPH EVANS, Kensington
STOREY, JOHN, North Shields, and
WILLIAMS, CHARLES RICE, Birmingham.

The following gentlemen were admitted members on the 9th instant:—Messrs.

BIGGS, ROBERT, Bath.
BURTON, WILLIAM, Chatham, Kent.
COLVILL, WILLIAM HENRY, Army.
GRANT, CHARLES, Ballater, Aberdeenshire.
LANGMORE, JOHN, Army.
ORGIAS, PAULIN, Grenada, West Indies.
PAULL, FREDERIC, Plymouth.
SLYMAN, WILLIAM DANIEL, Tideford, Cornwall.
SMITH, FREDERIC PORTER, Bath United Hospital.
SOLLIOTT, JOHN, Army.
TOWNSEND, WILLIAM, Lydnall, Shropshire, and
WATSON, ALEXANDER, Hackney.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, April 5, 1855:—

BARRATT, ALFRED, Birmingham.
BROWNING, GEORGE, Deptford, Kent.
COSTER, WILLIAM TYRTH, Devonshire.
ELKINGTON, JOHN, Birmingham.
HALL, FREDERICK, Alford, Lincolnshire.
HEWARD, JOHN MITCHELL, Louth, Lincolnshire.
HORSFALL, HENRY, Ripon, Yorkshire.
SHAW, JONATHAM, Agnes-quay, Sunderland.
WALLACE, RICHARD UNTHANK, Hackney-road.
WEBB, FREDERICK ERNEST, Maida-vale, London.

APPOINTMENT.

NORTHERN HOSPITAL, LIVERPOOL.—Mr. James Hakes has been elected Assistant-Surgeon to this Institution.

BEQUEST.

The late Right Hon. James Grattan bequeathed the sum of £8800 to be divided among some of the most deserving medical charities in Ireland.

DEATHS.

BLAKE.—March 29, of fever, taken in the discharge of his duties as Resident-Pupil at the Whitworth Hospital, Dublin, Andrew Edward Blake, aged 20, only son of the late Andrew Blake, M.D., formerly in the 5th Fusiliers and 7th Dragoon Guards.

IFILL.—March 9th, at Barbadoes, William Ifill, aged 52, M.D. Edin., M.R.C.S. Lond. He was formerly in practice in Welbeck-street, Cavendish-square, but for many

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years had retired from the active duties of his profession, attached himself to agriculture, and superintended the management of his properties in the West Indies.

LESHLEY.—March 14, at the Dardanelles, of typhus fever, aged 37, Mr. William Leshley, Surgeon to the transport ship Emen, deservedly beloved and regretted by all who knew him.

WILSON.—March 20, at Liverpool, Frederick Wilson, Esq., Surgeon, for several years assistant to Sir John Fife.

YARRATH.—April 10, at Long Sutton, Mr. Yarrath, partner of Mr. George Parsons, Surgeon.

THE HUNTERIAN MUSEUM.—Notwithstanding the great number of places of amusement now open to the public in London and its vicinity, about one hundred and fifty persons visited the Hunterian Museum at Easter.

DR. ARTHUR LEARED, of Finsbury-circus, having been appointed one of the Physicians to the Military Hospital recently established by the Government at Smyrna, was, in consequence, under the necessity of resigning the office of Senior Physician of the Metropolitan Dispensary, Fore-street, which he held at the time. A testimonial, consisting of a vote of thanks, beautifully written on vellum, and framed, was awarded to him by the Governors of that institution, and was presented to Dr. Leared at a dinner held at the London Tavern, on the day before he left England, and to which he was specially invited by the Committee. The dinner was also attended by Dr. Waller, Dr. Winn, and other Medical gentlemen connected with the Dispensary, and in the course of the evening various appropriate speeches were made, relative to the conduct of the war, and more especially with reference to the previous lamentable deficiency in the hospital arrangements, but which it was earnestly hoped would be effectually remedied now that the Government had become fully sensible of the deficiency in the provisions they had made for the sick and wounded in the East.

AT THE LATE ELECTION of two Assistant-Physicians to the Hospital for Consumption and Diseases of the Chest, Brompton, the successful candidates were Dr. Pollock and Dr. Edward Smith. Both these gentlemen were previously Physicians to the Western General Dispensary, which appointments, in accordance with the rules of the hospital, they have now resigned.

UNIVERSITY COLLEGE, LONDON.—In the Council, on Saturday last, leave of absence for a year was granted to Professor Parkes, M.D., nominated as Superintendent of a Civil Hospital about to be established near Constantinople by the Government. Offers were received from the Baron de Goldsmid of prizes of £25 for the Session of 1856 for each of the four following classes:—Geology, Hebrew, Civil Engineering, and Analytical Chemistry; and of the sum of £300 for the Hospital, conditional on the dinner collection, then amounting to £1400, being raised to £1700 by other contributions.

ROYAL MEDICAL BENEVOLENT COLLEGE.—At a Meeting of the Council on Wednesday last, George C. Johnson, Esq., in the Chair, Edward H. Sieveking, M.D., the Honorary Secretary, informed the Council that, in consequence of Professional and other important engagements, he was reluctantly compelled to resign the office he had so long held. In accepting Dr. Sieveking's resignation, the Council passed a Resolution in which they recorded their appreciation of his valuable services as their Honorary Secretary, the duties of which office he had discharged with so much honour to himself, and satisfaction to the Council and the Governors at large. We are glad to find that the office is likely to be admirably filled by the appointment of Henry Hancock, Esq., Surgeon, of Charing Cross Hospital.

WE have pleasure in announcing that the Treasurer of the Royal Medical Benevolent College has just received from Mrs. E. B. the munificent donation of £500; and that the funds of the College have been further augmented by a Bequest of £100, free of Legacy Duty, under the Will of the late Richard Glyn Crewe, of Chorlton Kings, Esq.

OPENING OF THE HARROGATE BATH HOSPITAL.—On Thursday last the Bath Hospital was opened for the ensuing season, when 27 patients were admitted.

CONVERSAZIONE AT APOTHECARIES' HALL.—The Master, N. B. Ward, Esq., and the Wardens of the Apothecaries' Company gave their second Scientific Soirée, on Wednesday, the 11th instant. The Company amounted to more than 500, and the chief point of the entertainment centred in the exhibition of a splendid series of microscopical objects, from the inorganic, the animal, and vegetable kingdoms, and from the pathological department of human anatomy. There were about 80 microscopes. The large Hall of the Company, and the suite of apartments connected with it, were elegantly decorated with choice exotics, chiefly consisting of palms, ferns, and orchidæ. In the centre of the Hall we remarked a large Wardian case, intended for the forthcoming Parisian Exhibition, and the walls of the room were ornamented with diagrams, some of them highly artistic in character, illustrating objects from both kingdoms of nature. Among the numerous attractions, independently of the microscopical, we were particularly struck by a most interesting series of ancient Mexican pottery, exhibited by Henry Christy, Esq., and also by numerous photographic illustrations of the different forms of snow crystallization. We observed among the company the Lord Chief Baron, Drs. Paris, Billing, Grant, Hodgkin, Southwood Smith, Todd, Carpenter, Letheby, Lankester, White, Jeaffreson, Barnes, Peacock, etc.; Messrs. Faraday, Grove, Stephenson, Redgrave, Sant, E. W. Cooke, Thomas Bell, Mitchell, Bowerbank, Gassiott, Woodward; Professors Queckett, Jackson, Whitbread, Pilcher, Brooke, etc. We never remember to have spent a more instructive and interesting evening.

CHOLERA.—Bulletins of the cholera still appear in the *Journal de St. Petersbourg*. On the 29th ult. there were 188 cases in that city.

THE CHOLERA has produced claims on the Economic Life Assurance Company to the extent of £13,700; the war, £6150.

THE SANITARY COMMISSION.—Lord Raglan, under date March 27, reports as follows:—"Dr. Gavin, of the Sanitary Commission, and Mr. Rawlinson, Civil Engineer, have arrived, and are earnestly applying themselves to the discharge of the duties they have undertaken to perform; and I will take care that they receive every assistance it may be in my power to afford them."

THE SECOND CIVIL HOSPITAL IN THE EAST.—We understand the salary of the Superintendent is £2000 per annum, and not £1500, as stated by a contemporary.—The first division of Physicians and Assistant Officers leaves on the 25th of April.

THE TURKISH MEDICAL SERVICE.—The following graphic account is from the *Daily News* Correspondent at Eupatoria (date, March 24). He first mentions the arrival of Dr. Farquhar, one of the chiefs of a Medical Staff of twenty English Surgeons sent out and paid by the Government, for the purpose of organizing the Hospitals and medical service of Omer Pacha's army; for anything more deplorable than the state of his sick and wounded hitherto can hardly be imagined. The Turkish army which, when the war began, was 140,000 strong, did not amount to 80,000 when Omer Pacha crossed the Danube. I doubt very much whether at this moment it musters 60,000 fighting men. At the outside, supposing all the wounded to have died, not more than 10,000 have fallen by the sword of the enemy. One-third have been carried off by diseases that, under the circumstances, no human means could arrest; the rest have been killed by the doctors, who, with the aid of the pachas, turned the Hospitals into slaughter-houses. The doctors are, with half-a-dozen exceptions, Italians, mostly refugees, involved, so they say, in the troubles of 1848. I was for a long time unable to comprehend how it was that all these unhappy Surgeons who failed in their attempts to establish systems of government in which none but wise and good men should have places, should have, in one step, passed from the sublime to the ridiculous, and commenced plastering and blistering, and physicking Turkish soldiers. The fact, however, very soon burst upon me, that the vast majority were impudent mountebanks, who had followed all sorts of vile callings at home, who, if they had ever occupied any honourable position, had descended from it in ways that would not bear recounting, runaway bankrupts and blacklegs, escaped criminals, expelled students,

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forgers, coiners, and what not; that very few knew anything about medicine or surgery more than their patients, that but very few were *bonâ fide* political refugees, and that but an infinitesimally small number had gone through a regular course of study, and were properly qualified. I heard two or three months since, from an excellent source, of a man who found himself suddenly without funds at Constantinople, and who, while waiting remittances from home, became a military doctor, although he did not know the difference between the tibia and the os frontis, and resigned in three weeks, when the money arrived. Any European officer in the Turkish service will tell you at once that if sick or wounded he would as soon think of blowing out his brains at once as of committing himself to the hands of a regimental surgeon. The only Italian doctors I have ever known, whom I believed to understand anything about their business, were at Widdin, last winter, and of these two are now dead, carried off by the pestilence, which laid at least 10,000 men in their graves during four short months. Many people imagine that a remedy is being gradually provided for this evil by the medical school at Constantinople. But there never was a greater mistake, for the simple reason that the lessons are given in French, of which very few of the pupils know more than the rudiments, and many not even these. I often passed vacant moments in calculating how many men one of these killed a day in the hospital, and was rather glad, and by no means surprised, when he announced to me one fine morning that he had been made colonel of cavalry. At Roustchouk, at Shumla, at Silistria, wherever large numbers have been collected together, the same thing has taken place,—no doctors, no hospital attendants, no instruments, no medicines. To show you the estimation in which the authorities hold their doctors, I may mention an incident which occurred a short time ago at Roustchouk. Several of the latter went as a deputation to Aya Pacha, to ask for payment of their salaries, which were a long way in arrear. He instantly ordered each of them to receive fifty blows of the stick, and the sentence was executed on the spot. The others murmured, and threatened to resign in a body. The Pacha then issued an order that every man who gave in his resignation should likewise receive fifty blows, and thus stopped the mutiny at once.

ANOTHER CIVIL HOSPITAL.—It is reported that a third Civil Hospital is likely to be established in the East.

THE SICK AND WOUNDED.—A large number of Invalids from the East are now quartered at the Military Hospital at Portsmouth. So great has been the influx of "comforts, luxuries," etc., and the mischief done by their indiscriminate use, that the Lieutenant-Colonel has been obliged to prohibit their use, except under the directions of a Medical Officer.

A REASON FOR REFUSING TO PAY POOR-RATES.—Mr. Peter Brown, surgeon, of Failsworth, appeared at the New Bailey, on Thursday, to show cause why he refused to pay his poor-rate. The reason he assigned for his refusal was the crown patronage conferred by the Vaccination Act, which he deemed to be a violation of the rights of the Profession at large to which he belonged. He stated that he would continue to refuse to pay the amount assessed upon him, adding that he was a resident of the township, and a proprietor whose property was rated at between £40 and £50; yet a vaccinator from a neighbouring place, unconnected with the township, passes his door to vaccinate the children of his patients, which he considered most improper.

DEATHS IN PUBLIC INSTITUTIONS for the Week ending April 7:—

	Males.	Females.	Total.
Workhouses	61	71	132
Prisons	..	..	..
Military and Naval Asylums	5	..	5
General Hospitals	24	15	39
Hospitals for Special Diseases	4	..	4
Lying-in Hospitals	1	2	3
Military and Naval Hospitals	4	..	4
Hospitals for Foreigners, etc.	1	..	1
Lunatic Asylums	..	2	2
Total	100	90	190

DR. O'SHAUGHNESSY.—The Governor-General of India has raised the salary of Dr. O'Shaughnessy, the Superintendent of Electric Telegraphs in India, to £3600 per annum.

THE LATE WINTER.—In the thirteen weeks of severe weather that ended on 31st March, 19,627 deaths were registered, or, in excess of the average, nearly 4000 persons in advanced age, weakly children, the sufferers from chronic diseases, and others, who, when the winter set in, were in sound health. Congestion and inflammation of the lungs were the most prevalent fatal diseases.

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	2	6	14	2	7
North	490,396	7	2	8	14	2	8
Central	393,256	2	2	10	15	2	4
East	485,522	6	10	12	15	7	6
South	616,685	5	2	15	20	5	16
Total	2,362,286	21	18	51	78	18	86

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, April 7, 1855.*

Causes of Death.	In the week ending Saturday, April 7, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp. ° 41·9						° 45·5
All Causes	1226	614	162	201	199	50	1138·8
Specified Causes	1223	612	162	201	198	50	1129·1
Diseases:—							
1. Zymotic Class	257	208	25	11	10	3	196·9
2. Dropsy, Cancer, and others of uncertain seat	48	3	5	26	12	2	50·9
3. Tubercular Class	223	98	70	43	11	1	193·5
4. Of Brain, Nerves, etc.	108	56	5	23	24	..	136·8
5. Of Heart, etc.	34	2	5	16	10	1	43·9
6. Of Respiratory Organs	286	130	22	57	67	10	227·6
7. Of Digestive Organs	66	28	8	11	19	..	62·2
8. Of Kidneys, etc.	9	..	1	3	3	2	12·4
9. Of Uterus; viz.—Puerperal Disease, etc.	12	..	10	1	1	..	8·2
10. Of Joints, Bones; viz.—Rheumatism, etc.	4	..	2	1	1	..	6·8
11. Of Skin, etc.	..	..	..	..	..	..	2·8
12. Malformations	6	6	..	..	..	..	2·7
13. Debility from Premature Birth, etc.	26	23	..	2	1	..	27·2
14. Atrophy	41	32	..	2	7	..	27·2
15. Age	55	..	..	..	26	29	50·9
16. Sudden	7	4	2	..	1	..	23·0
17. Violence, Privation, etc.	41	22	7	5	5	2	54·6
Causes not specified	3	2	..	..	1	..	9·7

BOOKS RECEIVED.

Micrographic Dictionary. Part IX. London: Van Voorst.

Report on the Cholera Patients admitted into the Middlesex Hospital during the year 1854. London: James Truscott. 1855.

Lectures in reply to the Croonian Lectures for 1854, of Charles West, of London, on the Pathological Importance of Ulceration of the Os Uteri. By Dr. Miller. Louisville. 1855.

Quarterly Journal of Public Health. Edited by Dr. Richardson. No. I. London: Highley. 1855.

Monthly Journal of Medicine. No. IV. New Series. Edinburgh: Sutherland and Knox.

The Edinburgh Medical and Surgical Journal. No. VI. of a new series. Edinburgh: A. and C. Black.

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Pathological and Clinical Observations respecting Morbid Conditions of the Stomach. By Dr. C. Handfield Jones, F.R.S., etc. London: John Churchill. Pp. 226. 8vo.

The Fourth Annual Report of the Committee of Visitors of the Lunatic Asylum for the Borough of Birmingham. 1855.

TO CORRESPONDENTS.

Professor Bennett.—Our attention having been directed to a statement referring to Professor Bennett, made in the letter of our Edinburgh correspondent published in our Number of the 24th ult., we think it due to that gentleman to state that the assertions contained in our correspondent's letter do not seem to us to be directly deducible from anything which we can discover in the March number of the Monthly Journal. We regret that any statement calculated to wound the feelings of Professor Bennett should have appeared in our pages.

Dr. W. Stewart, Bunessan, N.B.—There is no established practice in such cases. If the parties are very intimate or are under reciprocal obligations, no pecuniary recompense should be required; but if they are comparative strangers, then we think that the medical man who attends for the invalid should receive some remuneration.

A Surgeon in the Neighbourhood.—

"Mr. Whitfield's compliments to Mr. Tooth, he has discontinued receiving patients gratuitously in the morning, but continues to give advice and medicines to servants every evening from seven to nine, and shall be happy to attend any he may recommend.

"9, St. James's-terrace, Harrow-road."

This requires no comment, it speaks for itself.

Mr. Inglis.—It was ruled by the Common Pleas, in the case Prole *v.* Wiggins, where the father of a student agreed with an apothecary to take his son apprentice for two years, but to antedate the articles, so that it should seem that he had been apprenticed for the legal term of five years, in order that at the expiration of two years only he might be admitted to his examination, and gave the apothecary a bond to secure the payment of a premium stipulated to be given upon such apprenticeship, that the bond was clearly void.

[To the Editor of the Medical Times and Gazette.]

SIR,—I cannot resist sending you the inclosed advertisement (taken from the *Norfolk Chronicle*, of Saturday), as it bears closely on some remarks of yours, and of one of your correspondents.

Who Mr. Denham is I cannot tell, but he seems to be one of those modest men whose retiring habits do not allow them to parade their names in the *Medical Directory*, (unless in the Supplement,) but who have no objection to appearing in the public prints as the presiding geniuses of unheard-of dispensaries. Consider, if you please, Mr. Editor, the chance offered a "Medical Pupil;" and if you have ever witnessed the distress of an affectionate hen when her little ducklings take water for the first time, you can also appreciate the alarm and anxiety of the globulistic nurse, when at the expiration of their five years of infinitesmal instruction, the quacking progeny are standing on the very brink of the "Allopathic" ocean. I think you may do good service by assisting this zealous teacher of pupils "on the only true basis of medical science," to a homœopathic share of immortality. I am, sir, very faithfully yours,

April 9th, 1855. T. A.

"HOMŒOPATHY.

"By request, and to accommodate country patients, Mr. Denham, Surgeon, has arranged to be at home for consultation every Saturday, from 11 to 4 o'clock.—Willow Lane, Norwich.

"HOMŒOPATHY—MEDICAL PUPIL.

"Mr. Denham, Surgeon, is in want of a well-educated youth, as pupil, indoor, or out. In addition to being shown the extensive practice of a Dispensary, the pupil would have his studies for the Royal College of Surgeons, for Apothecaries' Hall, or for practice as a Physician, carefully advanced, and be zealously taught the facts of Homœopathy, the only true basis of medical science.—Willow Lane, Norwich."

Dr. Baines, Brompton.—Inquiry shall be made upon the subject to which your note refers.

Nemo.—To the 1st question, Yes. To the 2nd, Parker and Son. The last edition is exhausted, but a new one is in preparation.

Dr. B.—The papers have come to hand, but the great pressure in that department has unavoidably caused delay. We fully appreciate the service rendered, but would press upon our correspondents to be as concise as possible.

Eupatoria.—We believe with you that there were in the selection of the staff of Medical Officers for the Turkish force several appointments made which could be styled by no other name than "*Jobbery*," inasmuch as they were obtained by private and political influence, without the most remote regard to professional fitness.

Mr. W. B. Payne.—Send your application and testimonials to the Admiralty.

COMMUNICATIONS have been received from—

Mr. CHARLES E. STONE; Dr. T. MOORE, Cawnpore; Mr. G. E. BLENKINS, Balaklava; Dr. BENCE JONES; Mr. HAYNES WALTON; Dr. W. L. LINDSAY, Perth; THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH; T. A.; NEMO; Mr. JAMES T. RUDALL, Infirmary, Cardiff; Mr. G. J. HINNELL, Stockport Infirmary; Mr. H. J. ANDERSON; Mr. G. H. HOLTLEY; Mr. CHARLES ROYSTON, Liverpool; Mr. JAMES HAKES, Liverpool; Mr. BAKEWELL; Mr. CAMERON, Edinburgh; Mr. ATHOL JOHNSON (with enclosure); Dr. WRAY, Tudor-lodge; Mr. HARTLEY, Cheltenham General Hospital (with enclosure); Mr. BRINDLEY, the Canterbury Hospital (with enclosure); Mr. CLOUGH, Guy's; Mr. HOLMES, St. George's; Mr. WINTER, Brighton Hospital (with enclosure); Dr. NEALE, Ombersley; Mr. HILLIER, University College (with enclosure); Mr. MORETON, The Staffordshire General Hospital; Mr. PROPERT, King's College; Mr. CARVER, Cambridge (with enclosure); Mr. HINNELL, Stockport (with enclosure); Mr. GILLESPIE, The Durham Hospital (with enclosure); Mr. LEGGE, The Westminster Hospital; Mr. ARNOLD, Guy's Hospital.

APPOINTMENTS FOR THE WEEK.

APRIL.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
14. SATURDAY....	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	MEDICAL SOCIETY OF LONDON, 8 p.m.: Dr. Thudichum "On the Inflexions and Infractions of the Unimpregnated Uterus." ROYAL BOTANIC SOCIETY, 3½ p.m. PATHOLOGICAL SOCIETY OF DUBLIN, 4 p.m.
16. MONDAY.....		CHEMICAL SOCIETY, 8 p.m. STATISTICAL SOCIETY, 8 p.m.
17. TUESDAY	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at Guy's, 1 p.m.	ROYAL INSTITUTION, 3 p.m.: Dr. Tyndall "On Voltaic Electricity." PATHOLOGICAL SOCIETY, 8 p.m. LINNÆAN SOCIETY, 8 p.m.
18. WEDNESDAY ..	Oxford and Cambridge Term begins. Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days); St. Mary's, 1 p.m.	LONDON MEDICAL SOCIETY OF OBSERVATION, 8 p.m., at Dr. Lionel Beale's, 27, Carey-street: "Diseases of the Cerebro-Spinal System." ROYAL SOCIETY OF LITERATURE, 8½ p.m. GEOLOGICAL SOCIETY OF LONDON, 8 p.m.
19. THURSDAY....	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals. Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 1 p.m.	HARVEIAN SOCIETY, 8 p.m.: Mr. Weedon Cooke, "On Some of the Diseases of the Testicle." ROYAL SOCIETY, 8½ p.m. ROYAL INSTITUTION, 3 p.m.: Mr. G. Scharf, jun., "On Christian Art."
20. FRIDAY	Royal College of Surgeons, 4 p.m. : Professor Quekett's Histological Demonstrations. Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m. ROYAL INSTITUTION, 8½ p.m.: T. H. Huxley, Esq., "On Certain Zoological Arguments commonly adduced in favour of the Hypothesis of the Progressive Development of Animal Life in Time."

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"MY DEAR SIR,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the author of the best analysis and investigations into the properties of this Oil should himself be the purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I AM SATISFIED THAT FOR MEDICINAL PURPOSES NO FINER OIL CAN BE PROCURED.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed) "JONATHAN PEREIRA,

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851."

THE INTENDANT OF THE CIVIL LIST OF BELGIUM.

"SIR,—The King has charged me to return you his very particular thanks for the homage done to him, by the presentation of your most valuable researches concerning the Cod-liver Oil. As an expression of his utmost satisfaction, he has given me the order of presenting you with the accompanying large Gold Medal.

"I remain, with the highest regard, etc.,

"Brussels, Oct. 6th, 1847. "The Intendant of the Civil List,

"To Dr. de Jongh, at the Hague." (Signed) "CONWE."

THE MINISTER OF THE INTERIOR OF HOLLAND.

"The Hague, Feb. 1st, 1848.

"I HAVE the honour of bringing to your knowledge that it has pleased the King to grant you, by his decree of the 20th January, 1848, No. 101, a Silver Medal, with an appropriate honorary inscription, as a testimony of his Majesty's high approbation for your efforts in securing to this country a supply of the most efficacious Cod-liver Oil from Norway. I have given the necessary orders for the execution of this Medal.

"The Minister of the Interior,

"To Dr. de Jongh, at the Hague." (Signed) "VAN DER HEIM."

THE ROYAL SANITARY POLICE OF PRUSSIA.

"IN answer to your letter of the 2nd ult., requesting permission to sell Dr. DE JONGH'S Cod-liver Oil in bottles, accompanied with his stamp and signature, the Royal Police of Prussia (Königliches-polizei-Praesidium) has the honour of informing you that it has caused the sample which you have forwarded to be submitted to an official investigation, and that the result of such investigation has proved it to be not only the genuine Cod-liver Oil, but, still further, that it is of a kind which distinguishes itself from the Cod-liver Oil in ordinary use, alike by its taste and chemical composition. Considering, moreover, that it has come to their knowledge that physicians generally recommend the use of Dr. DE JONGH'S Oil in preference to the Cod-liver Oil in ordinary use, the Royal Police accede to your request.

"KÖNIGLICHES-POLIZEI-PRAESIDIUM.
"1° Abtheilung.

"Berlin, Jan. 23rd, 1851.
"To A. M. Blume, Chemist, Berlin."

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(Copy of R. G. Whitfield, Esq.'s Letter.)

"St. Thomas's Hospital, February, 1855.

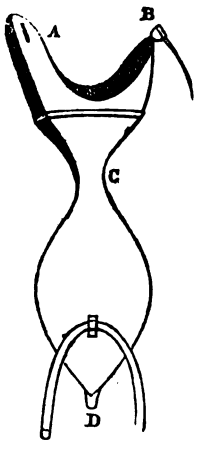
"Sirs,—Your Indian-rubber sheeting having been in use in this Hospital for some time, I can strongly recommend it, feeling confident that it possesses great advantages over everything previously introduced; it is admirably adapted for the protection of couches, beds, or for whatever other purpose such articles are usually required, not only from its great pliability and durability, but because neither the various secretions from the body nor boiling water will injure its texture; it is far more economical (from the fact of its not being liable to crack or peel off) than the Green Issue Cloth hitherto in use after operations, and more cleanly, as a wet sponge readily removes all soil or taint from its surface.

"The stump pillows made of the same material are well conceived, and will be found invaluable in the sick room either of the peer or the peasant.

"I have the honour to be, your obedient servant,

"R. G. WHITFIELD, Resident Medical Officer.

"To Messrs. Silver and Co., Nos. 3 and 4, Bishopsgate-street,
"Opposite the London Tavern."



Walters' India-rubber

URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

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LONDON.

Abstract regarding Economy in

CLOTHES, from the "Times," October 30:—"EVERY YARD of CLOTH SOLD at the LONDON CLOTH ESTABLISHMENT is Sold at the WHOLESALE PRICE.—Gentlemen Purchasing Cloth at the London Cloth Establishment (if they wish) have it made up on the Premises, at the expense of only the Workman's Wages, in addition to the price of the Trimmings." *The Economy of this system is proved* by the saving of from Thirty to Fifty per cent. in the price of every garment; in addition to the very obvious advantage of selection from such a stock, and the guarantee of a Superior Fit, Good Taste, and the Best Work.

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Recommended by Baron LIEBIG and the most eminent members of the Medical Profession, in Bottles and Casks (18 gallons and upwards), Imperial Measure.

ADDRESS:—HARRINGTON PARKER and Co., Beer, Wine and Spirit Merchants, 5½, Pall Mall, London.

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TO INVALIDS, MOTHERS, and FAMILIES.—The important object so desirable to be obtained, has at length been secured to the Public by J. and J. C. ADNAM, Patentees, who, after much time and attention, have succeeded by their IMPROVED PROCESS, in producing preparations of the purest and finest quality ever manufactured from the Oat and Barley.

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A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined:—

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"February 19, 1855.

"I have submitted to a microscopical and chemical examination the samples of Barley-meal and Groats which you have forwarded to me, and I beg to inform you, that I find in them only those principles which are found in good Barley; there is no mineral or other impurity present, and from the result of my investigation, I believe them to be genuine, and to possess those nutritive properties assigned by the late Dr. Pereira to this description of food. (Signed) "A. S. TAYLOR.

"Messrs. J. and J. C. Adnam and Co."

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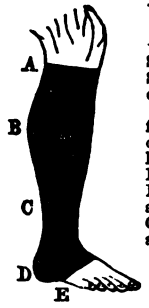

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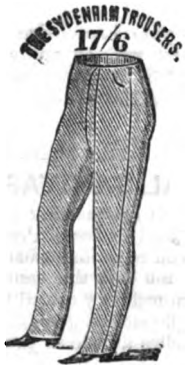

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FOR THE PRESENT SEASON,

Is worthy of your inspection.

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and others.—ROBINSON'S PATENT BARLEY, for Making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinse of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE, and CO., Purveyors to the Queen, 64, RED LION-STREET, HOLBORN, LONDON.

The Proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s., 5s., and 10s. each.

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POLICIES EFFECTED ON THE PARTICIPATING SCALE BEFORE THE 31ST OF DECEMBER NEXT WILL BE ENTITLED TO SHARE IN FOUR-FIFTHS OF THE PROFITS, TO BE DIVIDED AT THE CLOSE OF THE PRESENT YEAR.

New Equitable Assurance Company.

(Incorporated by Act of Parliament, 7 and 8 Vict. cap. 110.)

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The aggregate amount of Business transacted by the Company, up to the end of each year, from its commencement to the end of the year 1854, is as follows:—

	Number of Policies issued	Sums Assured.	Annual Premiums.
1851	301	£98,500	£3,439 0 1
1852	677	278,885	10,608 12 2
1853	1,025	418,755	15,836 3 6
1854	1,282	500,165	18,750 13 3

MEDICAL PRACTITIONERS.

The Directors acknowledge and consult all duly-qualified Medical Practitioners as the Medical Advisers of the Company, and uniformly pay a Fee of Two Guineas for every Medical Report when the Proposal for Assurance is for £200 and upwards, and a proportionate Fee for a smaller amount.

Medical Practitioners are also entitled to Ten per Cent. Commission on First-Year's Premiums, and Five per Cent. on all subsequent Payments, for Assurances effected through their Introduction.

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Charcoal Bandages.—The most cleanly

and effectual method of applying Charcoal to gangrenous and foul wounds. Approved by Dr. Stenhouse and the Medical Authorities of the London Hospitals. Samples forwarded on application.

THE IMPROVED CHARCOAL RESPIRATOR. The only Respirator (except the original Cambrous one) in which the object sought by Dr. Stenhouse, viz., the purification of an impure or infected atmosphere, can be entirely effected. Price 5s. 6d., or post free on receipt of 6s.

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CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d., 8s. 6d., 15s., and 30s. each.

Pure and Healthy Leeches may at

all times be obtained of HENRY POTTER, Importer of Leeches, Herbalist, Seedsman, and Dealer in Turkey Sponge, 66, Farringdon Market, and 65, Farringdon Street, London.

H. P. having just added the latter house to his premises to carry on the business of Seedsman, offers to supply Flower Seeds in packets at the following prices:—25 varieties, 3s. 6d.; 50 ditto, 6s. 6d.; and 100 ditto, 12s. Guaranteed to be New Seeds. All other Seeds at the same moderate prices.

To Medical Men and Others.—Provi-

SION AGAINST PERMANENT DISABILITY by SICKNESS or ACCIDENT.

EXAMPLE:—A person aged 30 may, by the annual payment of £2 7s. 7d., secure £100 PER ANNUM for Life during the continuance of such disability.—Particulars sent free, on application to the Law Property and Life Assurance Society, 30, Essex-street, Strand.

EDWARD S. BARNES, Secretary.

James's Powder.—Physicians and

other Medical Practitioners having complained of the frequent use of Antimonial Powder, instead of the genuine "James's Powder" prescribed, have represented to Messrs. Newbery, that the price of the powder has greatly led to this fraudulent practice, and has also greatly prevented the more general use of the powder. Messrs. Newbery have therefore yielded to the suggestions of the Profession, and have reduced the price; and, to secure the use of the genuine medicine, recommend that the same should be prescribed as prepared by Messrs. Newbery—thus, "Pulv. Jacobi Ver." (Newbery's.) The price for dispensing will henceforth be reduced from 21s. to 9s. an ounce. The genuine has the name, "F. Newbery, 45, St. Paul's-churchyard," engraved on the Government Stamp.

Hooper's Waterproof Sheeting, for

Protecting Bedding from Sloughing Sores, Incontinence of Urine, Hæmorrhage, etc.

Mr. Hooper has succeeded in obtaining Waterproof Sheeting, at a great reduction in price, soft and inodorous; it is not affected by Urine, Heat, nor Cold, Acids nor Alkalies, and may be washed as family linen.

Also, IMPROVED INVALID URINALS, with valves, for sitting, lying, or travelling, in any position.

FOR EPILEPSY.

COTYLEDON UMBILICUS.—The introduction of this valuable agent has proved a valuable discovery. The satisfactory accounts Mr. HOOPER has received have induced him to pay great attention to its collection and preparation. He cautions medical men against the use of worthless preparations, passed off for his, and as prepared for Mr. Salter, etc. Mr. Hooper has instructions to state, that Mr. Salter has never used any but that obtained from him. A copy of Mr. Salter's reports in the "Medical Gazette" sent free by post.

GALIUM APARINE (HOOPER'S) FOR CUTANEOUS DISEASES, PSORIASIS, etc.—Dr. Winn, of Finsbury-square, having published in the "Medical Gazette," October 4, 1851, an account of the peculiar properties of the Galium Aparine in Cutaneous Diseases, Lepra, Psoriasis, etc., Mr. Hooper has given his attention to preparing it in various forms. Dr. Winn finds the inspissated juice the most efficient preparation, which can be had from Mr. Hooper, or direct through the Wholesale Houses.

HOOPER, Operative Chemist, Pall-mall East, and Grosvenor-street.

To Physicians, Surgeons, and

DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING TISSUE.—PREPARED FROM PURE CANTHARIDINE.

An elegant preparation, vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments, as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the New York Journal of Medicine.

"March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this Article is a very simple and neat dressing."

"10, Finsbury-place South, March 16, 1852.

"Dear Sir,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks. I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to insure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"Honorary Surgeon to the Royal Free Hospital, etc., etc.

"To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

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"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

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*** Office hours from 12 till 4.

Royal College of Surgeons.—Notice is hereby given, that the PROFESSIONAL EXAMINATION for the Fellowship will take place at this College, on Monday, the 7th, and Wednesday, the 9th, of May next.

The requisite Certificates must be transmitted to the College seven days before the period of Examination.

The Bye-laws relating to the Fellowship may be obtained on application at the College. EDMUND BELFOUR, Secretary.

April 11, 1855.

Leicester Infirmary and Fever House.—A Vacancy having occurred in the Office of HONORARY PHYSICIAN, by the Resignation of Dr. BARCLAY (who has accepted the office of Physician to the Civil Hospital at Smyrna), the Weekly Board of Governors hereby summon a Special General Board to meet at the County Assembly Rooms, on Wednesday, the 16th day of May next, at 12 o'clock, to fill up the Vacancy.

By Rule 9, page 7, "No gentleman shall be eligible to the Office of Physician to the Infirmary who is not legally qualified to practise as a Physician in some part of the United Kingdom."

By order of the Board,

W. JACKSON, Secretary.

Infirmary, April 4th, 1855.

General Infirmary, Bedford.—Notice is hereby given, that a Special Meeting of the Governors of this Institution will be held at the Infirmary, on Monday, the 7th of May next, at 12 o'clock precisely, for the purpose of Electing a SURGEON, in the room of Mr. Hurst, resigned, and a HOUSE-SURGEON and SECRETARY, in the room of Mr. Sharpin, resigned.

Gentlemen desirous of becoming Candidates for these Appointments are requested to send in Testimonials of their competency, directed to the Secretary, on or before that day.

Every Candidate for the office of Surgeon must be a Fellow or Member of the Royal College of Surgeons of London, Edinburgh, or Dublin, and for that of House-Surgeon and Secretary, a Member of the Royal College of Surgeons of London, Edinburgh, or Dublin; and a Licentiate of the Apothecaries' Company, London.

April 6, 1855.

Worthing, Sussex.—Parish Surgeon required.—The Parish Officers of Broadwater, Sussex, hereby give Notice, that at an Adjourned Vestry Meeting to be held on Tuesday, the 24th day of April instant, a Surgeon for the Parish of Broadwater, which includes the town of Worthing, will be Elected. The population at the last census was six thousand. The salary is Ninety pounds a-year, exclusive of Midwifery and Vaccination cases, producing about Ten pounds a-year extra. The present affords a good opportunity for a gentleman of ability to commence Practice at Worthing. The Parish Officers will be prepared to receive Testimonials from Candidates for the Office, to be sent to me on or before Monday, the 23rd instant. Dated this ninth day of April, one thousand eight hundred and fifty-five.

RICHARD ROBINSON,
Assistant-Overseer of Broadwater.

Eastern Dispensary of Bath.—A Resident MEDICAL OFFICER is required, who must possess the Diplomas of the Royal College of Surgeons and Society of Apothecaries.

The Salary is £80 per annum (rising to £100 per annum with length of service), together with furnished apartments, coals, gas, and domestic attendance. The Election lies with the Governors and Subscribers entitled to vote, and is appointed to take place on the 7th day of May next. A preference (cæteris paribus) will be given to such Candidates as will undertake to continue in the Office for a period of at least two years.

Testimonials, post-paid, and marked "Eastern Dispensary," to be forwarded, on or before the 28th instant, to E. Turner Payne, Esq., Honorary Secretary, 5, Old King-street, Queen-square, Bath, who will afford any further information required.

Bath, April 11, 1855.

To Chemists and Druggists. — For immediate DISPOSAL, in consequence of the Proprietor having another engagement, a respectable RETAIL and DISPENSING BUSINESS, situate in a leading and improving thoroughfare in Manchester. Coming in moderate. Address, A. P., Post-office, Manchester.

Medical.—A Gentleman who has had considerable experience in the Profession, is desirous of becoming a PARTNER, or of PURCHASING a PRACTICE. Address, A. B., Messrs. Corbyn and Co., 300, Holborn.

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MR. ORRIDGE, MEDICAL TRANSFER AGENT, in offering his services to the Profession, has the honour of being permitted to give reference to the testimony of Practitioners of the first respectability in town and country, between whom he has been professionally engaged in matters of TRANSFER and PARTNERSHIP.

MR. ORRIDGE'S AGENCY embraces *the Transfer and Valuation of every Description of Medical Property.*

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General Practice and Freehold Residence.—A Gentleman retiring (after more than twenty years occupancy) will introduce a competent Person to a highly-respectable connexion, in a beautiful rural district. The receipts exceed £700 per annum. The House is modern, well-built, and replete with convenience. Garden and Stabling attached. Price for the whole, £1400. Apply to Mr. Orridge, 30, Bucklersbury, London.

To Physicians.—The contemplated retirement of a Physician in a first-class watering place, may present a very favourable vacancy for a highly qualified M.D. desirous of entering into practice. He must be able to command at least £1000. Address to A. L., care of Mr. Orridge, 30, Bucklersbury, London.

To Surgeons and Chemists.—An opportunity well calculated for a Surgeon in delicate health, who may wish for a residence on the South coast, and an addition to income without the fatigue of general practice, now offers in the proposed Transfer of a Chemist's shop of great respectability in a first-class watering place, easily reached from London. It has been held over Twenty Years by the retiring principal; and the rent, if wished, may be cleared by letting part of the premises. Price, £500. Apply to Mr. Orridge, 30, Bucklersbury.

To General Practitioners.—The Advertiser wishes to invest £1500 or £2000 in the purchase of a good General Practice or a Partnership. He will treat communications with the utmost privacy, and exchange references. Apply, stating the proposed duration of introduction, extent of business, terms, and other particulars, to F. W. N., Post-office, 63, Cheapside, London.

Medical Partnership.—A Practitioner in a large provincial town is desirous of meeting with a Gentleman, well acquainted with every branch of his Profession, to take the more active part of his Practice. He must be a good Operator. High qualification a greater desideratum than a high premium. Apply personally or by letter, post-paid, to A. B., care of P. Squire, Esq., 277, Oxford-street, London.

Wanted, by a Gentleman, age 24, who has completed two years of his College curriculum, an Engagement during the summer months. Has been accustomed to extensive Club and Union Practice, and has attended upwards of 300 midwifery cases. Address, "Studens," University, Edinburgh.

To be Sold, on reasonable Terms, a PRACTICE, in a beautiful country, occupied by an industrious and respectable population. The receipts average £340 per annum, £100 of which is derived from Union Appointments and Clubs.—Apply to L. D., 158, Fleet-street.

Opportunity for Practice.—A secure introduction can be given to two or three good families and others, in one of the pleasantest suburbs of London, by a Surgeon going abroad, to a fully qualified gentleman, who would take his house and some furniture, (about £35,) off his hands immediately.—Apply, by letter, to M.D., at Mr. Mellis's, Post-office, Brixton-road.

M.R.C.S.—The Advertiser, a Member of the Royal College of Surgeons, 26 years of age, and married, would be glad to fill any appointment, public or otherwise. Can produce good testimonials, and has seen much practice both at home and abroad. Address, M.R.C.S., care of Mr. Mann, Thornage, Thetford, Norfolk.

London: Printed by CHARLES REED and BENJAMIN PARDON, of 1, 2, and 3, Lovell's-court, Paternoster-row, in the City of London; and published by JOHN CHURCHILL, at the Publishing Office, No. 11, New Burlington-street, in the Parish of St. James, in the City of Westminster.—April 14, 1855.

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MEDICAL TIMES & GAZETTE

The Medical Times and Medical Gazette incorporated.

No. 251.—New Series. LONDON, SATURDAY, APRIL 21, 1855. SEVENPENCE. Stamped Edition 8d.

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London: Longman, Brown, Green, and Longmans.

With Fifty Engravings on Wood, foolscap 8vo, cloth, 6s.

Animal Electricity; from the Work of Dr. DU BOIS-REYMOND. Edited by H. BENCE JONES, M.D., F.R.S.
London: John Churchill, New Burlington-street.

Just published, Second Edition, 8vo, price 6d.,

On the Economical Applications of CHARCOAL TO SANITARY PURPOSES. A Lecture delivered at the Royal Institution, Albemarle-street, on Friday Evening, March 2, 1855, By JOHN STENHOUSE, LL.D., F.R.S., Lecturer on Chemistry at St. Bartholomew's Hospital, London,
London: Samuel Highley, 32, Fleet-street.

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Essays on the Spirit of the Inductive PHILOSOPHY, the UNITY of WORLDS, and the PHILOSOPHY of CREATION. By the Rev. BADEN POWELL, M.A., F.R.S., F.R.A.S., F.G.S., Savilian Professor of Geometry in the University of Oxford.
London: Longman, Brown, Green, and Longmans.

The Quarterly Review, No. CXCII., is PUBLISHED THIS DAY.
CONTENTS.
I. The Crystal Palace.
II. Venetian Despatches—Embassy to Henry VIII.
III. Madame de Maintenon.
IV. The Forester,
V. Food and its Adulterations.
VI. Death of the Emperor Nicholas.
VII. Sir Richard Steele,
VIII. Public Affairs.
John Murray, Albemarle-street.

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Memoir of the Life and Writings of the LATE RICHARD JAMES MACKENZIE, M.D., F.R.C.S.E. By J. WARBURTON BEGBIE, M.D., and JOHN STRUTHERS, M.D.
Edinburgh: Sutherland and Knox, 60, South Bridge.

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"A production which we consider above all others of the present day, and superior and more complete than the many excellent treatises of the English and Scotch surgeons."—American Lancet.
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On Epidemic Diarrhœa and Cholera: their Pathology and Treatment. With a Record of Cases. By GEORGE JOHNSON, M.D., Lond., Fellow of the Royal College of Physicians, Assistant-Physician to King's College Hospital.

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London: John Churchill, New Burlington-street.

[Vol. XXXI. No. 812.—New Series, No. 251.]

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CLERICAL, MEDICAL, AND GENERAL Life Assurance Society.

REPORT OF THE DIRECTORS,

PRESENTED AT THE ANNUAL GENERAL MEETING, HELD AT THE SOCIETY'S OFFICE, MARCH 1st, 1855.

AT this, the Thirtieth Anniversary Meeting, the Directors have much satisfaction in laying before the Proprietors the following statement of the Society's transactions, for the year ending June 30th, 1854 :—

The number of Policies issued was 558, by which the sum of £252,698 has been assured. The new Premiums receivable therefrom amounted to £8293 per annum.

During the period embraced in this Report, the sum of £50,448 has been carried to the Consolidated Fund, which is now increased to **£972,766**; and it is important to observe, that this large amount, which has been accumulated for the benefit of the Assured, is exclusive of the Proprietors' Fund.

The Annual Income of the Society is now £148,698.

For the information of those who were not present at the last Annual Meeting, it may be interesting to state, that the following important alterations were proposed and adopted :—

1st. Granting **WHOLE WORLD POLICIES**, which give the life assured permission to go at any time *to all parts of the Globe*, on payment of a fixed but moderate rate of Premium.

2nd. Affording *perfect security* to parties interested in Policies on the lives of others, in the event of the life assured going abroad *without their knowledge*.

3rd. Rendering assurances made by persons on their own lives, and of twelve months' standing, valid, should death occur by duelling, suicide, etc.; whilst Policies granted in favour of another, and assigned Policies, are valid from the date thereof.

The particulars of some additional advantages conferred by *the Special Act of Parliament* on Assurers in this Society can be obtained of

GEO. H. PINCKARD, RESIDENT SECRETARY,

No. 99, Great Russell-street, Bloomsbury, London.

N.B.—A Fee of ONE GUINEA is paid to the Medical Attendant of Persons proposing to assure in this Society.

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Maunder's Treasury of Natural History: or, A POPULAR DICTIONARY OF ANIMATED NATURE: in which the Zoological Characteristics that distinguish the different Classes, Genera, and Species, are combined with a variety of interesting Information illustrative of the Habits, Instincts, and General Economy of the Animal Kingdom; with a Syllabus of Practical Taxidermy, and a Glossarial Appendix.

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JACKSONIAN PRIZE TREATISE OF THE ROYAL COLLEGE OF SURGEONS.

Stricture of the Urethra, its Pathology AND TREATMENT. By HENRY THOMPSON, F.R.C.S., M.B., Surgeon to the Marylebone Infirmary, &c. Cloth, 8vo, 10s.

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John Churchill, New Burlington-street.

Sydenham Society.—The Members are respectfully informed that the next Annual Meeting of the Sydenham Society will be held at the Offices of the Society, 45, Frith-street, Soho, on Tuesday, May 1, at 3 o'clock, p.m.

The First Volume of Rokitansky's Pathological Anatomy, comprising the General Pathology, Two Illustrative Plates, and a copious Index to the Four Volumes, has recently been issued and completes this valuable work. There has also been just issued a Volume, consisting of Selections from the Surgical Prelections of Professor Dupuytren.

Wedl's Pathological Histology, and Oesterlen's Medical Logic, will be shortly issued to the Subscribers for the year ending March, 1855.

The Annual Subscription of £1 1s., payable in advance, became due on the 25th of March last.

By order of the Council,
JAMES R. BENNETT, M.D., Secretary.

Sydenham Society's Offices, 45, Frith-street, Soho.

112, REGENT-STREET, LONDON.

Mr. Mechi has opened a new Esta- BLISHMENT, at 112, Regent-street, opposite Vigo-street, where the same Prices will be charged as at 4, Leadenhall-street. Visitors from the country, and the London public, are respectfully solicited to inspect the entirely New and Elegant Stock of Dressing Cases and Bags, Papier Maché, Cutlery, and a very extensive assortment of Elegancies, suitable for presentation.

Brighthelmston Dispensary. — The Committee of Management of this Institution hereby give notice, that they will be ready, on Tuesday, May 22nd, 1855, at Ten o'Clock precisely, to receive Testimonials and Diplomas of moral character and professional qualifications from Candidates for the office of House Surgeon to this charity, at a salary of £100 per annum, with furnished apartments, coals, gas, and attendance. The Testimonials to be under seal, addressed to the "Chairman of the Committee of Management, Brighton Dispensary." The Candidates must be Members of the College of Surgeons of London, Dublin, or Edinburgh, and Licentiates of the Apothecaries' Company of London, and their Diplomas must be produced with their Testimonials. The whole time of the House Surgeon is to be dedicated to the Institution, and he is not to practise on his own account, but to conform to the rules of the Institution, and to give three months' notice previous to leaving.

The Election will take place on Tuesday, June 5th, 1855, at Twelve o'Clock at noon precisely.

Board Room, April 17th, 1855. D. M. FOLKARD, Jun., Assistant Sec.

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St. Mary's Hospital.—Mr. White

COOPER will commence his COURSE of LECTURES on DISEASES OF THE EYE, on TUESDAY, MAY 1, at Half-past Two o'Clock. The Lectures will be delivered on Tuesdays and Saturdays at that hour. They will be free to Medical Practitioners on presentation of their cards.

St. Mary's Hospital Medical School.

—MR. TOYNBEE will commence his Summer Course of Lectures on the DISEASES OF THE EAR, on Thursday, May 3rd, at Half-past Two o'clock. They will be illustrated by numerous preparations, &c. They will be continued every Thursday at the same hour. Fee, £2 2s.; free to Medical Men showing their cards.

St. Mary's Hospital Medical School.

The SUMMER SESSION will commence on Tuesday, May the 1st.

LECTURES.—Clinical Medicine, Dr. Alderson. Clinical Surgery, Mr. Ure. Midwifery, etc., Dr. Tyler Smith and Mr. I. Baker Brown. Practical Chemistry, Dr. Albert J. Bernays. Botany, Dr. J. S. B. Sanderson. Materia Medica and Therapeutics, Dr. Sieveking. Pathological Anatomy, Dr. Markham. Medical Jurisprudence, Mr. Ancell. Natural Philosophy, Mr. Lindsay Blyth. Military Surgery, etc., etc. Dr. James Bird. Ophthalmic Surgery, Mr. White Cooper. Aural Surgery, Mr. Toynbee. Dental Surgery, Mr. Nasmyth. Comparative Anatomy, vacant.

HOSPITAL PRACTICE.—This hospital contains upwards of 150 beds, 65 of which are devoted to Medical, and the rest to Surgical cases. This division includes a ward appropriated to the Diseases of Women, and also beds for Ophthalmic and Aural cases. A Maternity Department is attached to the hospital.

There are three Resident Medical Officers, who board in the hospital, and two Non-resident Officers, a Medical and a Surgical Registrar. Clinical Clerks and Dressers will be selected from the best-qualified Students. All the above offices are open to competition amongst the qualified Perpetual Pupils of the hospital, without extra fee.

Further information may be obtained on application to

SPENCER SMITH,
St. Mary's Hospital, April 11, 1855. Dean of the School.

Military Surgery.—St. Mary's Hospital.

DR. JAMES BIRD, F.R.C.S.E., late Surgeon to the European General Hospital, and Physician-General to the Army at Bombay, will deliver during the present summer, at St. Mary's Hospital School, a Course of Thirty-Six Lectures on Military Medicine and Surgery embracing Twenty-Two Lectures on Military Surgery in general, Eight on the Diseases of Foreign Climates, and Six on Military Hygiene, with the medical discipline and hospital arrangements for soldiers in garrison and the field. These Lectures will be illustrated by the preparations, casts, and drawings belonging to the museum of the late Dr. Richard James Mackenzie, of Edinburgh, and by duplicate casts and drawings from the museum of Sir George Ballingall. The Introductory Lecture will be delivered on Wednesday, the 2nd of May, at Half-past Two o'clock, and Members of the Profession be will admitted on presenting their cards at the Hospital.

Further information may be obtained on application to Mr. Spencer Smith, Dean of St. Mary's Hospital Medical School.

Theatre of Anatomy and Medicine,

1, GROSVENOR-PLACE, adjoining St. GEORGE'S HOSPITAL.

The SUMMER SESSION will COMMENCE on TUESDAY, MAY 1st, when the prizes obtained during the past Session will be distributed, Sir JAMES CLARK, Bart., F.R.S., in the chair.

The following Course of Lectures will be delivered:—

Medical Jurisprudence—Dr. W. B. Richardson.
Practical Chemistry—Mr. Rodgers.
Materia Medica—Dr. Ballard.
Comparative Anatomy and Zoology—Mr. Hulme.
Operative Surgery—Dr. Deville.
Botany—Dr. Lankester.
Midwifery—Mr. Bloxam.
Hygiene—Dr. Headlam Greenhow.
Pathology and Morbid Anatomy.—Dr. W. B. Richardson.
Natural Philosophy—Dr. Thudichum.
Dental Surgery—Mr. Hulme.

R. W. BURFORD, Secretary.

Further information may be obtained of the Secretary, at the School, 1, Grosvenor-place; or of Dr. Lankester, 8, Savile-row.

County and County of the Borough of

CARMARTHEN INFIRMARY.—A HOUSE-SURGEON wanted for the above Institution, who must be unmarried, and a Member of the Royal College of Surgeons of London, Edinburgh, or Dublin, and a certificated Apothecary. Salary, £100 per annum, with Lodgings, Coals, Candles, and Attendance found in the House; he will also have the privilege of taking Two Apprentices.—Apply, with Testimonials as to ability and character, to the Secretary, Mr. John W. White, Chemist and Druggist, Guildhall-square, Carmarthen.

Laboratory of Physiological and Path-

OLOGICAL CHEMISTRY, under the superintendence of Dr. Marcet. On Monday, April the 30th, Dr. Marcet will commence at his Laboratory a Practical Course of Physiological and Pathological Chemistry. The pupils will manipulate under Dr. Marcet's directions, and throughout the whole course their attention will be especially drawn to such points as bear more directly on the practical parts of the medical profession. The class will meet every day for two successive hours until the 31st of July. Fee, three guineas per month, or eight guineas for the whole course.—Apply at Dr. Marcet's Laboratory, 8, Chapel-place, Belgrave-square, between 3 and 5 o'clock; or at 36, Chapel-street, Belgrave-square.

The London Hospital Medical College.

—The SUMMER SESSION will COMMENCE on TUESDAY, MAY 1st, 1855.

Dr. Hall Davis, Physician to the Royal

Maternity Charity, and to the St. Pancras Infirmary, will commence the next Session of his Lectures on MIDWIFERY, and the DISEASES OF WOMEN AND CHILDREN, on Tuesday, May 1st, 1855, at 5½ P.M. These Lectures were instituted in 1848, and are recognised by the Examining Boards. Session, £3; perpetual, £5. 17, Russell-place, Fitzroy-square.

Guy's.—The Summer Session com-

mences on TUESDAY, the First of May.

Gentlemen desirous of becoming Students must produce satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second year, and £10 for every succeeding year of attendance. One payment of £100 entitles a Student to a perpetual ticket.

Clinical Clerks, Dressers, Ward Clerks, Dressers' Reporters, Obstetric Residents, and Dressers in the Eye Wards, are selected according to merit from those Students who have attended a second year.

Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further information required. April 17, 1855.

King's College, London. — Medical

DEPARTMENT.—The SUMMER SESSION will Commence on May 1st, when new Students will be admitted.

All Students entering at this period will be entitled to compete for the two Warneford Scholarships of £25 per annum for three years, which will be given in October next. The examination will be in the following subjects:—Divinity, Classics, (the same subjects as for the Matriculation Examination at the University of London,) Mathematics, History, and the Modern Languages.

The particular books selected for examination, and all other information, may be obtained from J. W. Cunningham, Esq., Secretary, King's College, London.

March 13th, 1855. R. W. JELF, D.D., Principal.

Queen's College, Birmingham.—The

SUMMER SESSION will COMMENCE on TUESDAY, MAY the 1st, when Students can be admitted to either the Junior or Senior Medical Department.

It is strongly recommended that Students who propose to matriculate at the London University, July, 1856, should enter the Arts Medical Branch during the present Term.

Sydenham College Medical School,

12, ST. PAUL'S SQUARE, BIRMINGHAM.

The SUMMER SESSION will commence on Tuesday, the 1st of May, when the following Courses of Lectures will be delivered:—

Midwifery, and the Diseases of Women and Children—Dr. Elkington and Mr. Blake.
Therapeutics, and the Treatment of Disease—Dr. Russell.
Materia Medica—Mr. Bassett.
Botany—Mr. Westcott, Assoc. L. S.
Medical Jurisprudence—Mr. Orford.
Practical Chemistry and Toxicology—Dr. Hill.

Further Particulars may be obtained on application to Dr. Bell Fletcher, Principal; or to Mr. Bassett, Honorary Secretary.

Operative Surgery. — School of

ANATOMY AND MEDICINE, 1, GROSVENOR-PLACE.—Dr. A. DEVILLE, Member of the Royal College of Surgeons of England, late Demonstrator of Anatomy in the Faculty of Paris, and in the Anatomical Theatre of the Hospitals, will deliver a Course of DEMONSTRATIONS and INSTRUCTIONS in OPERATIVE SURGERY, during the Summer Session, commencing on Wednesday, the 2nd May. In this Course the Operations will be demonstrated on the dead body, and will also be performed by each Student, under the direction of Dr. Deville. Fee for the Course, Seven Guineas, including the expense of Subjects, and the use of Instruments. R. W. BURFORD, Secretary.

*** Prospectuses of the Course, and further particulars, may be had by applying to Dr. Lankester, 8, Savile-row; or to the Secretary, at the School, 1, Grosvenor-place.

Bristol Medical School.—The Summer

SESSION will commence TUESDAY, MAY 1. The following Courses of Lectures will be given:—

Midwifery—Dr. Swayne.
Materia Medica and Therapeutics—Dr. Stanton.
Forensic Medicine—Dr. Martyn.
Chemical Toxicology—Mr. Herapath.
Botany and Vegetable Physiology—Mr. Etheridge.
Practical Chemistry—Mr. Herapath.

Practical instruction and cases are provided for the Students of the Midwifery Class; the Students of the Botany Class attend the Lecturer upon Herborising Excursions.

April 14, 1855. JOHN STANTON, M.D., Hon. Sec.

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ROYAL MEDICAL BENEVOLENT COLLEGE.

Notice is hereby given, that the Annual General Meeting of the Governors will take place at the HANOVER-SQUARE ROOMS, HANOVER-SQUARE, on TUESDAY, the 8th of MAY NEXT, at 2 o'Clock. p.m., precisely, To receive the Annual Report of the Council; to fix the date of the First Election of Pensioners and Foundation Scholars; to fill up Vacancies in the Council; to elect Auditors for the ensuing year, and for general business.

ALTERATION OF LAWS.

In By-law 15 it is proposed to substitute for the words "by a member appointed at each meeting," the following, "by the Finance Committee;" and to Bye-law 16 the following, "the object of every such payment being stated in the notice when practicable."

It is proposed that the Price of Nominations should be fixed as follows:—

PERPETUAL NOMINATIONS to PENSIONERSHIPS, £600.
SINGLE NOMINATIONS to PENSIONERSHIPS to be determined by the Council according to a fixed Scale.
SINGLE NOMINATIONS to EXHIBITIONERSHIPS, at £50.
SINGLE NOMINATIONS to SCHOLARSHIPS, at £300.

It is proposed to substitute for the words, "Donations and Collections," in the third paragraph of Law 22, the words, "Annual Subscriptions."

The following Gentlemen will be proposed to fill up the vacancies in the Council for the ensuing year, agreeably to Law 10:—EDWARD HENRY SIEVEKING, M.D.; JAMES W FRESHFIELD, Esq., M.P.; GEORGE STILLWELL, Esq., Epsom; BENJAMIN OLIVEIRA, Esq., M.P.; G. A. SIEVEKING, Esq.; HENRY STERRY, Esq.; FRANCIS SIBSON, M.D.; NATHANIEL CLIFTON, Esq.; GEORGE E. JOHNSON, Esq.; HENRY T. DAVIES, Esq.

By Order of the Council,

EDWARD HENRY SIEVEKING, M.D., HON. SEC.
HERBERT WILLIAMS, ASSISTANT-SEC.

Office, 37, Soho-square, April 17, 1855.

ROYAL MEDICAL BENEVOLENT COLLEGE.

At a Meeting of the Council of the Royal Medical Benevolent College, held on the 7th of MARCH, 1855, Sir JOHN FORBES, M.D., in the Chair, the following Resolution was unanimously adopted:—

"That Ladies presenting a Donation of Five Guineas, on or before the opening of the College, on the 25th of June next, be constituted Life Governors."

The COUNCIL deeming the opening of the Institution a suitable occasion on which to secure the moral and pecuniary support of a large body of persons friendly to the cause, with a view of facilitating their accession, it has been determined that LADIES presenting FIVE GUINEAS on or before the time specified, shall be constituted LIFE GOVERNORS. It is not probable that another occasion of sufficient importance to justify a similar step will occur; the Council therefore hope, that this exceptional Resolution will bring a numerous body of supporters and contributors, whose interest in the Institution they are most anxious to conciliate.

LADIES availing themselves of this privilege, will be entitled to a VOTE at the ELECTION of PENSIONERS and FOUNDATION SCHOLARS, which is appointed to take place on the 19th of JULY NEXT. A FORM FOR ENROLMENT may be had on application at the Office.

The FIFTEENTH LIST OF CONTRIBUTORS, which will contain the names of the Ladies presenting Purses of Five Guineas on the Opening of the College, will be published the FIRST WEEK IN JULY.

Office, 37, Soho-square, April 5, 1855.

JOHN PROPERT, Treasurer.

The Respirator.—The assumption of the name "Respirator" for various discreditable and defective imitations of Mr. JEFFREYS' Instruments, the value of which, in Medical Practice, has given a wide reputation to the name, can only mislead unwary persons not acting under Professional advice. City Office for the Respirator, 25, Bucklersbury; West-end Depôt, 25, Holles-street, Oxford-street, London. In London and all Towns, the principal Chemists and Surgical Instrument Makers are Agents for Mr. Jeffreys' Respirators.

Bland and Long, Philosophical and CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d., 3s. 6d., 15s., and 30s. each.

The Best Food for Children, Invalids, and others.—ROBINSON'S PATENT BARLEY, for Making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinse of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE, and CO., Purveyors to the Queen, 64, RED LION-STREET, HOLBORN, LONDON.

The Proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s., 5s., and 10s. each.

Dr. Kahn's Museum Re-opened at 4, Coventry-street, Leicester-square, consisting now of One Thousand highly-finished Wax Models, illustrating every part of the human frame, in health and disease. Open (for gentlemen only) daily from half-past 11 till 5, and from 7 till 10. A new Series of Lectures by Dr. Sexton, F.R.G.S., etc., at 12, 2, 4, and half-past 7 in the evening. Admission, One Shilling. A new Catalogue, containing Lectures on the most interesting branches of Physiology, by Dr. Kahn, illustrated. Price 6d., (free by post 6d. extra.)

New Medical Glass Bottles. At MESSRS. E. AND H. HARRIS'S, 2, UPPER COPENHAGEN STREET, BARNSBURY ROAD, ISLINGTON, LONDON.

6 & 8 oz., Green, any shape, plain or graduated,	10s.	per gross.
3 & 4 oz., do. do. ..	8s. 6d.	do.
1½ oz., Moulded Phials	7s.	do.
1 oz. do.	6s. 6d.	do.

In Crates from the works, 6d. per gross less.

Country orders attended to on remittance. Full list of prices sent on application. No charge for package, if returned. Goods delivered free within seven miles.

Allsopp's East India Pale Ale as specially ordered for Scutari.

Recommended by Baron LIEBIG and the most eminent members of the Medical Profession, in Bottles and Casks (18 gallons and upwards), Imperial Measure.

ADDRESS:—HARRINGTON PARKER and Co., Beer, Wine and Spirit Merchants, 5½, Pall Mall, London,

Who bottle Allsopp's Pale Ale only.

A New Discovery.—Mr. Howard, SURGEON-DENTIST, 52, FLEET-STREET, has Introduced an entirely NEW DESCRIPTION of ARTIFICIAL TEETH, Fixed without Springs, Wires, or Ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer: they will NEVER CHANGE COLOUR or DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed Teeth rendered Sound and Useful in Mastication.

52, Fleet-street.—At home from Ten till Five.

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ORIGINAL LECTURES.

LECTURES ON MATERIA MEDICA,

GIVEN AT THE

Royal College of Physicians,

By H. BENCE JONES, M.D., F.R.S.

Physician to St. George's Hospital.

ON DIGITALIS.

It is my intention to-day to take as my subject the effects of Digitalis, partly on account of the interest which its medicinal action possesses, partly because some accurate experiments have lately been made in Germany and in France on the use of this medicine, which, so far as I know, have not been made known here.

This volume of the *Archives de Physiologie*, edited by M. Bouchardat, containing the memoir of MM. Homolle and Quevenne on Digitaline and Digitalis, might alone have furnished me with the materials for this lecture; I shall, however, bring before you not only the most important facts determined by these investigators; but I shall first relate to you some remarkable results obtained by Dr. Traube, of Berlin, respecting the action of digitalis on some animals.

The experiments of Dr. Traube were chiefly made on dogs. The infusion of digitalis which he used was prepared by pouring four ounces of boiling water on two drachms of digitalis leaves; the infusion was carefully filtered, and was raised to the temperature of the body before it was injected into the veins by a syringe which held 130 grains of spring water. Thus each syringe-full of the infusion of digitalis would contain the extract from about eight grains of digitalis leaves. The infusion was injected into the jugular vein towards the heart.

A strong dog had, first, a syringe-full of warm salt and water injected into the vein. The pulse was slightly accelerated; then a syringe-full of infusion of digitalis was injected, and in one minute the pulse fell 108 pulsations. In ten minutes, on the pulse rising, two-thirds of a syringe-full more were injected, and the pulse fell 28 beats. This was again repeated: after the fifth syringe-full the pulse rose above what it was previous to the commencement of the experiment.

The details of the experiment may be thus given:—

	A.M.		
The injecting tube was fixed at	7.56.	Then pulse,	128.
Warm salt and water injected	8.16.	,,	128.
1st syringe-full of digitalis .	8.34.	,,	132.
,, ,, .	8.35.	,,	24.
2nd syringe, two-thirds full .	8.46.	,,	84.
,, ,, .	8.48.	,,	56.
3rd syringe, one and half full	8.54.	,,	84.
,, ,, .	8.55.	,,	36.
4th syringe-full	8.57.	,,	32.
5th syringe-full	9. 1.	,,	
,, ,, .	9. 4.	,,	160.
,, ,, .	9. 7.	,,	174.
At	9.17 dog was bled to death.		

In this experiment the effects of increasing the quantity of digitalis are very remarkable.

In another experiment, the same fact is thus made evident: At first the pulse was 108. With two and one-third syringes-full, the pulse fell to 33. With two-thirds of a syringe-full more, the pulse rose to 202.

In a third experiment, the pulse before injection was 132; after three syringes-full, it was 46; after four syringes-full were injected, it was 192; after five syringes-full, it rose to 204.

The fourth experiment gave the same result.

In the fifth, the pulse before injection was 128: after a syringe and a-half was injected, the pulse fell to 72; after nearly four syringes-full, the pulse rose to 100; after five syringes-full, the pulse reached 216. The dog lived eleven hours afterwards. Two other experiments all agreed in showing that the first action of small quantities of digitalis injected into the blood was to reduce the pulsation of the heart; but that, when the quantity of digitalis was increased, the pulsations of the heart became greatly accelerated.

Having determined this action of digitalis, Dr. Traube then endeavoured to satisfy himself whether this effect on the pulse depended on the action of the digitalis on the heart directly, or on the heart through the pneumogastric nerves. One series of experiments was made, in which the pneumogastric nerves were divided after the digitalis was injected, and, in another series, the pneumogastrics were divided before the injection of the infusion.

The first of these series consisted of seven experiments. The following may be taken to illustrate the effect:—

When the pulse was reduced by the injection of the infusion, first one, and then the other pneumogastric nerve was divided; and the results are thus stated:—

The pulse before the injection of the infusion was			72
,, after ,,		,,	44 to 52
Immediately, on sect. of left vagus, pulse rose to			92
,, ,, right		,,	204

In another experiment:—

Before the injection of the infusion, at	2.8 p.m.,	the pulse was	121
After 2-3rds of syringe-full at	2.11	,,	88
,,	2.14	,,	50
,,	2.16	,,	48
,,	2.17	,,	48
The right vagus was cut at	2.19	,,	
,,	2.21	,,	66
The left vagus was cut at	2.27	,,	204

The same result was obtained by dividing both pneumogastric nerves at the same time. In all the seven experiments, after the pulse was reduced by the action of digitalis, division of the vagi caused rapid acceleration of the heart's action.

When the pneumogastric nerves were divided, previously to the injection of the infusion of digitalis, the reduction of the pulse was no longer observable.

The following experiments illustrate the results which which were then obtained:—

	P.M.		
Both pneumogastrics were divided at	3.56	Pulse was	180
Half a syringe-full was injected .	4. 8	,,	168
Another half ,,	4.16	,,	162
One-third syringe-full ,,	4.23	,,	152
Half a syringe-full ,,	4.32	,,	160
Half a syringe-full ,,	4.41	,,	180
Half a syringe-full ,,	4.49	,,	180

Twelve experiments gave the same result. Here is the last.

Before injection, after division of vagi. Pulse was 180.

Two syringes-full at	9.15 A.M.		
,,	9.17 ,,	Pulse was	144
,,	9.19 ,,	,,	126 systolic murmur
,,	9.20 very loud systolic murmur. Second sound wanting.		

After four more syringes-full. Pulse 144.

It follows, from the 1st series of these experiments, that digitalis, in small quantity, reduces the action of the heart; in large quantity, greatly accelerates it.

It follows, from the 2nd series of these experiments, that when the digitalis has reduced the pulse, division of the vagi will immediately insure acceleration.

It follows, from the 3rd series of these experiments, that when the vagi are divided, digitalis is not observed to produce slowness of the pulse.

In the interpretation of these results, two fundamental observations by other physiologists must be here mentioned.

E. Weber has shown that, when the vagi are undivided, a feeble electric current acting on the medulla oblongata, or on the vagi, causes a diminution of the contractions of the heart.

Ludwig has proved that, in all mammalia, section of the vagi in the neck is immediately followed by increased frequency of the heart's action.

We must recognize in the heart two systems of nerves:—

1st. Musculo-motor, causing contraction.

2nd. Regulator system.

The ganglia of the heart are the centre of the 1st system, and the medulla oblongata is the centre of the 2nd system. The regulating nerves pass with the vagi. From the experiments of Weber and Ludwig, it follows, 1st. That abnormal gentle stimulus of the regulator-nerves diminishes the frequency of the heart's action, and 2ndly. That the frequency is greatly increased by the removal of the regulating action.

From this it may be concluded, that any substance which, when brought into the circulation in small quantity, dimi-

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nishes the frequency of contraction, but, in large quantity, increases the frequency, acts on the regulator-nerves. Hence digitalis, from Dr. Traube's experiments, 1st. Stimulates the regulator system of nerves; 2ndly. Paralyzes the regulators; and when it stops the action of the heart, then, 3rdly. It paralyzes the musculo-motor system.

In small doses, the digitalis acts as a stimulant; in large doses, it acts as a sedative, causing paralysis and death. Though it is by no means safe to deduce the action of any medicine on man from the effect of the same medicine on animals, as indeed the action, or rather the absence of action, of this very substance (digitalis) on rabbits well proves. Yet the phenomena produced by large doses of digitalis on man so closely resemble those produced on dogs by injection, that it may safely be assumed, that in man digitalis acts on the nerves that regulate the heart's action, first as a stimulant, and in large doses as a sedative. I will pass on, therefore, now to the consideration of digitalis as a medicine. The uncertainty of the action of remedies is often rightly attributed to variations in their composition. In all vegetable medicines, used as they are grown, this is most likely to occur. And no certainty regarding the mode of action of any vegetable medicines can be obtained until the active substances are separated and made the subject of careful experiment. I might take opium and bark to illustrate my remarks. We do not, indeed, as yet perfectly understand the mode of action of morphine and quinine, but by separating these substances, it has become possible for us to determine how opium and bark act on the system; and in the use of these medicines we can get more constant effect by more constantly using exactly the same remedy. So also, if we can get the active principle of digitalis, we shall not only advance on the way to the knowledge of the mode of action of digitalis, but we shall get rid of causes interfering in the action of this substance as a remedy; for example, the age of the plant, the year, the cultivation of the plant, the desiccation of the leaves, &c.

MM. Homolle and Quevenne, to whom we are indebted for this most important work on digitalis, state that they have separated fourteen different substances from the leaves of the plant; as the amount of each of these substances present in the plant is never constantly the same, it is evident that much more certainty will be obtained by insulating the one active substance, than by using fourteen substances in varying quantities.

The different substances found by the French chemists may be thus enumerated: starch, sugar, pectin, albuminous matter, orange-red crystallizable colouring matter, chlorophyle, volatile oil, tannic acid, digitalic acid, anterrhinic acid, digitalic, and three neutral principles, digitalose, digitalide, and digitaline.

This last substance is the most active ingredient of the digitalis. It is prepared pure by extracting the neutral principles with ether and alcohol, of specific gravity 780. This dissolves the digitaline and the digitalose, the etherial solution is then evaporated, the residue treated with alcohol, again evaporated, and treated with weak alcohol, the digitaline remains dissolved. On gentle evaporation, it does not crystallize, but forms a resinous-looking mass of a pale yellow colour, unchangeable in the air, and very bitter, slightly soluble in water, very soluble in alcohol. It is a neutral substance. It becomes emerald-green with strong hydrochloric acid. The best test of its quality is its bitterness. This is best determined by taking one centigramme of the powder of digitaline, and dissolving it in two grammes of alcohol, and continuing to dilute this solution with water until the bitterness is found to disappear. From the quantity of water required, the goodness of the digitaline may be estimated; if the digitaline be good, more than three pints of water will be required to be added before the bitterness becomes imperceptible.

The best form for keeping and giving the digitaline as medicine is in granules and not in tincture. Thus it keeps best, and is more certain, in composition. It is thus most easily given, as its bitter taste is concealed. Each granule is made to contain one millegramme. This is equal to ·015 grain of digitaline. Here are the granules as prepared by M. Homolle, and here are some prepared by Mr. Morson, each granule containing the hundredth part of a grain of digitaline. I have used both these preparations in all kinds of diseases in St. George's Hospital, and I can find no difference in their action.

MM. Homolle and Quevenne state that one of them took four of these granules daily for eight days. The average healthy pulse of the person experimented on was 67·5; after taking the granules the pulse fell to 50. The difference is 17·5 beats, which are equal to one quarter the beats of the heart. Two dogs were given from 2 to 11 granules daily. In the first dog the pulse fell from 60 to 51. In the second, from 87 to 70.

The comparison between the digitaline and digitalis is so remarkable, that I have copied it in this table.

Digitaline.	Digitalis.
1st. Type unalterable; to this all digitaline may be reduced	1st. No standard of comparison.
2nd. Constant action.	2nd. Uncertain action; depends on the quality of the plant.
3rd. Possibility of determining comparative excellence by the bitterness.	3rd. No mode of determining the quality of different specimens.
4th. Agreeable form.	4th. Disagreeable smell and odour.

M. Bouillaud states that during four or five years, not a day has passed without his employing digitaline on many patients with diseases of the heart or vessels. He has given it to from 150 to 200 patients of all ages. In all excepting three the pulse was reduced. Two of these had endocarditis and pericarditis. If the pulse was irregular previous to the taking of the digitaline, it became regular as the medicine took effect. In fifteen cases taken at hazard, in La Charité, the maximum pulse before the action of the digitaline was 96, after the medicine 41 pulsations less. In three cases the pulse was reduced 80, 102, and 106 beats. The minimum reduction in three other cases was 12, 14, 16. The number of granules taken daily was from 2 to 7; the number of days on which the granules were taken usually 13 to 14. One patient took 70 granules in 18 days. Another 82 in 14 days. A third 98 granules in 20 days. A fourth 164 granules in 40 days without harm. As soon as pain in the head, vertigo, or nausea came on, the medicine was stopped.

M. Andral, also, in the *Union Médicale*, No. 52, 1851, gives his experience of the action of the granules on 19 patients, with either heart disease, albumenuria, phthisis, pleurisy, or acute rheumatism. Two granules sometimes caused sickness. Usually three or four granules were taken. One patient took twelve daily. The greatest number of granules taken by different patients were 23, 33, 44, 50, 80. The action on the pulse was perceptible in the decrease of the number of beats from day to day. The following table of the reduction of the pulse in different cases is given:—

Nature of Disease.	Minimum of pulse before treatmt.	Maximum of pulse during treatmt.	Difference.
Disease of heart . . .	108	68	40
,, . . .	92	72	20
,, . . .	80	68	12
,, . . .	76	51	25
,, . . .	104	100	4
,, . . .	64	60	4
,, . . .	44	44	0
,, . . .	76	58	18
Phthisis	84	76	8
,, ...	68	64	4
Pleurisy	108	100	8
,, ...	108	116	8
Hydatid of Pleura . .	100	96	4
Rheumatism of one joint .	96	80	16
,, in several joints	96	80	16
Anæmia	80	76	4

The granules increase the frequency of making water from 4 or 5 times daily to 12 or 14 times. They do not always increase the quantity of urine, but sometimes they increase the quantity to two, three, or even four times the amount previously passed.

The granules act on the nervous system in different patients very differently. Sometimes, in some persons causing sleepiness and heaviness; in others, pain in the head, uneasiness, and loss of sleep.

The following account of poisoning from taking an excess of these granules is given by Dr. Leroux in the *Union Médicale*, No. 99, p. 398.

A strong man, æt. 72, suffered from old pleurisy of the left side with œdema of the feet; his pulse was from 70 to 68. At

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6 a.m. on the 25th of May he took many granules of digitaline; at 10 a.m. he took as many more as made up 30; at midday poisoning symptoms began; at 5 p.m. a physician was called, then there was pain in the head, imperfect sight, extreme præcordial pain with extreme restlessness. At 9 p.m. the tongue was red and dry, there was dislike of any kind of drink, sickness, pulse 45 to 50; excessive acute pain in the head; giddiness when the patient sat up so that he had to lie down immediately. There was general weakness with drowsiness and scanty urine. The following day the pulse was 54, the general symptoms were less severe. It was the 1st of June before he entirely recovered.

From these experiments and observations on the action of the granules of digitaline; it is evident that the active principle of the digitalis may be insulated and employed as a remedy, and as morphine and quinine are of more definite composition and therefore of more certain action than opium and bark, so nearly to the same degree is digitaline more definite and certain in its action than the digitalis from which it may be extracted.

I may conclude this subject by bringing to your notice some very interesting observations of Dr. Traube, of Berlin, on the reduction of the temperature of the body by the action of digitalis; the determination of the animal heat was always made in the axilla, and in twelve cases of acute rheumatism, the rate of the pulse and the temperature of the body were taken with extreme accuracy, morning and evening; half a drachm of the leaves of digitalis were infused in four ounces of water, and every two hours half an ounce of the infusion was given. The result was, that generally the temperature fell at the same time, or shortly after the digitalis produced its effect on the heart. Hence, without doubt, the reduction of temperature was a consequence of the slower current of the blood which was produced by the action of the digitalis on the regulatory system of nerves of the heart.

Careful observation showed that digitalis caused a reduction of the temperature in the most different kinds of febrile complaints. Even in puerperal fever the temperature falls when the digitalis is in action.

Dr. Traube draws the following comparison between bloodletting and digitalis as antiphlogistics. Bleeding, while it lessens the force of the pulse, reduces the specific gravity of the blood, and in low inflammations increases the tendency to serous effusion. Hence, in all low inflammations, digitalis is to be preferred as an antiphlogistic to bleeding. Moreover, the effect of venesection is much more rapid, and much more transitory; in its antiphlogistic action digitalis bears a close resemblance to antimony; but it is far less likely to affect the bowels, and hence, in all inflammatory diseases complicated with any affection of the bowels, digitalis is to be preferred to antimony. The employment of digitalis is, however, accompanied by its own inconveniences and even dangers. It may produce sudden prostration of nervous and muscular action, and even syncope and death; that is, the stimulating action on the regulatory system of nerves may suddenly give place to the paralyzing action. Hence arises the necessity for watching those who are taking this medicine; they should be seen at least twice daily, and if there be sickness, or irregularity in the rhythm of the heart, or great reduction in the rate of the pulse, the medicine must be omitted.

ORIGINAL COMMUNICATIONS.

ON THE FORM OF DYSPEPSIA WHICH OFTEN PRECEDES AND ATTENDS PHTHISIS.

By JONATHAN HUTCHINSON, Esq.

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Perhaps of all the circumstances by which medicine, considered simply as "the art of healing," has been most retarded, none have been more effective than the fatal habit of disregarding trifles. The fault is not solely with either patients or physicians; it is, indeed, almost a general liability of the human mind to neglect, and to pass unnoticed, the small beginnings in which great evils often take their rise. All familiar with the literature of our profession must have been struck with the large amount of attention and research which have been devoted to fully developed and often incurable diseases, and at the same time, disappointed to a degree at the meagreness of our knowledge respecting their causes and first symptoms. If phthisis, cancer, diseases of the heart, etc. are not now understood, both as to their symptoms, course, and probable events, it is not because minds of the first order have been wanting to investigate them. How different, however, is the state of the case with reference to the diseases comprised under the term dyspepsia. Yet, if fairly looked at, indigestion is perhaps the most important of all diseases. It is, indeed, an expression by which might be designated the first stage of a very large number of chronic affections. In gout, in rheumatism, in scurvy, in chlorosis, we have peculiar forms of dyscrasia, which we recognize by peculiar symptoms. In all, that dyscrasia is due to a diseased condition of the blood; in several, we know in what that diseased condition consists, and also how to prevent and remedy it, and in those in which such knowledge has not yet been obtained, there is still no doubt as to the fact. But it will not do to be content with a humoral pathology, which is, indeed, but a single link in the chain connecting diseases with the influences which have been the means of their production. If the blood has acquired a morbid constitution, *how* did it acquire it? Was it that an improper pabulum was supplied for its manufacture? and was it that the organs of assimilation performed their office imperfectly? However these questions were determined, another of yet greater importance would at once suggest itself to the practical physician—Are there, during the progressive depravation of the vital fluid, no symptoms by which the tendencies of things might be recognized; and by timely attention to which the disease about to be produced might be averted. The advantages of such knowledge, were it possessed, it is quite impossible to calculate, it would indeed place the physician in almost the same position in respect to other diseases, that he now occupies with respect to syphilis. Of syphilis, the first symptoms are known, and, as soon as they are perceived, their apparent insignificance is forgotten, and their dreaded sequences at once excite the fears of both patient and practitioner. Did we possess the same degree of knowledge respecting the relation in which dyspepsia stands to some of the forms of chronic disease, it is not impossible but that the common phrase, "Oh, it is only indigestion," might come to sound as ridiculous as would "It is only a primary sore."

In venturing to invite the attention of the profession to some of the results of an inquiry respecting the form of dyspepsia, which so frequently attends tuberculous diseases, it will be convenient to divide the subject into two parts, and to consider, first, the materials collected, and secondly, the deductions from them.

Amongst the out-patients attending at the City Hospital for Chest diseases, I recently had a very large sphere for the investigation of any subject connected with phthisis. It seemed desirable to try to ascertain, (as far as possible, by the numerical method,) 1st, the proportion of cases in which dyspepsia was a prominent complication; 2ndly, the period of the disease in which dyspepsia usually manifested itself; and 3rdly, whether the dyspepsia of phthisis possessed any peculiar features. In seeking answers to these questions, it was endeavoured to disregard all preconceived opinions, and to keep quite out of view the conclusions arrived at by other inquirers.

The plan adopted was to select intelligent patients and to get from them, as carefully as might be, the history of their previous symptoms. Excepting in that they were known to be the subjects of phthisis, and of sufficient mental cultivation to be able to give a reliable account of their ailments, all previous knowledge of their cases was avoided. The subjects to be inquired after concerned rather the past history of the patient than his present state, and much therefore would depend upon his intelligence and memory. The plan pursued was to have a single patient alone, and to sit down quietly with him, and exercising the utmost patience, to try to extract out of him the account of all his former symptoms. The most intelligent of our patients were as a rule selected, and in a general way the only previous knowledge which I had of the case was that it was one of phthisis. It was often quite impossible to avoid asking leading questions, but, by a system of careful cross-examination I am sanguine that most sources of error were avoided. In

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many instances not only the patient, but one or more of his relatives also were examined. In this way notes of nearly 150 cases were taken, but out of these, I regret to say, that only 56 have been taken with sufficient uniformity and care in avoiding sources of fallacy to permit of their being employed as statistics. From these 56, therefore, the following conclusions are deduced, but I may perhaps be permitted to add that my general impressions, derived from much more extended, though less exact investigations, quite coincide with those deductions.

The 56 tabulated cases include 28 males, and 28 females. The extremes of age are 16 and 50. A large majority were natives of London, and, with a few exceptions, all were residents there at the time. As to occupation, the men were chiefly clerks, porters, warehousemen, shopmen, weavers, tailors or shoemakers; and of the women, such as had other than ordinary household avocations, were milliners, shopwomen, school-teachers, or employed in weaving. Almost all had been accustomed from childhood to the regular use of meat and of beer in small quantities. As to history of the family of the patient, I was unable to obtain a reliable one in 9 instances; of the others, there was reason to believe that in 11 the father had been the subject of phthisis, in 7 the mother, and in 7 both parents. In 15 it appeared that whilst neither parent had been phthisical, the disease had yet existed in other members of the family, more or less nearly related to the patient, and in the remaining 18 cases, it was believed that phthisis had not before shown itself in any blood relative. The fear of being tedious induces me to abstain from any further minuteness in the description of the class of patients on whom the observations were made, being, however, in possession of the full particulars, I shall be glad to afford further information respecting them, should any reader deem it desirable. I feel pretty confident that the observations made will be found correct as it regards the class on whom they were made, some slight modification will, however, in all probability, be required in the application of the conclusions arrived at to other classes,—the phthisis of an agricultural labourer probably differs somewhat from that of a London mechanic, and that of members of the higher ranks from either.

The conclusions which have been arrived at are then, stated seriatim, as follows:—

1. In a very large majority of cases of established phthisis a condition of well-marked dyspepsia is present as a complication. Out of 56 cases it was absent in 4, present mildly in 21, moderately in 22, and severely in 9.

2. Of the form of dyspepsia most common in established phthisis the prominent symptoms relate to difficulty in the assimilation of fatty matters. The patient acquires a remarkable distaste for all fats, which occasionally extends itself to sugar and even to alcohol. He suffers much from "biliousness," heart-burn, flatulence, and above all, from acid eructations after taking food. Everything he takes "rises acid," to use his own expression, but more particularly everything containing fat, oil, or sugar.

3. The majority of cases of phthisis, whether hereditary or otherwise, are *preceded* by a well-marked stage of dyspeptic symptoms. By this it is meant that symptoms referable to the stomach or liver have preceded those connected with the lungs. Out of the 52 cases in which as has been shown dyspepsia was present it had followed pectoral symptoms in 9, been developed about coincidently with them in 10, and preceded them in 33.

4. The symptoms of the dyspepsia premonitory of phthisis are the same in character with those which complicate it when developed. The very earliest are alterations in the tastes, and the most constant one a disrelish for fat. Often sugar disagrees and is disliked, sometimes alcohol also.

5. The subjects of phthisis have in a large number of cases had peculiarities of likes and dislikes for different articles of food, even from very early life, and whilst seemingly in perfect health. Amongst those peculiarities the dislike of fat often amounting to extreme aversion ranks first. Thus it might be predicated of a family in which one child distinguishes itself from its brothers and sisters by refusal to eat fat that that child will, cæteris paribus, be the most likely one to become the subject of tuberculous disease in after life.

It will be attempted immediately to show that these several conclusions all point to the same form of mal-assimilation. Before doing so, however, it will be necessary to dwell a little more particularly on the individual symptoms which have been mentioned. To begin first with

Dislike for fat.—This symptom was present in 71 per cent. of the cases of confirmed phthisis. It had existed throughout life in 48 per cent. Only 5 per cent. of the patients were fond of fat, and only 33 per cent. could endure it in moderate quantities. The reasons which the patients alleged for their distaste to fat almost invariably were that it made them bilious, and rose acid from the stomach. The fat of fresh meat seemed the first to disagree; then that of salted meats, as bacon; and lastly butter. Many could enjoy butter who could not touch any other kind of animal fat. Now, as it is undoubtedly the indication of robust health to be capable of taking, without inconvenience, a mixed diet, we may fairly accept it as an important betrayal of something wrong when we find an intense dislike to an element of ordinary food. The dislike for fat shows incapability of digesting it. On what does this incapability depend? Without here entering at all on the chemistry of the digestion of fat, I believe I may venture to state that the conclusions of all our best physiologists coincide in referring to the liver and pancreas, as the organs concerned in effecting it. With the exception of Vogel, who has a theory of its mechanical absorption, which, if true at all, is probably true only to a very small extent, all agree, that before fat is absorbed it must be emulsified, and its emulsification is effected by its admixture with the bile and pancreatic juice. Further than this even emulsified and absorbed fat requires an additional change before fitted for assimilation, and this change is also, according to M. Bernard, effected by the liver. The change consists in its transformation into a fat, analogous to that of butter, in which condition it is discharged directly into the hepatic blood. The liver is thus the organ to be mainly suspected, when we find the digestion of fat interfered with. Let us see how it stands in the case of sugar.

Dislike for sugar.—This is not nearly so frequent in phthisis as that of fat, yet no fewer than 29 per cent. of the patients assured me, that from very childhood they had disliked sugar, treacle, and all forms of sweets. Rather more than 8 per cent. from having once liked sugar, had acquired a distaste for it, as the dyspepsia became established; while 16 per cent. had always been, and still were, fond of it. We know that it is necessary for the assimilation of all saccharine matters that they should be converted into glucose or diabetic sugar; and, if we may accept the conclusions of Bernard on this subject, also, that conversion is effected by the liver.

The dislike for alcohol I shall pass by, as from the composition of the alcoholic beverages in ordinary use, and to which the patients had acquired a distaste, it is impossible to tell which element had disagreed. Almost none of them had used alcohol in a pure form. We will go on then to the next commonest symptom.

Acid Eructations.—Every one is probably familiar with the exact nature of this symptom. It consists in the bringing up into the pharynx of a small quantity of an extremely acid fluid. It may occur at very various periods after taking food, and in bad cases may become persistent through almost the whole day. It is almost always attended by heartburn, which depends on the same cause. Alkalies generally give temporary relief, but it is merely by neutralization of the offending acid, and they exert no permanently useful influence. One of the patients included in my list suffered terribly from these two symptoms, so great was the distress occasioned that she invariably carried about with her a stock of carbonate of soda, which she would eat constantly. I learnt from her sister, after her death, for she never had honesty enough herself to inform me of her habit, that she would sometimes consume in this way nearly a pound a week. Acid eructations were present in 62 per cent. of the cases, and were a prominent symptom in no fewer than 46 per cent. A hyper acid condition of the contents of the stomach may depend on two causes: on the too abundant secretion of ill-formed gastric juice, or the fermentation of undigested food. The latter is probably the usual cause of the symptom mentioned. It is not so easy then to connect this phenomenon with hepatic derangement as the preceding ones, unless we suppose that regurgitation of the duodenal contents takes place. At first sight it would seem that the liver can scarcely be held responsible for a decomposition which takes place in the stomach, and in food which has never been submitted to the action of the bile. There are reasons, however, for believing that sub-

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stances on which the stomach has no digestive action may be delayed in that viscus because the duodenal tract is not prepared for their reception, and such would appear to be especially the case with fatty or greasy matters. Whether such be the fact or not, and whether acetous decomposition of the gastric contents be due to disorder of hepatic function or not, I must not venture to decide, but the clinical fact certainly is that acidity is especially prone to follow the ingestion of fat, sugar, etc., substances which concern the liver rather than stomach. Acidity is especially frequent after tea and coffee, and many blame the theine for its production; by directing my patients to drink tea minus sugar, however, I have generally succeeded in obviating it, and am quite inclined to blame the latter article. There are circumstanccs in the therapeutics of acidity which also favour the idea of its being of hepatic origin. Nothing relieves it so effectually as repeated small doses of mercury. It has been observed, also, that the mineral acids often relieve it. Probably the explanation of their influence is to be found in their effect on the liver.

Flatulence is an ordinary symptom in the dyspepsia of phthisis, and was found to have been present in 78 per cent. of the cases. It of course is like acidity caused by decomposition of food, and no doubt resulted from a partial diminution of the antiseptic function of the liver.

Pyrosis, as a well-marked symptom, was present only in about 10 per cent.

Sick Headaches, and what patients call bilious feelings, were of very common occurrence. In 26 per cent. the patients had, long prior to the appearance of phthisical symptoms, been liable to frequent sick headaches.

Pain in the shoulder, interscapular pains, bitter tastes, vomiting after meals, etc. were among the other symptoms less usually observed. It would be interesting to say a few words about each, but time forbids. The number of cases in which no symptoms whatever of dyspepsia were detected was 4 only out of the 56. Of these the phthisis was in an incipient stage in 2, confirmed in 1, and much advanced in 1. In about 18 per cent. of the cases the dyspeptic symptoms had been very trivial; in these the stage of the disease was various. It may be here remarked, that exactly coincident with the first appearance of symptoms indicative of inability to digest the hydro-carbons there usually occurs another, viz., emaciation. The connexion between the two is plain. The blood being no longer supplied by the digestive organs with its due quantity of fuel pabulum, the reabsorption of the adipose tissue of the body takes place in order to make up the want. The fat disappears from the subcutaneous tissue, and the patient loses weight and is observed to be thinner. It is remarkable to notice how its absorption first commences from the parts where it is least necessary. In the female I believe it invariably begins about the mammary gland, patients who have not noticed any loss of flesh generally, will be constantly found to have observed their breasts getting less plump. In the male I am not aware of any organ which is first to suffer, but in females the indications to be derived from the condition of the breast are very valuable for diagnostic purposes. If phthisical dyscrasia advance, the whole available adipose tissue is soon used up, and now commences the attack of the hyper-oxygenated blood on the other tissues of the body, the muscles, the cellular tissue, and the skin become progressively thinned down by interstitial absorption until the patient is reduced to the living-skeleton-like condition by which the terms "phthisis" and "consumption" have been originally suggested.

It would appear, as might perhaps be expected, that the form of indigestion which attends phthisis is one of a subacute rather than chronic character. I have met with several instances in which individuals who had for years been martyrs to that disease, have finally lapsed into consumption. Such, however, cannot, I think, be considered to be the usual termination of those cases. Of what diseases do habitual dyspeptics die? is a very interesting, and as far as I know, a yet unanswered question. The careful unravelling of the various symptoms present in individual cases would probably enable us to foretell the particular form of dyscrasia which would ultimately be established in each, and among others the tubercular one would no doubt claim its share. The term Habitual dyspepsia is here used to denote a severe disease; for if we applied it to all in which occasionally slight symptoms were present, it might probably include more than half of the British population. The fissured tongue of habitual dyspepsia is a well-known characteristic. Of the 56 cases of phthisis this condition was markedly present in 1 only, and in a very slight degree in 7 others, 9 of the number had for very long periods, indeed during the greater part af life, suffered occasionally and to a slight extent from dyspeptic symptoms; 5 had done so more severely, while 4 might have been termed, in the worst sense of the words, habitual dyspeptics. In almost all the cases in which the stomach had manifested signs of disorder before the lungs the symptoms of such disorder became much aggravated as the latter supervened. As a general rule, it appeared that the severity of the dyspepsia was just in proportion to the acuteness of the phthisis. Very frequently, indeed, it was observed, that when under the influence of treatment a phthisis which had threatened very speedily to terminate had lapsed into a chronic form, the dyspeptic symptoms would coincidentally abate, and sometimes almost disappear. In quite a series of cases treated mostly by cod-liver oil and a stomachic mixture, patients who had been quite unable to eat fat regained the taste for it, and at the same time much improved in health.

There is a symptom which I would here mention as being one over which the oil often exerts a very beneficial influence, and one not very easily accounted for. It is cough. A dry, hacking cough is a very common antecedent of phthisical disease, and not unfrequently has lasted through many years, it may be through the greater part of the patient's life. No remedy so quickly affects this symptom as cod-liver oil, compared with which all the forms of opiates, etc., are useless. How does the oil act in relieving it? To determine that, we must first ask on what does the cough depend? It has generally, I believe, been set down as produced by the irritation of tubercles in an incipient stage, and the explanation may probably, in many instances, be the correct one. I am inclined, however, to think, that in some cases it is indicative of disorder of the digestive functions rather than of actual pulmonary disease. The cough of incipient phthisis is, for the most part, unattended by expectoration, and in its hard, barking character very closely resembles those known popularly as "stomach coughs" or "liver coughs," and produced just in the same way as the pulmonary ones, namely, by irritation to the terminal filaments of the pneumogastric. In several cases which I have watched, and in which fragments of chalk had been expectorated, there had previously occurred no hacking cough, although it was certain that tubercles had not only existed, but had gone through all the process of degeneration, and had ultimately been converted into cretaceous masses which might be well supposed likely to occasion irritation. Until, however, the patients began to suffer constitutionally, no such irritation was apparent. Every one has, of course, seen converse cases, those namely in which, notwithstanding that a hacking cough persisted, yet the stethoscope could detect no signs of disease. Further, not only is the cough curable by oil, but stomachics, and even mercurials, will often remove it, and are, in a general way, much more successful than opiates. Do not the oil, the stomachic, and the mercurial probably all act in somewhat the same way? Is it not probable that they all benefit by their influence over the disordered assimilative function? The good influence of oil as being a supply of much-needed fuel-food has already been alluded to. No one can doubt, however, that it has other powers also. Its influence over the assimilative function cannot be denied. In the treatment of tuberculous affections it is not practicable to replace it by other hydrocarbons. It frequently causes the disappearance of symptoms directly referable to the liver or stomach, such for instance even as sick headaches. On this point I speak from personal experience, having repeatedly prescribed it with success against the tendency to certain forms of the latter. As to the influence of fatty matters alone on the liver we have yet but very little knowledge, and the only observation of any interest is one by Sandras and Bouchardat, to the effect, that they very effectually augment the quantity of bile eliminated. Cod-liver oil, however, is more than mere fatty matter, and should be investigated by itself. The condition of the bile in different diseases, including the tuberculous ones, is also another subject much needing investigation. Chevalier found the bile of a phthisical patient to contain an excess of picromel; the observation is, however, a solitary one, and not perhaps of much significance.

(To be continued.)

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THE LONDON PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

OPERATIONS FOR STRANGULATED INGUINAL HERNIA ON BOTH SIDES IN THE SAME MAN.—RECOVERY.

[Case under the Care of Mr. COCK.]

The following case is, as we are aware, without parallel in the records of surgical practice. As the circumstances under which it might be needful to operate for hernia on both sides within twenty-four hours are not likely to occur again within any reasonable period, we can scarcely allege a desire to afford a precedent as our motive for publication. Apart, however, from its interest on account of mere rarity, the case has some important practical bearings. The statistics of the London Hospitals for the past year show that, out of forty-six operations for inguinal hernia, no fewer than nineteen, or about two-fifths, ended fatally. Here, however, we have a case, resulting in a good recovery, in which not only was the operation performed twice on the same man, and thus a double risk incurred, but in which, in each instance, the tumour was very large, the strangulation tight, and the sac of necessity opened. The explanation of this is, no doubt, to be found in the circumstances that careful abstinence from violent or prolonged attempts at the taxis had been observed, and that the operations were performed early. In saying this, it is not of course intended to detract from the importance of the careful attention to details in after treatment which Mr. Cock's patients always receive, but merely to indicate the conditions which probably were most influential in procuring the successful event. In delayed operations and abused taxis are the grand causes of the fatality which our herniotomy lists exhibit.

The following are the notes of the case as taken by Mr. C. F. Clough, the dresser of the patient.

Charles Maidment, aged 70, an egg-merchant, was admitted on February 14, 1855, into Cornelius Ward. He is a strong, healthy-looking man for his age, married, and of regular habits, and general good health. He has had a scrotal hernia (of both sides) for fifteen years, and for which he has worn a double truss. He has had it down several times, and now and then it has been reduced with very great difficulty indeed.

On the morning previous to his admission, about eight o'clock, he found that he was unable to return the rupture on the left side; he then applied to his Surgeon, who, not succeeding in the taxis, etc., sent him to this Hospital. When he arrived, a large, oblique inguinal hernia was seen on the left side. Up to this time there were no very severe symptoms. Immediately, on admission, he was put into the hot bath; taxis, opium, and ice, were employed, but without avail, and it was determined at 9.30 p.m. to operate on him, which was accordingly done, Mr. Cock having to open the sac before the gut could be returned, of which there was about a foot in length down, and very congested. A considerable quantity of serum, deeply tinged with blood, and some portions of plastic lymph escaped from the sac. During the operation a portion of the hernia on the right side came down, and was returned without much difficulty. After the operation—which was performed without the aid of chloroform—he was put to bed, and 2 grains of opium were immediately given, and 1 grain was to be repeated every three hours. About eleven o'clock the dresser was sent for to see him, the hernia of the right side having come down; it was, however, quite impossible to reduce it then, and ice was ordered to be applied during the night.

February 15.—He has had a good deal of vomiting, pain, and restlessness, during the night. The hernia was hard, and as it could not be reduced, Mr. Cock determined to operate on that side, which was done about 8.30 a.m., just eleven hours since the last. The operation was performed in this case also without chloroform, and the sac also was opened: the intestine was quite healthy, there being no congestion. He was ordered to be kept quiet, and go on with his opium.

16th.—Very little rest during the night, no pain over the abdomen; pulse very quick and weak. Ordered calomel gr. i., op. gr. ss. 3tiis horis. Takes a little beef tea.

17th, morning.—He has had a better night than last. Pulse steadier; no pain. Rept. pil. 6tis horis.

17th, evening.—He is very ill. Vomiting, hiccough, and delirium.

18th.—He has suffered uneasiness in the belly, in consequence of coughing a good deal; his mind is calm, and the hiccough much less. Bowels not yet opened since the operations.

19th.—He has had four copious motions, and has slept a little; but passed a restless night, and has been a little delirious. Cough is better; pulse fuller.

20th.—The wounds (which were closed by sutures) have not united by first intention, but still are looking very healthy. He is quite free from pain. Bowels opened twice.

22nd.—Totally free from pain, anxiety, or any other bad symptoms. He is able to take beef tea, arrow-root, and fish. The wounds are looking very healthy.

From this time he went on improving fast, and left the Hospital on March 8th, 1855, twenty-two days after admission, with both wounds nearly healed.

THE WESTMINSTER HOSPITAL.

HERNIA THROUGH THE SUBSTANCE OF POUPART'S LIGAMENT — OPERATION — DEATH—AUTOPSY.

(Under the care of Mr. HOLT.)

The particulars of the following case have been communicated by Mr. Legge, the House-Surgeon of the Hospital:—

Ann Collins, married, aged 50, was admitted on the evening of Thursday, March 8, 1855, with the usual symptoms of strangulated hernia.

History of the Case.—A year since, the patient first noticed a swelling in the lower part of the abdomen, which increased on any violent exertion, but sometimes entirely disappeared; gave her no uneasiness, and she has never worn a truss. Two days since, the swelling became considerably enlarged, accompanied by great pain, vomiting, and constipation,—all which symptoms have continued to the present time. She applied to-day at a Dispensary, where the taxis was unsuccessfully employed.

Present state.—The countenance is anxious, the pulse small, feeble, and intermittent, and pain of a dragging character is referred to the region of the umbilicus.

Upon examination, a hard, unyielding tumour is evident at the lower part of the left side of the abdomen, red, and exceedingly painful to the touch, probably from the employment of the taxis; the vomiting is stercoraceous.

Mr. Holt having decided upon performing an operation for the release of the strangulated bowel, an incision was made over the tumour, and through a quantity of brawny fat, no fascia of any kind coming into view. After a careful dissection, the intestine was detected; there was no sac, and the only coverings were the skin and this thick layer of fat. The gut was hard, dark-coloured, and intensely strangulated; the stricture, which was situated at the lower and inner part of the abdomen, but evidently not formed by Gimbernat's ligament, was divided, and the intestine returned. The edges of the wound were approximated and retained by sutures; a pad and bandage being applied over the whole. She was ordered —T. opii. ♏. xxx., æther. chlor. ʒss. aquæ ʒj. Statim.

March 9.—The patient has continued to vomit during the night. She expresses herself better, and relieved from the dragging pain; but there is general tenderness over the abdomen. Ordered—Fot. terebinth., brandy, and pil. cal. c. opio 4tis horis.

Eight p.m.—No relief from the bowels; the sickness continues; belly tympanitic; pulse feeble and intermittent; countenance less anxious. The treatment is to be continued and an injection given.

March 10.—Tenderness of abdomen has subsided; vomiting of stercoraceous matter continues; belly tympanitic. She fancies that a little flatus passed after the injection. Ordered —Pulv. opii. gr. 1ss., conf. rosæ q.s. statim. Inject. terebinth.

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Eight p.m.—Vomiting has continued all day, yet her countenance is less anxious; pulse more regular, and tongue moist; firm pressure can be borne over the abdomen without giving pain; more flatus has passed per anum, but everything she takes is immediately rejected. Ordered—Large injection of warm water, Rept. pil. opii nocte, and Acid. citric. grs. xij., acid. hydrocyan. dil. m. v., aquæ ʒj., c. potass. bicarb. ʒj., in statu effervesc.

March 11.—Has only vomited once since taking the above, last night, and is altogether better. Takes a little brandy and arrow-root.

Nine p.m.—The vomiting has just recurred for the first time since yesterday evening at this hour. Rept. pil. opii.

March 12.—The House-Surgeon was called to see the patient at seven a.m., but found her almost in articulo mortis. She sank shortly after, the vomiting having occurred continuously through the night.

Autopsy, twenty-seven hours after death.—Rigor mortis persistent. No attempt at union in the lips of the wound, which was filled with a dirty grumous matter. The abdomen was opened by a crucial incision. There was little or no appearance of peritonitis. The intestines immediately around the wound were adherent to the point where the abdominal walls had yielded. The hernia seemed to have forced its way through the substance of Poupart's ligament, just above the crural ring, the fibres being arranged part above and part below the orifice of exit. The inflamed portion of intestine was detained at an acute angle, adhering to the opening in Poupart's ligament. The large intestine near was glued to it, and showed marks of inflammation. Upon opening the portion of jejunum which had been strangulated, two small ulcers were seen, which had nearly performed the intestine. The omentum had been penetrated by the hernia, and was found adherent to the margins of the wound.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE SHEFFIELD GENERAL INFIRMARY.

RETROVERSION OF THE UTERUS AT ABOUT THE FOURTH MONTH OF PREGNANCY.—DEATH.—POST-MORTEM.

[Communicated by Mr. MISLEY, House Surgeon.*]

Jane Ward, æt. 20 years. Married at the age of 18. Has had two children, the first one dead; the second a year old and weaned a month ago. She is of spare make and light complexion. Admitted an in-patient under Dr. de Bartoolme, November 17th, 1854. She makes the following statement: "That she has never menstruated since her last confinement, and supposes herself four or five months advanced in pregnancy. Four weeks ago she had a rough passage from Dublin, where she had been to visit her husband, who is stationed there in the military; but felt no inconvenience from the journey. Shortly after her arrival in England, she did not feel quite well, and one day, whilst employed in scouring the floor, she felt a sudden pain in the abdomen, with a desire to pass her urine, but on attempting to do so, found her efforts of no avail."

On her admission into the infirmary (about a fortnight after the accession of the above symptoms) she complained of great pain in the abdomen, and her countenance indicated great suffering. The abdomen was swollen of a pyramidal form, was dull on percussion over the swelling, and gave a distinct sense of fluctuation. The urine was dribbling, and there was a muco-puriform discharge from the vagina; the posterior wall of which canal bulged forwards. Upon an examination per vaginam, no os uteri could be felt, but the neck and body of this organ was projecting backwards towards the promontory of the sacrum. On examination per rectum, detected a large globular elastic tumour, occupying the hollow of the sacrum, not movable by all the force two fingers could employ. The fingers in the rectum, and hand upon the abdomen, could detect fluctuation in the abdominal tumour. A female catheter was passed, and five pints of highly offensive bloody urine was evacuated, which afforded her considerable relief, and greatly diminished the swelling of the abdomen. The bowels had been moved a little the day before: admission by an enema. In a few hours after the urine was drawn off, she again began to suffer agonising pain in the abdomen. No sleep—pulse 140—small and feeble—pressure upon the abdomen does not give much pain.—Haust. Opii, h. s.

November 18th. The urine drawn off this morning, is of the same character as yesterday, and about a pint in quantity.

21st. A consultation was held upon the case, and it was considered to be one of retroversion of the uterus, three or four months advanced in pregnancy; and before any efforts could be made towards reduction, it was considered necessary that the bowels should be freely evacuated. An enema of olive and castor oil, was accordingly administered with O'Burns' tube, which acted very efficiently in the course of the night in bringing away a large quantity of liquid and hardened fæces, much to the relief of the pain and the diminution of the swelling.

22nd. She has passed a better night. Pulse 140, feeble. The urine drawn off, of the same character as before mentioned. It was found necessary to employ an elastic male catheter for this purpose, the ordinary female catheter not being long and flexible enough to reach to the fundus of the bladder, to draw off all the urine. To-day the patient was placed under the influence of chloroform, and Mr. Barber made an unsuccessful attempt to replace the uterus to its natural situation; for this purpose the whole hand was passed into the rectum, and the body of the uterus raised towards the symphisis pubis. At one time so much was it restored to its normal position, that the hand in the rectum could pass freely above the promontory of the sacrum, and the uterus was felt in front of the abdomen over the symphisis pubis, but the effect of the chloroform subsiding, straining efforts came on and the organ again reverted to its abnormal situation. Efforts at reduction were no longer persisted in, from the exhausted condition of the patient. It is needless to enumerate the daily symptoms, suffice it to say, that until a week before her death there was little change; the urine lost its bloody character, and became, if possible, more offensive—it was drawn off with an elastic male catheter, night and morning. Occasionally, difficulty was experienced in evacuating the bladder, from shreds of fibrine plugging up the opening and canal of the instrument. Her sufferings were of an agonising kind, and only relieved by large doses of opium. A week before death she became much weaker, complained of tenderness in the abdomen, which was considerably enlarged and tympanitic. The passage of the catheter was now attended with some difficulty, from pressure being exerted upon the sides of the instrument, and great difficulty was experienced to get the urine to flow, from the canal of the catheter becoming frequently plugged up with large pieces of fibrine. Two days before death she was seized with an acute pain and tenderness in the abdomen, vomited all she took, pulse 140, scarcely felt. Several times she appeared to be dying, but again rallied, relapsed, and died.

December 12th. 2 a.m. Post-mortem, thirty-three hours after death.

The whole of the intestines, sides of the abdomen, and bladder, were glued together by recent adhesions. The fundus of the bladder extended as high as the umbilicus, its coats thickened of a grayish colour and soft consistency. Its mucous membrane was lined by a light-coloured false membrane about a quarter of an inch thick, readily peeling off, and forming a complete cast of the interior of the bladder. This organ was adherent to the anterior inferior part of the wall of the uterus. The uterus was seen to be thrown backwards, and firmly wedged in the cavity of the pelvis, and required considerable force to extricate it from its situation. When the uterus was extricated from the pelvis, the bulging at the posterior wall of the vagina disappeared, and the os and cervix uteri could be felt in their natural situation. The ureters were distended with urine to four times their natural size, and the pelves of the kidneys were distended in a similar manner to about the size of a bantam's egg. The right kidney was a little larger than the opposite one, but both appeared healthy. The uterus contained a recent fœtus about four months old.

* The particulars of this case were read by Mr. Barber before a meeting of the Sheffield Medical Society.

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THE LIVERPOOL SOUTHERN AND TOXTETH HOSPITAL.

POPLITEAL ANEURISM OF CONSIDERABLE SIZE.—SPONTANEOUS CURE.

[Under the care of Dr. PETRIE.]

The following example of the spontaneous solidification of an aneurism of the popliteal artery which had attained considerable dimensions is of great interest, as bearing on the question of the efficiency of one of the modes of cure recommended in this disease. We allude to the ligature of the vessel beyond the seat of disease—Wardrop's operation, as it is sometimes called. In all probability, the mode in which the cure was effected in this case was by the occlusion of the distal end of the dilated part of the vessel, in which, most likely, a detached coagulum had got impacted. The complete loss of pulsation in the tibials coincidently with the cessation of that in the tumour, is in favour of this view, as is also the fact that a slight bruit was heard in the tumour after its pulsation had ceased to be perceptible. The following narrative of the case has been supplied to us by Mr. Waters, the House-Surgeon of the Hospital:—

Joseph Buckley, aged 30 years, a sawyer by trade, was admitted into Ward 6, under the care of Dr. Petrie, on the 21st of February, 1855. He says, that while canting some logs of timber sixteen days ago, the canting bar gave way and threw him down. He was not struck by anything. He felt, as he expresses it, something give way, and went into the office, which was close by, at once. He perceived a swelling in the left ham; his master recommended him to go home and have his leg fomented. The tumour gradually increased in size, and was painful while walking about, but became easier when lying down or resting his leg.

When admitted, the tumour was about the size of the half of a small lemon, and the pulsation in it very distinct; it had made him very uneasy, and prevented his sleeping at night. The heat of the leg was diminished. On applying the stethoscope to the tumour, a double murmur with each pulsation of the artery was heard very distinctly. General health good. Of ruddy complexion and sanguineous temperament. Hot bottles to be applied to left foot. Low diet.

Liq. opii sed. ɱxxv., ex mist. camph. ʒiss. H. s. s.

22nd.—Slept tolerably well after draught. Leg easy. Slight bruit, but no pulsation in the tumour, which appears diminished in size. A small superficial artery running down on the tibial side of the tumour was felt pulsating very distinctly.

Rep. haust. opii. H. s. s.

Haust. domest. (magnes. sulph. inf. sennæ, etc.) cras mane s.

23rd.—Slept well. The aperient draught has acted on the bowels three or four times. No pulsation or sound in the tumour. Pulsation absent in both the anterior and posterior tibial arteries at the ankle joint.

Heat of leg kept up by hot bottles. To have house diet to-morrow.

24th.—Tumour diminishing. Has had a good deal of pain in the instep and calf of left leg during the night, which prevent his resting so well as on the two previous nights.

Tinct. opii ʒss., ex mist. camph. ʒiss. H. s. s.

25th.—Did not sleep well, in consequence of an aching pain in the upper part of the calf of the leg and in instep. Heat of leg increased, and the temperature now almost the same as that of the opposite one.

Pulv. opii gr. ii. Conf. q. s. ut. ft. pilula. H. s. s.

26th.—Rested rather better. Leg easy. Hot bottles no longer requisite.

Rep. pil. h. s. s. Haust. domest. ʒii. c. m.

27th.—Had a good night. No pain in upper part of leg; slight pain yet in instep. Bowels opened by medicine.

28th.—Doing well.

7 p.m.—Has been suddenly seized with violent pain in the stomach, probably in consequence of something improper that he had eaten, though he denied having taken anything but what was allowed by the hospital, excepting some soda cakes.

℞ Tinct. opii ʒss., sp. æth. sulph. co. ʒss., tinct. zingib. ʒss., sp. ammon. c. ʒi., aq. menth. pip. ad ʒiss. M. Ft. haust. s. s.

9 p.m.—Relieved by draught.

March 1st.—Feels very well. No return of the spasms. No appetite. Bowels confined.

Haust. domest. ʒii. St. s. et rep. 4tis horis si. opus sit.

Beef tea hj., in place of half diet.

2nd.—Bowels freely opened by purgative medicine.

4th.—Feels very well. Leg quite easy. Sleeps well without opiate.

10th.—Discharged at own request.

The tumour is much diminished in size and quite firm. Not the slightest pulsation can be perceived in it. No return of pulsation in either tibial arteries. Can walk about without feeling the slightest pain.

Remarks.—The event exemplified in the above case, although very rare, is by no means unique. Several cases are on record in which aneurisms of the large thoracic vessels have, more or less, completely cured in that way. A specimen taken from a patient who had died of other disease, after the cure in that way of a very large aneurism of the aorta, was shown at a meeting of the Pathological Society last year by the late Mr. Ludlow. It is recorded in the last volume of the Society's Transactions. Mr. Cock has mentioned to us a yet more singular case (not published), in which a gentleman had an aneurism in each popliteal space, and in which both solidified spontaneously. The gentleman had not been submitted to any treatment, and had not even confined himself to bed, when the cures took place.

Medical Times & Gazette.

SATURDAY, APRIL 21.

DR. ANDREW SMITH AND THE ARMY MEDICAL SERVICE.

The duties of an Army Medical Officer during a long period of peace are very different from those required in the fearful contingencies of war. In the former period his labours are comparatively light, and as all the troops are picked men, free from disease, his field of professional experience must be comparatively small; but in the latter, all the energies of his mind and body are brought into sudden and paroxysmal activity; the most formidable operations become the duties of his every-day existence, the most pestilential and fatal diseases become the objects of his daily care.

For nearly forty years the British Army, consisting of the finest troops in the world, had, happily for the nation and for mankind, remained in an attitude of repose; and, except when called upon for the performance of glorious achievements in our Indian possessions, had very little experience of the realities of war. The same sturdy determination of the Anglo-Saxon character, the same power of enduring hardships or of facing and overcoming danger, still remained; but the energies of the warrior gave place to the dominion of enlightened statesmanship, and it was fondly hoped by the philanthropist that the sword would be converted into the pruning hook, and that the demon of war would be banished from the civilized world. But Providence has ordered it otherwise; and it is the lot of the present generation again to hear the clang of arms, and to behold the armies of civilized nations again mingling together in deadly conflict.

It was no doubt believed by all those who knew the indomitable bravery of the British soldier, that the contest in which we have now been for some time unfortunately engaged would be short and glorious; that the pride of our Northern foe would be speedily abased, his strongholds stormed by the thunder of our artillery, and his armies scattered by the bayonets of our men. But painful experience has proved that we had estimated too lightly the character of our opponent, and that in strategical science and in physical courage

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the semi-barbarous hordes of Russia have proved themselves no contemptible adversaries to the engineering skill and the dauntless valour of the combined armies of Western Europe.

Nor have we only to deplore the fate of those whose lives have been sacrificed, or whose bodies have been mutilated in the battle-field; but a foe still more fatal than the sword of the enemy has opposed our path, daunted our hopes, and destroyed the flower of our troops. Hundreds of our brave soldiers have been denied a glorious death in open combat, but have perished from the secret and insidious poison of disease, have been suddenly struck down by cholera, or have languished and died from pestilential fever.

Disappointed in the accomplishment of our hopes, and now involved in a war which promises to embroil all Europe, and to stretch, perhaps, to the remotest corners of the globe, the British people have demanded an account of the gallant heroes who have been cut off in the flower of their age by the pestilence and the sword. The nation, at first filled with overweening anticipations of immediate victory, and not calculating upon the actual miseries of war itself, and of the sufferings which it inevitably entails, now complains, and not unjustly, that sufficient foresight was not exercised by those who had the management of affairs, and who should have made such provisions against contingent evils as reason would suggest or experience dictate.

That these complaints are not unfounded, must, we think, be admitted; and the late revelations before Mr. Roebuck's Committee show too plainly that, by a blind adherence to routine, and by the indulgence of a false security—by an implicit, though not unjustifiable, reliance upon the valour of the troops and the skill of their commanders, the superior authorities in military affairs undoubtedly neglected those precautions for the welfare of the army which were demanded by the urgency of the case and the magnitude of the operations. The clothing of the soldiers was inadequate, or unsuitable to the climate where they were to be engaged; the means of transporting the sick and wounded, although abundantly provided, were not available; the supply of Medical officers was unequal to the demand; the stores of medicines and medical comforts were not properly employed. Those who should have attended to these duties delegated them to others, who again referred their execution to third parties, who neglected them altogether; and thus it has happened that, independently of those who have fallen gloriously in the immortal conflicts of Alma, Balaklava, and Inkermann, the soil of the Crimea has proved the grave of thousands more who have perished from preventible disease; from the deficiency of Medical care; from the want of wine, food, and medicines; from the absence of adequate means of transport; from the want of clothing and shelter.

An attempt has been made to attribute these melancholy results to the inefficiency and neglect of the heads of the Medical Department of the army, and Dr. Andrew Smith has become in many quarters the victim of public censure. But the fault lies not with the individual, but with the system; and instead of holding up a meritorious public officer to popular indignation, it would be better to insist upon the independence of the Medical Department, and that the exercise of its duties should be untrammeled by the official obstacles thrown in its way by non-medical authorities. It will certainly be discovered, in the course of investigation, that representations made by the Medical Officers have been disregarded, and that these Officers have been unjustly charged with the neglect which is properly attributable to their military superiors.

That Dr. Andrew Smith foresaw many of the misfortunes which have actually befallen our army, and that he did his best to provide against them, is now placed beyond a doubt by the publication of letters, written by him a year ago, and directed to the authorities of the War Office. In these communications, which are marked "pressing and immediate," and which are dated April 13, 1854, April 4, 1854, and May 11, 1854, Dr. Andrew Smith distinctly points out the necessity of three most important things: first, the modification of the dress of the soldiers to enable them to adapt themselves to the excessive heat of summer and the extreme cold of winter in their Eastern campaign; secondly, the increase of the Medical staff, and a supply of nurses to attend to the sick and wounded; and, thirdly, the provision of a due number of transport ships to carry away the invalids to floating hospitals at sea, or to salubrious sites on the shore.

These recommendations, it appears, were never adopted; and it cannot be a matter of surprise that many of the evils which we now lament, have occurred. But the fault surely does not fairly lie with him who had prudently foreseen the danger and declared the remedy, but with those who have neglected his warning and despised his suggestions.

But out of evil good often comes, and our disasters in the East will teach us prudence for the future. The Medical Department of the army has too long been the victim of routine, and has held far too subordinate a place in the military system of our country. The late lamentable disclosures will elevate the Medical Profession in the opinion of the nation; and will prove that whatever may be the valour of the fighting part of our army (and we cannot praise it too highly), it is by well-directed medical skill and foresight that the health of the troops will be best preserved, and their lives prolonged for the benefit of their fellow-countrymen. These considerations will strengthen the hands of the Medical authorities, and, after the evidence given at the late Parliamentary Committee, woe betide those who neglect again the warning voice! They who die in actual battle constitute but a small fraction of the mortality of our armies; it is by the appliances of modern surgery, and by the ministrations of enlightened medical science, that the wounds of our brave soldiers will be healed and their diseases cured; and as prevention is better than cure, we may state without presumption, that the adoption of hygienic measures will save an incalculable number of lives which would otherwise be sacrificed to the exhalations of the pestilential swamp and the crowded hospital, or to errors or deficiencies of diet, regimen, clothing, and shelter.

THE HOPWOOD WILL CAUSE.

A TRIAL of unusual interest has just been decided at the Liverpool Assizes, after ten days of most exciting forensic struggle; and as there were questions of Medical evidence and Medical conduct involved in it, we propose to lay before our readers a short summary of the facts, and a very few words by way of comment.

Robert Gregge Hopwood, of Hopwood Hall, in the county of Lancaster, died on the 19th day of July, 1854, in his 80th year, leaving property valued at £7000 per annum. His family consisted of three sons and one daughter. He enjoyed, during his long life, both good health and the reputation of good sense; till about the year 1849, when, in his 75th year or thereabouts, he was suspected by those about him to be showing signs of incipient feebleness of mind and body. In July, 1852, he had an attack of paralysis, and in January, 1853, another; and although he recovered from these attacks, yet it may be presumed that the condition of mind and body must have been rendered still feebler. Moreover, he had been growing deaf for some years, and his eyesight was failing.

This being the state of things, it was natural that the old man should receive assistance from his sons in the management of his estates, and the transaction of his business gene-

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rally. But early in the year 1853, the eldest son, Captain E. Hopwood, began to interfere in the management of the household likewise, with the intention of keeping the expenditure within proper compass, and preventing extravagance and fraud. But whether it was that the Captain, who lived in Wales, was at too great a distance to superintend details, or whether his system was too rigid, certain it is, that it soon created dissatisfaction in the old gentleman's household and amongst his other sons. A broken window was patched with brown paper, because the Captain had given no orders to send for a glazier. The old housekeeper gave warning; and other little incidents occurred, which, although trifles in themselves, were yet enough to upset the comfort of the family. On the 20th of March, Captain Hopwood came to his father's house, and was remonstrated with by one of his brothers on the rigour of his interference; but without avail; for he not only angrily expressed his determination to continue his interference, but he soon took a much more serious step. He went to his father's bankers, and represented to them that his father was not competent to draw cheques; and on the 29th of March came to Hopwood Hall, hurried his father into the library, and hastily required him to sign a paper which he presented to him. This paper is alleged to have been a notice from Mr. Hopwood, sen., to the bankers, not to honour his cheques without countersignature. Though it was read so hurriedly and in so low a tone that it was not possible for the old man to comprehend it, he would have signed it at the instance of his son whom he trusted, had it not been for the interference of Mrs. Harvey Hopwood, the wife of the old man's second son, who very properly remonstrated against any such act, (an act equivalent to an abdication of control over his own property), without the knowledge and sanction of the rest of the family. This attempt of Captain Hopwood was the germ of an infinity of troubles which followed. The father, when the nature of the thing was explained to him, was bitterly offended; the Captain was forbidden the house. An attempt which, with his wife and child, he made to obtain a personal interview with the father, led to a most humiliating family fracas, and ended in the locking up of the father in his bed-room, to keep him out of the way of excitement, and in the son with his wife being driven from the house. To mark his displeasure of the Captain's conduct, Mr. Hopwood, on the 12th of April, executed a codicil, in which he made a large addition to the sums formerly bequeathed to his younger sons; which (like the addition of a minus quantity in algebra) was, in fact, a subtraction of so much from the fortune of the eldest son, and equivalent to a penalty upon him.

Soon after this, as if to make matters worse, Captain Hopwood published and circulated a pamphlet, containing an account of these family squabbles, and reflecting severely on the conduct of his brothers. This so exasperated the father, that he made a new will on May 14th, by which he disinherited the offender, and gave the estates to his, Captain Hopwood's, eldest son.

Mr. Hopwood now came to London, where he remained during the summer of 1853; then returned to his own home, where he was attacked, in June, 1854, by the illness which proved fatal in the month following.

After the old man's death, a law-suit followed in due course. The disinherited son strove to upset both the will of the 14th May, and the codicil of the 12th April. In order to do so, he had to prove that his father was at these dates so imbecile that he did not understand the nature of the instruments he signed; that they were not his own act and deed, but the suggestions of the younger brothers and their attorney, which the old man had yielded to without knowing what he did. On the other side it was contended that the father, although some of his faculties were impaired, was yet quite capable of comprehending what he was about, and that he acted of his own free will and impulse.

The evidence in proof of the testator's incompetency was in effect such as this:—It was alleged that he became subject to headaches, and was irritable about trifles, so early as 1849, or earlier. His land-agent, in 1850, found that he had a difficulty in casting up a row of figures. He made mistakes in money matters, such as entering a sum on the wrong side of his account-book; he wrote the word *pounds* twice over in a cheque; he lost a legacy of £40, which he had crammed into his pocket; he required to be gently controlled in his eating and drinking (a thing which, as the Judge said, was not peculiar to the insane); he swore at his servants for trifles; he had a habit of repeating the last words of whatever was said to him, so that he sometimes might be deemed to be giving a deliberate assent, when, in reality, he was only uttering a parrot-like repetition of the last words he had heard. It was alleged that on one occasion he said he saw soldiers from a window when there were none; on one occasion, too, he said something about using musk to give a scent to new hay; and he was said to have once or twice unbuttoned his waistcoat in the library before ladies, when ready to go to bed. To these particulars it must be added that Mr. Wood, his medical attendant for thirty years, gave a positive opinion that he did not understand the nature of the codicil executed on the 12th of April, and that he could not repeat the names of the trustees appointed by that instrument; and that Mr. Wood refused on these grounds to sign it as a witness. There can be no doubt that it was this opinion of Mr. Wood, an unbiased and conscientious witness, which decided the jury to upset the will and codicil.

But on the other hand, the witnesses on both sides proved incontestably, that however weak, irascible, and confused the testator might be at times, yet that he was in reality sane, and capable of forming an opinion and originating ideas. Witnesses on the Captain's side declared that the testator was confused and irascible, yet gave rational answers to questions put to him. The valet (who, according to the proverb, must have seen his master in his weakest moods) declared that his mind was sound in essentials; that he never found any difficulty in making him understand what he said to him, though he was very liable to become bewildered if taken by surprise. The Bishop of Sodor and Man and Sir James Graham conversed with the testator in the summer of 1853, and found him feeble and deaf, yet rational and capable of leading a conversation; and we need scarcely say, that if a man could converse with Sir James Graham without betraying fatuity, his intellects could not be hopelessly damaged. The solicitor who prepared the will declared that the testator knew and originated its provisions. Besides, the medical testimony of Mr. Wood is neutralized by that of Dr. Robinson, who visited Mr. Hopwood, in company with Mr. Wood, on the 12th April, for the purpose of ascertaining the state of the testator's mind and of witnessing the codicil. Dr. Robinson declared that he believed the old's man mind clear on the whole, but liable to be confused if hurried; he also believed that he did understand the document which he executed, though he became perplexed and lost himself after long conversation and allusion to the family differences. Consequently, Dr. Robinson *did* witness the codicil, in spite of Mr. Wood's refusal to do so.

Moreover, there is something in Mr. Wood's evidence which requires explanation, more especially an observation which he is alleged to have made, that he must *irritate* the old man in order to judge of the state of his mind; for, undoubtedly, many a person whose mind, though not lost, is yet decaying, might be rendered quite unfit for correct conversation by irritation and excitement; whilst all cloudiness might pass

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away by quiet and soothing, and the mind, though feeble, be clear. This one unlucky observation, which is alleged to have fallen from Mr. Wood, if it is a fair index of the animus and spirit with which he examined the testator, would go far in our eyes to render his opinion less authoritative than otherwise it would have deservedly been.

But if we venture to make this remark, which in fairness we are bound to do, we yet must accord to Mr. Wood the greatest possible praise for his conduct in another particular. He did that which we regret we cannot find to have been done by any member of the family. He acted the part of peace-maker, and endeavoured to allay the angry feelings on either side, and reconcile the parties so unnaturally estranged. We do not hesitate to say, that next to the relief of bodily illness and of mental distress, there is no part of our professional duty more imperative, more sacred—(and we may add, more thanklessly received and less rewarded)—than the duty of acting, so far as possible, the part of mediator in those domestic differences which are so often brought under our notice in the practice of our profession, and which seem, like evil demons, to delight in haunting the chamber of the sick and dying, where everything should breathe charity and peace.

But to return:—After carefully considering the evidence on both sides, and allowing contradictory statements to balance each other, there remains the positive conclusion that, together with some degree of confusion at times under haste and irritation, there was fair mental power in the testator when collected and quiet. Nevertheless, the jury decided that he was *not* competent to execute the will and codicil; and, considering the nearly equal weight of evidence on either side, no one can fairly quarrel with their verdict, for by it the scale preponderated in such a way as to do the least injustice in case of error. As it is, Captain Hopwood is amply punished for any want of temper or of discretion he may have exhibited, without entirely losing his inheritance.

As a sequel to the foregoing remarks, we venture to make a few observations on the psychology of the aged; because we believe that our professional brethren, when called on to examine into their mental powers, sometimes try them unfairly, and do not make due allowances for the defects which are almost inseparable from age.

These, if reckoned up, would, we believe, be something like the following:—there is in the aged generally a loss of what may be called readiness, quickness, or presence of mind; of quickly comprehending questions, and of resisting what is well known as confusion or uncollectedness. There is often a habit of abstraction, or absence of mind, in which the patient is absorbed in contemplation of bygone scenes, pays less than due attention to things before him, and even speaks of things absent, or thinks aloud, as it is called. The memory of later transactions is generally much enfeebled, so that the old man may forget where he puts his books or money, and is often losing things or misplacing them. Closely connected with this, is a habit of inaccuracy and forgetfulness in money matters. There is often a loss of power of recollecting words in general, and particularly names of persons and places; and this (although Cicero makes Cato Major affirm that Themistocles, had he lived ever so long, would never have saluted Aristides by the name of Lysimachus) we believe to be one of the commonest defects of an elderly brain, and of some not elderly. Connected with this is, of course, a difficulty in identifying persons. As an aggravated form of the same defect, there is the habit of using words, and even some strange unmeaning words, by mistake. In the trial to which we have alluded in the preceding article, it was stated that the old man asked one of his grandchildren if she had eaten any *kennel* at dinner; and this was alleged as a sign of imbecility; nay, one of the medical witnesses is made to say that he never heard of a patient uttering one word when trying to say another; whereas we affirm that this is one of the commonest signs of a failing brain, but yet quite compatible with entire sanity and competency in other respects. When, to this catalogue, we add the greater preponderance of certain passions and instincts, the irascibility, the selfishness, the tendency of some to be harsh to those who nurture them the most affectionately, and of others to be dotingly fond of unworthy children who ruin and abuse them, we have said enough to show the gravity of those mental infirmities which are apt to beset the closing scenes of life.

But we insist upon it, that in estimating the powers of an old man's mind, it must be regarded as an old man's, and tried by that standard, and not as a young man's; and fair allowance must be made for those failings by which the light of reason may be clouded but not extinguished.

We throw out these suggestions for the benefit of our younger readers, who must duly prepare themselves for that most serious responsibility which may at any moment be laid upon them, of judging of the capacity of the aged to dispose of their property. They must take care, on the one hand, not to let themselves be made the tools of any set of parasites who surround an aged imbecile, and get his signature to a will of their own making. Neither must they give any countenance to those who carefully note and record all little slips and forgetfulnesses, and rake up quaintnesses and jocosities of unguarded moments, in order to make out a case of imbecility, and so to set aside a just and authentic will. For the aged themselves, let them in due time be advised to make a fair distribution of their worldly goods, and then

> "Shake all cares and business from their age,
> Conferring them on younger strengths, whilst they
> Unburden'd crawl toward death."

MEDICAL REFORM.—THE NEW DRAUGHT BILL.

DO UNIVERSITY DEGREES CONFER THE RIGHT TO PRACTISE MEDICINE?

THE question with which we have headed this article is one which, as our Edinburgh Correspondent has more than once informed our readers, at present engrosses much attention among the Profession in the North.

In our opinion this Bill (which our letters from Scotland lead us to believe has already received the unqualified condemnation of the Royal College of Surgeons and of the Glasgow Faculty of Medicine and Surgery, while the College of Physicians seems to regard it with silent contempt) is objectionable in many respects. At present, however, we shall limit our remarks to the one question with which this article is headed; and a single glance will serve to show that it is of great importance to the Profession. What is demanded on all sides is union and self-government. But the power proposed to be vested in Universities would be fatal to the latter. The Senatus of a University is not, and never can be, a Medical body, and in no sense whatever can it be said to represent the Profession. The Profession must be represented either by liberalizing the existing Medical Incorporations, or by forming new ones, in which the great body of Medical Practitioners will be fully and adequately represented.

Take the case as it exists at present. Take the University of Edinburgh, from which this Bill is said to emanate, as an example. Would any body of the Profession select as Examiners of their candidates Professor Gregory, the President of the "Mesmeric Curative Association," or Professor Henderson, the Coryphæus of homœopathy? But these men must examine in the University of Edinburgh, because in it each Professor claims the right in virtue of his office.

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Having carefully considered this draught Bill, and the pleadings in its favour, we find that it does not profess to deal with Doctors of Medicine—the only class which hitherto Universities have attempted to create—but with General Practitioners, on whom it was never heretofore proposed to confer a degree; and that can scarcely be said to be a fair competition which exists between bodies who can only give the right to practise, and those who confer this right together with the honorary title of Doctor of Medicine. Let us suggest an analogous case. Suppose that two bodies existed in London, both having the power to call barristers, but one conferring on them the additional distinction of the degree of "Doctor of Laws," and suppose that this degree was found a passport to the favour of attorneys and clients, to which of the bodies would candidates resort; or could it in any sense be said that a "free competition" existed between them?

But the question is not now so much what ought to be, as what is the law, and we confess we are astonished that any individuals should evince the ignorance which has been shown on this subject. In May, 1848, Professor Christison was examined before the Select Committee of the House of Commons on Medical Registration. He stated on that occasion that he appeared before the Committee "more particularly charged with the interests of the University of Edinburgh," and yet the strongest case he could make out as to the power of the diploma of that University only amounted to this, that it conferred "no legal privilege to practise; but it has been received by courtesy as qualifying for Physicians' practice;" and yet if it be true that this gentleman is one of the authors of the Draught Bill, he now demands for the University of Edinburgh that its degree shall confer the legal right to practise, not as a Physician merely, but as a General Practitioner, in any part of Her Majesty's dominions. And how is it that in every Bill for Medical Reform the rights and privileges of the Universities of Oxford and Cambridge are preserved, if these rights be inherent in the nature of a degree? Or, if such rights were inherent in the very nature of a University degree, by what reason was a special Act of Parliament required to confer this right on the degrees of the University of London?

Every one who has the slightest pretension to a knowledge of the influences by which our legislators are actuated, is quite aware that this question was a Religious, as well as a Medical one. The London University was established for the benefit of Dissenters, and they were promised the same rights and privileges as were enjoyed by the institutions in connexion with the Church. To refuse the privilege, then, which they demanded last session, would have justly irritated the dissenting community; and it is said that the pressure of this conviction secured, in many instances, votes which would otherwise have been recorded against the Bill.

But there need be no dubiety on the point; for, in the case of the College of Physicians *versus* West, the Court was of opinion "that the testimonials granted by Universities might have the name of a recommendation—they might give a man a fair reputation, but they confer no right."

We confess that our perusal of this Bill, and of the arguments of those who support it, forces on our minds the conviction that Medical Reform is yet far distant. Agitation after agitation has risen and subsided—Committee after Committee has met and reported—Bill after Bill has been proposed and abandoned—and yet the selfish interests of individual bodies have prevailed, and the Public and the Profession have been made to suffer. That this selfishness has not subsided the present Bill amply proves; and instead of being headed "Draught Bill for an Act for Regulating and Improving the Medical Profession," it might more fittingly be headed, Draft Bill for an Act for promoting the interests of Universities generally, and of the University of Edinburgh particularly, irrespective of the injury it may inflict on the Profession.

THE WEEK.

Two trials in the criminal courts this week have offered features of some interest to the Profession. In that of William Longman, for an attempt to procure abortion in the person of his paramour by the use of savine, the circumstance most worthy of remark is that justice was allowed to take its course, and that a fellow of extreme depravity of character has got a sentence worthy his deserts. The name of one Scott was mentioned in the trial as a "medical student" who had assisted in the matter, and had since transferred himself to the Crimea in order to elude justice. This gentleman will probably, when found, prove to be only some druggist's shop-boy, dignified, for the nonce, with the higher title, in order, if possible, to shift on to him a larger measure of the responsibility.

The defence made in the case of Buranelli, the Foley-street murderer, turned upon that question most difficult of decision—Where does hypochondriasis end and insanity begin? The poor prisoner was shown, by the evidence of many, to have been, long previously to the murder, in a state of mind in which he appeared quite incapable of thinking rationally on his own concerns. Mr. Henry, of the Middlesex Hospital, deposed that he had conversed with him at times, when he believed he might just as well have addressed his remarks to a stone wall. Dr. Conolly, who, although he had not seen the prisoner before the event, had since gone carefully into the facts adduced respecting his condition, gave it as his opinion that the mental disturbance amounted to irresponsible insanity. The circumstances which appear to have induced the jury to think differently, and to record a verdict of guilty, appear to have been:—1st. That the prisoner's hallucinations did not seem to have ever applied to other than his own diseases, and were, therefore, mere hypochondriasis; and 2ndly. That during his imprisonment no symptoms of insanity had been observed. To the latter fact Mr. McMurdo and other medical men deposed. Now, there appears to be an important source of fallacy overlooked by those who allow themselves to ground on a prisoner's condition after arrest an opinion as to his state of mind prior to the committal of a crime. The painful case we had to refer to last week illustrated this. There is something in an impending capital charge, in the horrors of imprisonment, and in the recollection of a past crime, peculiarly likely to dissipate delusions which may before have possessed irresistible force. The case of Buranelli is, undoubtedly, a difficult one; but one perhaps in which, looking at all the circumstances, a merciful conclusion would be most consonant with justice.

The altered condition of the Profession as to Home supply of Medical talent is becoming most strikingly evident. Posts which a few years ago would have cost a laborious contest to obtain, and much expenditure of time and money, are now almost begging for occupants. At the election of House-Surgeon to the York County Hospital, which has just taken place, only one candidate was proposed; and very nearly the same was, we understand, the case at the Norfolk and Norwich Hospital. Many other similar instances have occurred. The present is a juncture which may very suitably be seized by the Profession to obtain the remedy of those abuses which have so long impeded its usefulness, but which the overstocking of its ranks has hitherto protected.

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Unless the assertions of Admiral Berkeley and Sir G. Grey be mere quibbles, or something worse, we are now called upon to abandon our fears as to the deficient supply of medical service in the Baltic fleet. Those assertions are as positive as words can make them. The number allowed to each ship has been one-third more than last year; all vacancies have been filled, and none but qualified men (legally) have been employed; the surgeon's mates have been taken merely as a matter of benevolence, "to give them an opportunity of learning the profession." Would some patriotic member move for a return, stating name, age, qualification, and charge of the Medical Officers now actually employed in the fleet? This would bring the matter to a definite and final issue.

The rejection of the motion for inquiring into the state of the army and navy medical departments must be considered as a matter for great regret by the Profession, although the small majority by which the result was achieved must inspire us with hope for the future. With a few exceptions, the speeches made in the House betray the greatest ignorance of the real condition of those services, and the utmost obtuseness of mind in all that refers to medical military matters. From farcical allusions to "the arbitrary and despotic power vested in the hands of the Medical Director-General" downwards, we have evidence abounding on all sides as to the need there is that the House should further inform itself as to the real state of the case.

The number of deaths amongst our brethren on duty in the East continues very large. The obituary of this week includes the names of Dr. Boothroyd and Mr. Harvey Ludlow, the former of whom died at Smyrna, and the latter at Scutari. Mr. Ludlow was a young Surgeon, of great talent and energy. As a student, he pursued a most successful career at St. Bartholomew's Hospital, and carried off several prizes. In later life he became a Fellow of the College by examination, and also obtained the Jacksonian prize for 1852. Being desirous of obtaining the experience in Surgery which a military career affords, he resigned his Surgeoncy to the Metropolitan Free Hospital, and, about nine months ago, proceeded to the seat of war. His early death will be felt as a melancholy event by many.

We have received letters from Smyrna, stating in strong terms the opinion of our informant, that the establishment of an Hospital there has been altogether a mistake; that it is too far from the seat of war, and that Sinope would be preferable. He also strongly urges that temporary wooden huts should be sent out for Hospital purposes to Sinope, or some other healthy spot, within twenty-four hours' sail of the Crimea.

METEOROLOGY.—The mean height of the barometer in the week was 29·519 in. Mean temperature of the week, 47·2°, which is 2·1° higher than the average. The air became warmer towards the end of the week, and on Saturday the mean temperature rose to 50·4°; and the highest temperature in the week occurred on that day, and was 63·0°. The lowest temperature was 37·2°, and occurred on Sunday (on which day snow fell in the north of Scotland). The mean dew-point temperature of the week was 39·9°, and the difference between this and the mean air temperature was 7·3°. Wind, south-west and west. On Tuesday there was very active positive electricity, with strong galvanic currents, and abundance of sparks, and positive electricity was generally shown the rest of the week. Horizontal movement of the air, 1290 miles; rain, 0·05 in.

REVIEWS.

Report on the Cholera Patients admitted into the Middlesex Hospital during the Year 1854. By S. W. SIBLEY, Registrar. London, 1855. Pp. 28, with Appendix.

THIS excellent and valuable report cannot but be welcome, although relating to only a small proportion of the cases which arose in that part of the metropolis in which the Middlesex Hospital is situated. The Medical officers of this Hospital have done all that lay in their power to advance our knowledge of the progress and treatment of the epidemic of cholera, with which we have lately been visited; but, as the statistics of disease derive their value from the extensive amount of cases on which they are founded, we should have felt more satisfied with the results before us had we been enabled to draw them ourselves from the aggregate reports of this and other metropolitan Hospitals. Let us hope, however, that similar "reports" to the present may yet be forthcoming.

It appears that during the 113 days included between July 25 and November 14, 231 cases of cholera, in the state of complete or incomplete collapse, were admitted. The leading features of the previous habits, and of the outbreak of the disease, in each patient, of the state on and after admission, and of the treatment, together with its results, are presented to us in a tabular form. These tables, which as representing facts have a permanent worth, constitute an appendix to the pamphlet. The greater number of the cases were admitted in the weeks ending September 2 and September 9; and of those admitted during the first week or 10 days of this month, nearly all came from the district of Golden-square, none of whom had been attacked with cholera prior to the evening of August 31. As the cases from the neighbourhood of Golden-square declined, considerable numbers began to be admitted from that of Upper Rathbone-place.

The total of deaths was 123, or 53·2 per cent. Comparing the deaths of those attended at different ages the per centage was, under 5 years 73 per cent.; over 5 and under 15, 29 per cent.; over 15 and under 30, 44 per cent.; over 30 and under 45, 64 per cent.; over 45 and under 60, 69 per cent.; over 60, 100 per cent. As regards sex, the mortality among the males was 56 per cent, and among the females, 50 per cent. Out of 157 cases in which the previous health was regarded, 126 were attacked while in good health, and 31 where the health was more or less impaired. With respect to food and living previous to the attack, out of 158 patients 106 had been living as well as most persons of their class, while 52, or about one third, had been more or less in want. Under the head of temperance it is noticed that of 98 cases 22 persons were intemperate. In 57 per cent. of the cases the cleanliness of the patient was below the average, and of these 22 per cent. were in a state of extreme dirt.

The stage of disease at which death took place is thus stated: 110 died in the first stage of collapse; 3 from relapse; 2 from consecutive fever with uræmia; 6 from consecutive fever without suppression; and 2 from epilepsy. In general, the severity of the collapse was in proportion to the amount of the discharges, although there were several exceptions to this. When relapse is mentioned it is understood that the stage of collapse had been fairly recovered from, and consecutive fever set in when the patients were attacked anew with the symptoms of cholera; 9 such cases are mentioned, and of these 6 recovered. One of the fatal cases is detailed, and in this the relapse occurred 5 days after reaction had set in. Marked consecutive fever occurred in 64 cases, and was fatal in 10 of them. In general, it bore a direct relation to the extent of collapse, but this was not invariable. We subjoin the following conclusions drawn by Mr. Sibley on this subject:—

"1. That in nearly all the cases in which collapse was complete and purging profuse, more or less consecutive fever supervened.

"2. That many cases passed into the most extreme stage of collapse, and remained in that condition many hours, yet recovered with consecutive fever in its least severe form.

"3. That of those cases which did not pass into a state of complete collapse, several were followed by a slight, and two by a severe, form of consecutive fever.

"4. That all the cases of severe fever, with the two excep-

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tions above mentioned, were preceded by severe collapse and considerable discharges.

"5. That the degree of fever appears to have generally borne some relation to the duration of the stage of collapse, but that there were numerous exceptions to this rule."

The treatment to which nearly all were subjected, on admission, consisted in a hot bath (104°), a mustard and salt emetic, hot applications and turpentine fomentations, a sinapism to the chest and abdomen, and turpentine liniment was rubbed on the painful part. Special modes of treatment were put in force subsequently. The results were as follow; and in some of the instances of the more important remedies we add ten per centage of the deaths, that they may be more readily compared with the total per centage of deaths under all treatments pursued.

The saline plan (in 5 cases with brandy) was tried in 73 cases, of which 31, or 42·4 per cent. died. Mixed saline and calomel treatment was used in 88 cases (in 63 with brandy), and of these 49, or 55·68 per cent. died; but of the 25 treated without brandy only 9 died. Only 8 cases were treated by calomel alone, 10 grains after the emetic, and 2 grains every half-hour subsequently, of these 5 died. In 5 cases ʒss. doses of Cajeput oil were combined with each dose of the saline mixture, of these 3 died. A solution of camphor in chloroform was found to remove the distressing source of epigastric constriction in the milder cases. Castor-oil, by Dr. George Johnson's method, was given in 16 cases (in 9 with brandy), of these 8 died, or 50 per cent.; but 6 of these had brandy. Of the 7 which had no brandy only 2 died. Acetate of lead was given in 1 case, which recovered. Hyposulphite of soda was given in 3 of the worst class of cases, and they died in collapse. Dilute sulphuric acid was given in 21 cases, and 13 of these, or 61·9 per cent. died. It was powerless in restraining the rice-water evacuations, nor did it prevent several cases of diarrhœa passing into developed cholera. Of 10 cases treated with quinine, after the mixed saline and calomel plan, with brandy, only 1 recovered. Two patients, who inhaled nitrous oxide gas, died, one in collapse, the other in consecutive fever. In 2 cases an "artificial serum" was injected into the veins; temporary amendment in both cases ensued, but they were ultimately fatal. As, under every mode of treatment, nearly all the worst cases died, while nearly all the most favourable recovered, we must look especially to the medium cases for the real value of the several methods. We therefore, present our readers with the following table, compiled from those of the "report:"—

Deaths in cases of medium severity under various treatments:—

	Cases.	Deaths.	Per centage of deaths.
Saline treatment . . .	37	14	37·8
Mixed saline and calomel .	42	13	30·9
Castor-oil	5	3	60
Dilute sulphuric acid . .	13	8	61·5

These numbers are, indeed, too small to satisfy us, yet the results are not wanting in interest.

Lectures in Reply to the Croonian Lectures for 1854, *of Charles West, of London, on the Pathological Importance of Ulceration of the Os Uteri.* By Henry Miller, M.D., Professor of Obstetric Medicine at the University of Louisville, etc. 1855. Pp. 71.

Coarse and vulgar in the extreme. We are presented with seventy-one pages of ungentlemanly abuse of a painstaking and accomplished Physician, conjoined with no little glorification of Dr. Miller. We will not soil our pages with even a sample of this production; for Dr. West requires no shield of ours to be extended over his reputation or character. It is to be hoped that the author of these Lectures meets with no sympathy from his brethren in Kentucky, or from his colleagues in the University of Louisville. Everybody has heard of Bright's Disease of the Kidney, of Potts' Fracture, etc., but do any of our readers recognize "the Miller disease"?

The Ethnological Exhibitions of London. By John Conolly, M.D., D.C.L. London. 1855. Pp. 44.

This Essay is well timed, and written in a philanthropic as well as in a philosophical spirit. Its perusal cannot be too extensive. Dr. Conolly very properly remarks that the importation of those curious specimens of the human race, which are presented from time to time in our show-rooms, should effect something more than the mere satisfaction of curiosity, and that it should lead "to practical exertions, of which the results may tend to forward the civilization, and to improve the happiness, of all the race of mankind."

Gout and Rheumatism, and the Curative Effects of Galvanism. By Richard Moore Lawrance, M.A., M.D. London. 1855. Pp. 196.

This book is clearly not intended for professional perusal, but for the non-medical public. Dr. Lawrence strives to impress his reader with the belief, first, "that medical men generally look upon the branch of physics (*i. e.* galvanism) as one very remotely connected, if at all, with practice, and, therefore, devote but little time to its study;" secondly, that men in extensive practice will not afford the necessary time and patience for the application of this remedy; and, thirdly, that Dr. Lawrance cures gout and rheumatism by electro-galvanism. Apart from the direct evidence of this furnished by the preface to the book, we have the indirect evidence of its contents, unless Dr. Lawrance desires to insult the entire Profession. Thus, about half the book is devoted to a popular account of the physical, chemical, and vital phenomena which electricity is capable of calling forth. It informs us, that "a person standing upon a stool with glass feet is said to be insulated;" that potassium is "the metallic base or radical of potash;" that "the employment of electricity as a therapeutical agent (in this country) is founded upon no rational or scientific principles;" that "the brain and spinal marrow are the nervous centres," etc. The latter half of the book opens with a meagre account of the symptoms of acute rheumatism and its treatment, terminating thus—

"It may appear singular that I have omitted to mention electricity as a remedy in acute rheumatism; but I do not advocate its application in this form of disease, in which we have to contend with acute inflammation."

Really, very singular. The rest of the book is equally valueless. Dr. Lawrance now and then relates his cases in the language of the patients themselves, because "I prefer their natural brevity and simplicity of description to all technical parade."

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

THE CHOLERA AT MESSINA IN 1854.

Dr. Webster having recently alluded to the dreadful outbreak of cholera which took place at Messina in 1854, it may interest our readers to be furnished with a few particulars concerning it, derived from a graphic sketch in the *Gazette Médicale* (1855, No. 7.).

The cholera of 1837, which had committed such ravages in Palermo, and other parts of Sicily, completely spared this large and handsome city. In 1849, too, Messina, as well as the rest of Sicily, escaped the epidemic which occurred in various parts of Italy. While in 1854 the disease became established in Marseilles, committed ravages in Genoa and Naples, and began to show itself in Palermo, the Messinese, relying upon the healthy position of their town, and the wisdom of their quarantine precautions, were rocked in a false security. The authorities, as is the wont of official persons, paid little attention to the execution of what was most urgently required, and would not admit the reality of the precursory signs that occurred. A practitioner, who declared early in August that he had seen cases of cholera among the poor, was enjoined silence, and, failing obedience, was imprisoned! Up to the 18th of August, it had made little progress; but, after the 22nd, it was unmistakably present, and soon became terrific. From the 24th to the 26th, from 400 to 500 died, and the deaths still continued to increase. Every one who could now fled, and the administration became disorganized. Of 80,000 inhabitants, but from 35,000 to 45,000 remained, and these were the prey to the most dreadful agony and discouragement. None left their houses, and the sick died unattended, the unburied bodies encumbering every place. On the 28th and 29th September, the deaths were

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estimated at from 1200 to 1300 per diem. Burial could not be obtained, for the porters, who were paid enormous sums to carry the bodies out of the town, pillaged them, and left them in the streets. Cemeteries did not exist, as the Messinese, never having suffered from epidemics, buried in the churches. The military, sent from Palermo, at last completed this task. A great number of the inhabitants lived in great misery and poverty, and they were the first to suffer; and the deaths in the 35,000 or 40,000 of the population amounted to 8000 or 10,000. Of the 212 foreigners, English, French, and German, 87 died. Notwithstanding the favourable conditions as regards lodging, dress, and food, 600 from among 4000 died in the garrison. The summer of 1854 had been very hot, and without wind; and it was during the great heats that the disease commenced and increased. On the two days of greatest fatality, 1300 and 1400 deaths occurred. After a considerable rain in the middle of September, they amounted to only 15 or 16 a day. More women than men perished, and some of the convents were nearly decimated. Few children suffered. The flying people carried the disease to the vicinities, and even the most healthy places were attacked.

In connexion with the foregoing account, and illustrative of the enigmatical history of cholera, we may refer the reader to a very interesting account of the outbreak of an attack in a provincial district, furnished by M. Lelut (*Gazette Médicale*, No. 8), who fortunately happened to be on the spot. It occurred in the village of Gy, placed on a hill at the commencement of the Jura mountains. The situation was beautiful and most salubrious, and the place seemed in good hygienic conditions. The cholera, having already committed great ravages in other parts of the Department of the Haute Saône, began its attacks at Gy. On the eve of the 6th August, 1854, 16 people died, and in the course of the day a like number. In a population, reduced by flight to less than 2000 souls, this was the same as if Paris had lost 15,000 inhabitants in one day. The deaths increased each day to 25, 28, 30, and 34, and the religious services had to be discontinued from sheer inability to say them. As far as medical attendance was concerned, it seems to have been admirably organised by M. Lelut. Some spacious rooms attached to a *hospice* were converted into a cholera hospital; and although the worst and poorest cases were brought here, here it was that the greatest number of recoveries occurred. The patients expressed their delight at the freedom of respiration they enjoyed here as compared with their own close abodes. In a month there had occurred about 1500 cases of confirmed cholera, and a fourth of the entire population had perished, all those who were not attacked being yet more or less ill. No abandonment of the sick and no panic prevailed, all being conducted methodically. M. Lelut draws a vivid picture of the moral effects produced in such small localities, where all know each other.

ON THE EMPLOYMENT OF SAL PRUNELLA IN POLYDIPSIA.

By M. DEBOUT.

M. Debout observes that polydipsia is an affection of more frequent occurrence than would be supposed from the silence of most pathologists. Scarcely a year passes without examples being met with in the Paris hospitals; the patients usually, however, applying for some coincident affection. So great has been the difficulty of relieving it, that from among twenty-six cases, collected by M. Lacombe from different authors, only two were cured, and perhaps not permanently.

The slight specific gravity of the urine, and the absence of sugar, distinguish the affection from diabetes, and there is no example of simple polydipsia having terminated fatally. Its pathogenetic conditions being unknown, we can only treat it empirically, and M. Debout relates the case of a man, aged 24, who, the polydipsia having commenced three years previously, after exposure to the sun during great exertion, drank between four and five gallons of fluid per diem. When seen by M. Debout he was the subject of acute rheumatism, and 450 grains of nitr. potassæ in 4 quarts of tisane were ordered him in the 24 hours. For the first time since three years so small a quantity of fluid sufficed to stay his thirst; and both rheumatism and polydipsia became cured together, no return having occurred when he was seen a year later.

On searching, M. Debout found that sal prunella had already been given by Rivierius and T. Frank, and in his next cases he administered this in doses of 60 grains per diem. Rapid melioration was almost always the result; and although this has not been usually permanent, it has again been procured on recurring to the remedy. At all events, nitrate of potass would seem to be the best remedy yet discovered, and sal prunella the best form in which it can be given.

Bulletin de Thérapeutique. Tom. 48, p. 97.

TREATMENT OF FRACTURES BY THE STUCCO BANDAGE.

By M. RICHET.

This form of bandage, according to M. Richet's account, unites the advantages of being formed of materials easily procurable, and of becoming firmly solidified, with sufficient delay to allow of its convenient application. It consists in the mixture of plaster of Paris with water, holding a certain amount of glue, or gelatine in solution—the solidification of the plaster being delayed in proportion to the amount of gelatine added. By the addition of 2 parts to 1000 of water, this is delayed for twenty or twenty-five minutes, a period usually long enough for the application of a bandage; while 5 parts will delay it from three to five hours. The gelatinous solution, being kept at a temperature of about 20° to 25° C., is mixed with equal parts of fine, sifted, modelling clay, and the paste stirred for a minute with a spoon. Tarlatane, gauze, coarse muslin, or old window curtain, form the best materials for spreading it on: but if these are not at hand, linen or calico may be used. As the bandage is spread with the paste, it is to be rolled upon a piece of wood or cork, and, when finished, applied without delay; the limb being first covered with a piece of linen, extending at each end about a finger's breadth beyond the bandage. Where there are projecting bony points, wadding is applied. While applying it, we must pass the flat hand over the surface of the bandage, so as to soften and diffuse any of the paste that may have commenced hardening; and if this does not suffice, we must dip the fingers in some tepid water, or in the vessel containing the stucco; and by thus redissolving the plaster, we may, for a short time after the application, rectify any error that may have been committed.

After the bandage has been applied, we spread the remaining plaster over the entire limb, and polish it with a spatula, and next day it assumes the dazzling appearance of polished marble. It becomes quite as solid as the dextrine bandage, and is much lighter. It never scales off, nor even cracks, unless the patient has moved the limb prior to solidification. When occurring, the cracks may be filled up with the stucco. When we desire to remove the bandage, we may do so after immersing the part in warm water for an hour. M. Richet believes that the stucco bandage unites the advantages of the plaster of Paris and starch bandages, without possessing their inconveniences.—*L' Union Médicale*, Nos. 24 and 25.

GENERAL CORRESPONDENCE.

MEDICAL AFFAIRS IN THE EAST.

[We have been requested to insert the following letter, which has been sent to the *Times*, but not inserted in that journal.—Ed. *Medical Times and Gazette.*]

[To the Editor of the Times.]

SIR,—I trust that the spirit of justice and impartiality which so pre-eminently distinguishes your Journal, will induce you to afford me space to correct some errors in the letter of your correspondent at Constantinople, published in your Number of March 9.

Allow me to premise that I have joined the Army Medical Service only within the last few months, and that my experience of the Management of Military Hospitals in England was such as to impress me most unfavourably, and to lead me to expect the very worst results if the same system were adopted at Scutari as that adopted at home. Then, although not strictly impartial, my prejudices were, at least, not in favour of the military Hospital system.

The first statement of your correspondent, the correctness of which I venture to dispute, is, that "stretchers have as yet been the only resting-place of the patients; but that an im-

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proved kind of bedstead has just been introduced," etc., etc. The "stretchers," as they are somewhat contemptuously termed, are still in use, and are perfectly efficient bedsteads, made of deal, and answering every purpose required. The alteration has consisted simply in improving the supporter, at the upper end of the bedstead, by adding a shelf.

With your Correspondent's remarks on the impropriety of placing the burial-ground so near the General Hospital I entirely concur.

The paragraph in which your Correspondent discusses the treatment of dysentery and fever, of which we have had so many cases, is, however, full of errors. In the first place, it is stated that "the sick who have come down with dysentery and fever have almost all died." This assertion is entirely incorrect; and I greatly regret that a statement calculated so cruelly to wound the feelings of those who have relatives or friends in the Hospital should have been given forth to the British public. I can assert, from my own positive knowledge, that a very large majority of the cases of diarrhœa, dysentery, and fever, that come from the camp, do *not* die, but recover either entirely or partially.

Your Correspondent then proceeds to attack the mode of treatment pursued by the Medical Officers, and states that this treatment is the cause of the heavy mortality, and that "the Medical men, French, English, and Perote, who practise in the Capital, are of opinion that the English Doctors are killing their patients at Scutari, through a wrong-headed adherence to a mode of practice, which, if successful anywhere, is certainly not adapted to the climate of Constantinople. The sick who come into the Hospital are treated with stimulants; wine, brandy, and ammonia are given as tonics, as the Medical Staff assert the disease to be the effect of weakness and exhaustion. On the other hand, the Medical men of the Capital avoid the use of these stimulants, and look upon dysentery as inflammation, to be allayed by low diet, and in some cases by leeching." A wonderful discovery, truly! Really if these wise men of Stamboul would just mind their own business, and adhere to their own patients, if they have any, they might find it a more useful occupation than hunting after mares' nests. The Staff Surgeons of the different Hospitals at Scutari are most of them men who have been in India, and have seen dysentery to an extent and of a severity unknown in Europe. Their experience of the disease is most extensive, and, speaking for myself, I would much rather trust myself in the hands of the least experienced of them, than to "the Medical men of the Capital."

The statement that all the cases are treated with stimulants is not correct. The treatment is not confined to any one particular plan, but necessarily varies with the previous health, age, and present state of the patient. To suppose that men are indiscriminately subjected to one plan of treatment, simply because they are all suffering from the same disease, is to suppose that the Medical men who attend them are either idiots or something worse. As for the use of stimulants, I can assert, from my own personal knowledge, that at the General Hospital the Principal Medical Officer Dr. O'Flaherty and the Staff-Surgeons discountenance the use of stimulants in fever and dysentery, unless where the strength is so reduced as to render them absolutely necessary.

Your correspondent, after stating that "the Army Doctors" say that a lowering plan of treatment would kill the emaciated patients from the trenches in twelve hours," proceeds: "but as they are killed under the present system in a slightly longer time, it seems not unreasonable to allow the practice in use for years in the country to have a trial." I must again enter my protest against this most unwarrantable statement. The patients who die within the first twenty-four hours after their arrival at Scutari are those who, on their admission, are in a state of extreme prostration from weakness and exhaustion — dying, in fact, of starvation. They die, certainly not from the use of stimulants, but in spite of their use, and actually because the stimulants, though liberally but carefully given, fail to produce their peculiar effect—no reaction is produced.

Your Correspondent then goes on to say, that "as to the medical question, it is impossible for a layman to pronounce an opinion." This sudden attack of modesty does not, however, last long, for six lines further on he pronounces the tolerably decided "opinion," that with respect to the illness which prevailed during the summer, there can be no doubt that the treatment of the English doctors was totally wrong, and that the lives of many officers and scores of men were sacrificed to their incompetence." These charges of "totally wrong treatment" and "incompetence" I will only answer by saying, that "it is impossible for a layman to pronounce an opinion," or at least none that is worth listening to. To convince your readers that the doctors here are not quite such a bloodthirsty set of men as they might imagine, and that they are not wholly bent on filling the burial ground at Scutari as speedily as possible, allow me to state one or two facts. Of fifteen medical officers attached to the Hospital at Kullalie, two or three days ago ten were sick, one of whom has since died. All these had caught their illness in the discharge of their duty. The 95th Regiment has lost three surgeons within the last twelve months, and every Medical officer of that regiment has been dangerously ill. I know of instances where Medical officers have risen from a sick bed when so much enfeebled that they could hardly stand, and have dragged themselves to the bedsides of their patients, though themselves as ill as most of those they attended. Soldiers have told me of a Medical officer dropping down exhausted in the hospital. A few days ago, at Kullalie, in consequence of the great sickness amongst the staff, one officer had for a short period to take charge of four hundred patients! What is the consequence? The mortality among the Medical men is fearful, and of those who recover many go home with shattered health and enfeebled constitutions. And it must be remembered that those who die fall into the grave unnoticed and unknown. They die, not on the field of glory; their names are never blazoned forth for their country to mourn and to honour; their memory lives only in the hearts of a few friends and comrades; their only epitaph is spoken by the soldier-heroes whose lives they have saved, perhaps at the cost of their own. Surely it is a little harsh to attack men for incompetence, against whom not the shadow of a charge of inattention or neglect is attempted to be brought.

My letter has already far exceeded the limits I had set for myself, but there are one or two points on which I must touch.

First.—The hospital at Scutari is now profusely supplied with all food and luxuries for the sick. I venture to affirm that there is no hospital in London in which so many extras are ordered and given. The number of fowls, eggs, jellies, &c., used daily would provoke a very strong remonstrance from the governors of any civil hospital, if ordered by their Medical officers. The bread supplied is far better than that which the officers commonly receive; the wine and porter are excellent; the meat is of the best quality the country can afford. Thanks to many kind friends in England, especially to Mr. Arthur Smith, of the Egyptian Hall, the patients are abundantly supplied with books and newspapers. The nurses, as far as my experience extends, are most kind and attentive—in fact, they are invaluable, as the orderlies are necessarily inexperienced.

The great want is more medical officers. The present staff is dreadfully overworked. Although the number of patients to each officer is not apparently very large, yet, from the serious and extremely complicated nature of the cases, we have more than we can properly attend to. I have between eighty and ninety; a friend of mine has a hundred and fifty. Now, if these were ordinary cases, viz., many very slight, many more moderate, and a few very bad, it might be possible to get through them, but with such cases as we have, it is a simple impossibility to give to each case the attention it merits.

I must apologize for taking up so much of your valuable space. My only excuse is the importance of the subject, and the intense interest felt by the people of England in the state of the Hospitals here. Much that I had wished to say I am compelled to leave unsaid.

I enclose you my name; if you think it needful you are at liberty to publish it; but, as it is utterly unknown, unless you deem it necessary, I should prefer the anonymous. I should say that I trust nothing in this letter will be supposed to impute anything approaching to an intentional misrepresentation on the part of your correspondent; but simply that, having obtained his information at second-hand, he has greatly been misled by his informant. I am, etc.

R. Hall Bakewell,
One of the Medical Staff at Scutari.

Scutari, March 22, 1855.

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WARRINGTON WORKHOUSE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I shall esteem it a great favour if you will allow me to make a brief but important correction of your report in this day's *Medical Times and Gazette*, of my observations at the last Physiological Meeting of the Medical Society of London.

From your report an inference might be drawn that the treatment of the poor in the workhouse at Warrington was worse than it is in the majority of houses of this kind. I wish, however, emphatically to state that it was no intention of mine to offer such an opinion. My remarks rested upon the general system of dietary pursued in English workhouses, a system which I held, and hold, to be equally opposed to science, instinct, and charity. In the workhouse at Warrington there was, as far as I could learn, as much care taken of the poor as in any other similar establishment, much more, indeed, than in some others which I could name. The wards of this workhouse are well ventilated, and are exquisitely clean, the inmates are warmly clothed, and the medical attendance is of the first class. I remember, too, that at the period of my visit one of the rooms was being coloured, that the reflection of light from the white wall might not hurt the eyes of the occupants; a very humane proceeding, and one which was followed out on the suggestion of the Medical Officer, my friend Mr. Spinks.

Still, with all these accessories to health, the aspect of great numbers of the inmates, of the children especially, conveyed to my mind anything but that of a general healthy condition. There was present here, as elsewhere, the peculiar depressed, sickly appearance so common to the majority of workhouse inmates in all parts of the kingdom. This peculiarity arises, as I believe, (and this was the point I was anxious to establish at the Society,) from improper food. There are certain set rules on this subject in all workhouses. These rules are wrong, and are wrongs. If by them a sufficiency of food is supplied in regard to quantity, (and this is not always the case,) there is not a sufficient respect paid to variety. The same foods continued over and over again, and consisting of only two or three variations, prove, in time, inadequate to support life, and the victim subjected to this treatment soon becomes like Magendie's rabbits, fed only upon oats, the owner of a degenerated body.

I regret now, that in speaking on a general subject, I should have referred incidentally to any special institution, since the act may seem invidious. I hope, however, that this explanation will suffice, and that I may not be accused of laying at the door of one workhouse a scientific error which is common to all.

I am, etc.

12, Hinde-st., Manchester-sq., B. W. RICHARDSON, M.D.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, April 7th.

DR. SNOW, President, in the Chair.

MR. JABEZ HOGG exhibited an enlarged heart, from a patient of Dr. Willshire's, showing an extensive deposit of nucleated cells, elongated and converted into fibrous tissue.

Dr. Richardson read a paper on

THE DIAGNOSIS OF FIBRINOUS CONCRETIONS IN THE HEART.

He commenced by passing a eulogium on the labours of the writers of a past period in medicine—that, namely, extending from the time of Harvey to the time of Cullen. Many of these writers had treated the whole subject of fibrinous concretions in its practical bearings; but it had been rather his (Dr. Richardson's) business to revive the obsolete opinions of these authors, and to bring the fruits of their knowledge into alliance with the science of the present day, than to establish or invent any new or peculiar opinions of his own. In speaking of the diagnosis of fibrinous concretions, the author remarked that the diagnostic signs themselves are direct objective proofs of the presence of concretions during life. The formation of these concretions depends on one of two causes—super-fibrination of the blood, which may be relative or absolute, and languid motion of the blood current. Thus they are met with in various types of disease, and under very different conditions—in the inflammatory or sthenic diseases, and in the depressed or asthenic disorders of the system. The general results do not vary much in any kind of disorder, but the symptoms are much modified in detail, the chief differences being incident to the position of the concretion, its size, and its mode of formation. When concretions occur on the right side of the heart, (which, according to Dr. Richardson's present views, is a more common locality for them than the left side,) the general symptoms are those of exhaustion. The left side of the heart receiving a small and inadequate supply of blood the arterial circulation is weakened; the pulse becomes small and intermittent; the surface of the body grows cold; the veins, engorged with blood, stand out prominently, and give often a dark or bronzed hue to the skin; the anxiety of the patient is great; the face is collapsed; the muscles, unnourished, are rendered restless and powerless; the brain, robbed of its stimulus, refuses to act, and the mind wanders; the pupils dilate; the voluntary functions of excretion are involuntarily performed, and the function of respiration is seriously interfered with, and a peculiar form of dyspnœa presents itself. The patient seems to want to breathe; yet the respiration is free, and the respiratory murmur is audible; the dyspnœa occurs, in fact, not because inspiration and expiration are checked, but because they are rendered null by the absence of blood in the pulmonary circuit. Towards the close of these cases, emphysema of the lungs is of very frequent occurrence; and when other symptoms indicative of concretion have preceded, the physical signs of this lesion are strikingly corroborative of the presence of concretion. The oppression and laborious character of the respiration arose from the circumstance that the respiratory muscles and nervous centres do not receive a due supply of blood from the heart. The symptoms here described represent an ordinary case, in which the symptoms of concretion come on slowly and end in death after a period of from forty-eight to seventy-two hours. The modifications of these symptoms include three other forms—viz., 1. Cases where, after the development of concretion, death occurrs suddenly from the dislodgment of the concretion, and its escape into the pulmonary artery. 2. Cases where the concretion is small or imperfectly developed, in which exhaustion and, it may be, general anasarca, may present themselves, and may extend over several days. 3. Cases where, the concretion being small and firmly fixed to some part of the heart, out of one direct line of the blood current, the symptoms may extend over a great many years with various degrees of intensity. In these cases Dr. Richardson is of opinion that the concretion is at times gradually dissolved by the constant course of the blood over it; and he imagines that a small concretion might in time be thus removed altogether, supposing that no new condition of the blood favourable to fresh deposition should present itself. Concretions on the left side of the heart are indicated by the following signs, which distinguish them markedly from the previously-described cases:—1. There is an unusually tumultuous action of the heart. 2. The lungs almost invariably show signs of congestion. 3. The dyspnœa, through great, is not so distressing. 4. There is cough, even though the lungs may have undergone no organic lesion previously, and with the cough is mucous expectoration, sometimes tinged with blood. 5. The surface of the body is cold and dark and congested. 6. The body is not merely restless, but actually convulsed. 7. There is a tendency to coma. 8. The pulse fails entirely, often long before death. The variations of these cases are of two kinds:—1st. Where, from the presence of an indurated valve, the concretion forms rapidly; or, where a concretion is dislodged and carried suddenly into the aorta; in these cases the death is frequently instantaneous, preceded, perhaps, by free premonitory symptoms. 2ndly. There are cases where a concretion of small size forms on the left side, and becomes a permanent occupant. In such instances the effects are very much like those of valvular obstruction. After pausing a moment on the modification of symptoms from the existence of concretions on both sides of the heart, and on the effects of pre-existing organic lesions of the heart in modifying symptoms, the author proceeded to discuss a question which had often been put to him, whether any peculiar physical signs of concretions were ever present. In answer, he said that he knew

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of none. Hope, and Laennec, and Bouillaud had referred to a peculiar jolting sound; but this, though common to concretion on the left side of the heart, was not peculiar to this lesion, neither did concretion give rise to any bruit that might not fairly be attributed to valvular disease. In many cases there is no peculiar sound at all, except that the beat of the organ is weak and irregular, and its sounds slightly muffled. When visiting a patient, therefore, in whom fibrinous concretion was suspected, he (Dr. Richardson) trusted solely to the outline and history of the symptoms in forming a diagnosis. First, he ascertained whether the case was of a kind in which, from changes of the blood, concretion may be anticipated. Had there been hyperinosis? Was there any local inflammatory mischief? Was there great prostration of the system? Had a morbid poison been taken into the body? If the answer to these inquiries was affirmative, it formed evidence *à priori* that the condition for concretion might be present. Next, he considered the general condition of the patient; if this inspection disclosed any great failure and irregularity of the circulation, any particular distress in the respiration, coldness of the body, lividity, turgidity of the veins, or, in short, any sign indicative of obstruction of the circulation, he noted down the fact as adding great probability to the existence of concretion. Lastly, if on going into the details of the case he found two or more of the special symptoms of concretions previously described, he in the majority of cases felt almost certain that concretion was present, and formed his prognosis accordingly. The diagnosis of a concretion could only be made easy by practice; but when once fairly understood, it threw a broad and new light on the nature of some diseases, and on the general phenomena of death. Some persons still thought that these concretions were in themselves but dying symptoms. He (Dr. Richardson) admitted that in many cases they only ran side by side with other organic diseases, which would prove fatal without the concretions; but he affirmed, that even in these cases the concretion shortened the term of life; while in other cases the fibrinous clot is the absolute cause of death. The diagnosis of concretions taught the practitioner negative practice in many cases; and in croup the operation of tracheotomy ought never to be performed without a clear conviction that the patient was suffering only from obstruction of respiration, and not from obstruction of the circulation from a fibrinous cast in the heart. In the course of his paper Dr. Richardson supported his views by a reference to numerous cases which he had at various times laid before the Society.

Dr. Willshire avowed himself, to a great extent, a convert to the views propounded by Dr. Richardson; and said he had met with three cases of fibrinous concretion of the heart, which he had been able to diagnose before death. In these cases (one of which had been exhibited by Mr. Hogg) there was cardiac asthma of the most intense character. He believed it necessary to distinguish those cases in which the concretions were causative of death, from those in which they were formed in the agony.

Mr. Ross doubted whether the symptoms mentioned by the author were really diagnostic of fibrinous concretion of the heart; and he knew a case in which a gentleman had for four or five days symptoms very similar, though he was not the subject of any organic disease, and was at present enjoying perfect health.

Dr. Camps mentioned a case of profound syncope occurring in a man aged 60, and which he said he believed Dr. Richardson would diagnose as a case of fibrinous concretion of the heart. He (Dr. Camps) admitted that in many cases fibrinous deposits might be extremely gradual; he did not, however, regard them as the *fons et origo mali*, but as consequent upon other morbid changes in the body.

Dr. Thudichum mentioned the case of a lady, aged 35, who was suffering from many of the symptoms mentioned by the author, and who was unable to obtain any relief. It was important, he said, to determine whether the concretions arose from a certain constitution of the blood, or merely from a local cause having its seat in the heart. The circumstance of their being attached to certain parts showed that there must be a local cause; but whether or not that was only the opportunity for their formation, a certain condition of the blood being required in order that the opportunity might be made use of, was an important, and, at the same time, a difficult question.

Dr. Routh said he had never seen a case presenting so complete an obstruction as that stated by the author. But even though the entire cavity might be found filled at the post-mortem examination, such might not have been the case before death. There might be some error in the mode of investigation; and he thought it possible that further experience would show that the deposits were often formed after death.

Mr. Hogg, referring to the heart exhibited by him, said the adhesions were very firm, and formed an organized mass, having all the characteristics of fibrous tissue in other parts of the body; so that they could not possibly be post-mortem formations.

Dr. Routh admitted that the deposits might have been formed before death. He did not think the deposits were formed wholly of fibrin, but of fibrin and albumen; and in treatment some agent should be employed, such as carbonate of soda, which would tend to dissolve these substances, and prevent their deposition.

Mr. Edenborough mentioned that he was called to attend a woman in her fourth confinement, and found her in the agony of death. She died in about five minutes, labour having commenced but a short time previously; and on the following day, when a post-mortem examination was made, fibrinous clots were found in each of the ventricles.

The author having replied, the Society adjourned.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

March 16, 1855.

Dr. Sraton, V.P., in the Chair.

Dr. Cumming read a case of Cardiac Disease, the early symptoms of which were powerful heaving or swelling impulse, which elevated the ear when applied to the stethoscope or side; but without endocordial or valvular bruits and dyspnœa. The latter symptom, as well as the palpitation, being easily excited to distressing severity by slight exertion or mental emotion. To the above symptoms succeeded profuse hæmoptysis and pulmonary congestion, which required active treatment to subdue them, and which recurred very frequently, when by any cause the heart's action was excited. In the course of some time the influence of the disease on the brain was evinced by the occurrence, suddenly, of apoplectic coma, from which the patient recovered by cupping, without subsequent paralysis. He had many such attacks, and frequently, after coma of some duration, and complete insensibility, recovered without medical aid; the brain being as it were concussed by the powerful impetus of the blood upon it. To these effects of disease on this important organ, succeeded disorder of the general health and digestive organs, caused by congestion and enlargement of the liver. This enlargement being at first removed by treatment, but becoming latterly a permanent consequence of obstructed circulation. The mucous membrane of the lungs assumed what appeared to be a compensating function to relieve that loaded organ, the degree of expectoration being, on its first appearance, relative to the states of the heart's function. But this condition of the mucous membrane soon submitted to the effects of atmospherical vicissitudes, and assumed the character of asthma. During the latter years of the disease, this asthmatic complication became associated with angina pectoris. Till within a year of the patient's death the primary symptoms of simple hypertrophy continued without change; but the impulse latterly lost its power and heaving character, becoming cumbrous, indistinct, and irregular. Dropsical symptoms appeared at this stage, and by calomel, digitalis, and squill, with other agents, general anasarca of the extremities and ascites were repeatedly removed, until at length, these agents lost their power over the disease. The agony endured by the patient at this time from angina and dyspnœa was beyond description. He sat erect in his chair for weeks, both day and night, being unable to lie down; even while asleep, his head was supported by a sling. After this period the water was carried off twice by elaterium; on the first occasion with partial relief, but on the second without any abatement of his sufferings. At this stage of the disease he was suddenly seized with mania; and apparently in connexion with this state of brain, the distress and suffering by which he was prevented lying down in bed as

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suddenly ceased. But coincidently with this singular remission of his sufferings, he had a very copious hæmorrhage of dark-coloured blood from the bowels. But that the cessation of his angina, etc. was not altogether due to the loss of blood, is proved by their recurrence after the mania, which lasted only for a fortnight, ceased. It is important to mention that he had several severe attacks of gout during his long illness, and had had several fits of gout before the disease of the heart was suspected to exist. A very loud *bruit de soufflet* became audible after the hæmorrhage.

The right auricle was preternaturally enlarged, being capable of containing the clenched fist in its cavity—its walls were attenuated. The right ventricle was hypertrophied towards the apex, but in other parts attenuated: the walls of the left auricle were preternaturally thickened, and relatively to the size of the right cavities—this was contracted. There was concentric hypertrophy of the left ventricle, its walls being enormously developed, exceeding towards the apex two inches in thickness, and in no part less than one inch and a half. The chordæ tendineæ were very much thickened, and contributed to diminish the greatly contracted cavity of this ventricle. There was no unsoundness or imperfection of any of the valves sufficient to impede the circulation, or encumber the action of the organ, nor, so far as the large vesicles were examined, could any cause of obstruction be discovered.

In commenting on this case, the author observed that the contracted state of the left ventricle was sufficient to account for the obstructed circulation, and all the phenomena thereon depending. "We have failed to discover any obstructing cause as an excitant of the heart's power and preternatural developement, and, on theoretical grounds, it may be presumed, if such cause had been operative, that the form of disease would not have been concentric, but hypertrophy with dilatation; and that in this form we may ascribe the increased development to the effects of disease in the organ itself, and this of a gouty or rheumatic character." The author continued to remark that, the alteration in the physical signs towards the close of the disease was instructive, the change in the impulse being so complete that he himself began to doubt the existence of hypertrophy, the early symptoms of which were so distinctive. The *bruit de soufflet* was the result of anæmia; but the cessation of the patient's sufferings during the maniacal fits, Dr. Cumming thought indicated that the reflex function of the nerves was impaired during that state of brain.

At the same meeting Mr. E. W. Pollard read the notes of a curious case, in which an enormous enlargement of the whole arm, accompanied with very excruciating pain, resulted in death. It commenced in 1852, supervening on an attack of bronchitis, in the course of which, during a violent fit of coughing, the patient "felt something give way in her chest," causing violent pain at the same time in her left breast, and shooting down the arm. This continued to increase, and was accompanied with some swelling. She, however, sought no advice respecting it, until June 1853, when another attack of bronchitis necessitated her application to Mr. Pollard. This having yielded to ordinary treatment, Mr. P. was requested to examine the arm. It was then slightly enlarged, and the cellular tissue was thickened and indurated, especially along the course of the blood-vessels. There was no inflammatory redness, nor any swelling of the forearm. No enlargement of the glands in the axilla. Pain severe, extending down forearm to the last two fingers, and some tenderness on pressure. Pain was also referred to the main side of the elbow, but the joint itself was free. Some pain about the cervical vertebræ, which she has felt occasionally for the last three years. The treatment at first adopted was antiphlogistic, leeches, blisters, and cold applications. Then fomentations, subsequently tincture of iodine; and certainly some improvement appeared to take place, until upon some slight exertion the symptoms all became aggravated, and her sufferings intense. The arm was now enveloped in mercurial bandages, and calomel was given, until slight salivation was produced; but with no advantage, and the swelling continued to extend, and the pain to increase both upwards and downwards. The plan was then changed for fomentations and poultices, and iodide of potassium and colchicum were administered, with opiates at night, from which she again found slight relief. The arm measured in December, 1853, 9 inches at the wrist, and 13, 14, and 15 inches at various points between it and the shoulder. It had now become hard and tense from œdema. No change in the character of the symptoms occurred from this time, but all increased in intensity, and the pain was at last only bearable by the use of large quantities of morphine. She died at the end of June, 1854, exhausted by the suffering she endured. Only a very partial post-mortem could be obtained, and this revealed nothing to explain the nature of the malady. Besides the enormous quantity of serum in the cellular tissue, (notwithstanding that arm puncture had been freely practised,) a good deal of plastic lymph was found between the muscles, and here and there, in the tissues of the arm. But the blood-vessels, nerves, and absorbents appeared to be wholly free from disease. As no further exploration was permitted, the thorax and cervical spine escaped examination.

The meeting then adjourned.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 10th, 1855.

CÆSAR HAWKINS, Esq., President, in the Chair.

A PAPER was read by Dr. Handfield Jones on

DEGENERATION OF THE PANCREAS,

containing observations on thirty cases, with tables specifying the ages and sex of the subjects, the nature of the illness causing death, and the results of post-mortem examination, especially a careful investigation of the state of the stomach, duodenum, and pancreas. In nine of the cases the pancreas was found to be considerably degenerated, and in five less so; and the paper contained an analysis of these cases as regards the tendency to degeneration at different periods of life, in the two sexes, and in different forms of disease.

The President asked the author if he had seen any cases in which the ducts were enormously distended with watery fluid. He remembered one such case, and connected with it was a cancerous tumour in the brain.

Dr. Jones said he had not seen any such cases.

The President remarked that the author's paper did not confirm Dr. Richard Bright's views as to the connexion between disease of the pancreas and fatty excretions from the bowels.

Dr. Jones said the fæces had not been examined with a view to ascertain the point; but he had no doubt that had there been any permanent symptom of the kind alluded to it would have been observed.

A paper was then read by Mr. Norman on

STONE IN THE BLADDER,

attended with some remarkable symptoms; Lithotomy, followed by abscess in the left kidney, with complete recovery.

The chief point of interest connected with this case antecedent to the operation was that the stone, although a very rough mulberry calculus, weighing about 2 drachms, produced no symptoms until within a very few months previous to the operation, and then only after an attack of gonorrhœa.

The urine contained pus, and there was pain in the loins, and especially of the left lumbar region, when the operation was performed. This pain, which never ceased, was occasionally mitigated by various forms of treatment, but towards the end of the fourth week became very severe; five weeks after the operation a swelling was first detected in the left lumbar region, and was freely opened a few days afterwards, when 4 ounces of healthy pus were evacuated; on that occasion both Mr. Norman and his colleague passed their fingers into the cavity of the abscess, which they felt distinctly to be the interior of the kidney. No stone was felt. From that time the case progressed favourably to complete recovery. The patient is now married, and in perfect health.

Mr. Erichsen asked if any urine was discharged with the pus from the abscess, or if any pus escaped with the urine from the perineal opening.

Mr. Norman said the pus had not been examined to ascertain the point, but only with reference to the presence of crystals. A small quantity of pus was found in the urine discharged both by the urethra and the wound in the perinæum.

Mr. Erichsen said the interest of the paper turned upon the

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question whether the abscess really existed in the kidney or was only a perinephritic abscess occurring in the cellular tissue about the kidney. He inclined to the latter opinion. The only evidence for the former was that the Surgeon had felt the interior of the kidney with his finger; but it was known that such sensations were very deceptive in reference to soft parts.

Dr. Bence Jones concurred in the opinion of Mr. Erichsen. The abscess only weighed four ounces; and supposing it to have been in the position described by the author, there would, he thought, have been sufficient kidney remaining to secrete an amount of urine which would make itself most evident.

The President observed, that he had seen many cases in which there was a considerable quantity of pus discharged by the loins, alternating with a similar discharge from the bladder.

Mr. Norman said that when death had followed from a large abscess in the kidney, and the abscess had been opened, the discharge had not always had a urinous smell.

Mr. Le Gros Clark asked what was the cause of the obstruction? If the kidney could be distinctly felt by the fingers, it surely must have retained sufficient power to secrete urine.

Mr. Norman asked if the Fellows could give any information as to the size of stone which might pass through the ureter?

Professor Paget said the main point to be considered was whether an abscess supposed to exist in the kidney was likely to discharge pus without discharging urine with it. There were very few cases bearing on that point, but he was acquainted with the history of two. One was that of a man admitted into St. Bartholomew's Hospital with obscure signs of ordinary disease, one of which was the discharge of a large quantity of pus with the urine. There was a swelling in the loin, which presented signs of fluctuation, and which, on being opened, discharged a considerable quantity of matter. There was no indication of urine by smell, or by any ordinary appearances. The case went on for some weeks, being daily watched as to the character of the pus discharged; and he (Prof. Paget) was sure that there was no indication of the presence of urine by any ordinary test; but, on a chemical examination, a small quantity of the constituents of the urine was detected. It was doubted by some to the last whether the abscess discharging from the loin communicated with any part of the urinary canal; but when the patient died a careful examination was made, and it was found that the abscess had a considerable opening into the pelvis of the kidney, and the pelvis and upper part of the urethra were obstructed by a large calculus. The kidney was not completely wasted, and the secretion of urine had continued up to the time of death. It was observed that when the discharge of matter from the opening in the loins was diminished, the discharge of matter with the urine was increased. The other case was that of a lady who had a large abscess formed in the loin, and who discharged a great deal of pus with the urine. The abscess also gave exit to a large quantity of pus, in which, however, there was no indication of the presence of urine, though there was a clear proof of the communication of the abscess with the pelvis of the kidney.

The author having replied the Society adjourned.

NORTH LONDON MEDICAL SOCIETY.

MARCH 28.

MR. ERICHSEN read a paper on

LARYNGOTOMY.

At 2 a.m. of the 22nd February last Mr. Erichsen was called to a gentleman suffering from acute laryngitis. The disease had first manifested itself early in the preceding morning, and had been attended by considerable dysphagia, followed by intense dyspnœa, which although treated previously most actively by Dr. Greenhalgh and Mr. Day, had, by the time Mr. Erichsen saw him, assumed a most alarming character. Mr. Erichsen proposed laryngotomy, but the patient refusing to submit he contented himself with scarifying the epiglottis; this was attended with some temporary relief, but the re-accession of danger necessitated operation, after which the patient made a good recovery.

Mr. Erichsen expressed his preference to laryngotomy over the kindred operation of tracheotomy on the following grounds:—(1.) From the inutility of opening the air-passages further away from the seat of disease; (2.) From the superior safety of laryngotomy, the cricothyroid membrane being nearly subcutaneous and destitute of that covering of venous plexuses which in the asphyxia are overgorged with blood, and thus delay the operation when its immediate performance is most required; (3.) The greater rapidity of the operation generally. In illustration of the importance of this point the following cases were related:—Mr. Erichsen was called about six years ago to an elderly woman in a state of suffocation from old laryngeal disease. She had fallen back, to all appearances dead; Mr. Erichsen at once opened the larynx, performed artificial respiration, and, in a few minutes, animation returned, and she made a good recovery. This patient wears the larynx-tube to this day, inflammatory products having occluded the air-passage above. A point of some physiological interest is, that the power of distinct speech is retained notwithstanding the close proximity of a foreign body to the vocal chords.

Mr. Erichsen was called to a woman in the last stage of asphyxia, from acute laryngeal disease. There was not a moment to lose; she was purple in the face, breathing in spasmodic gasps, with a loud stertor, in a state of semi-unconsciousness—in a word, dying. On the first incision a quantity of dark blood escaped from the distended veins, and in the pause that ensued she fell back apparently dead. Mr. Erichsen, without delay, opened the cricothyroid membrane, inserted the tube, and attempted to inflate her lungs through it, but, to his distress, found that the windpipe was obstructed somehow; Mr. Erichsen, on the spur of the moment, did not hesitate to apply his lips to the bleeding wound, and suck out a quantity of inspissated mucus and blood, and after he had thrice got out a mouthful, the patient began to breathe, and is, at the present moment, in good health.

After an animated discussion, in which Dr. Tunaley, Mr. Hainworth, and Mr. Filliter took part, the Society adjourned.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, TUESDAY, APRIL 17.

MEDICAL DEPARTMENTS (ARMY AND NAVY.)

COLONEL BOLDERO moved for a select committee to inquire into the state of the medical departments of each of the two services. The whole of the horrible scenes which had been witnessed might be traced to mismanagement, and in no respect had that mismanagement been so conspicuous as in the medical department. When the hospitals were established at Scutari they were deficient in every branch. There was a deficiency in the medical men, in the transport service, in medical stores, in medicines, in medical comforts, in apothecaries, and in hospital orderlies. Not one of those could be wanting without great detriment to the army, but where all failed the consequences must be calamitous. The loss of the "Prince" had led to an inquiry, the disclosures at which had been most disgraceful to the public departments. After quoting largely from Dr. Andrew Smith's evidence, he insisted on the necessity of assimilating the medical service in the Queen's army to that in the East India Company's Service, where the terms are much more favourable to medical men. He questioned the policy of continuing medical men too long in the service; they became unfit for the delicate duties intrusted to them. In the navy the qualifications for medical men were lower than in the army; and yet there was a deficiency of surgeons in the navy; from sixty to seventy vessels were not sufficiently supplied.

Sir J. Trollope seconded the motion. Having had some experience in medical practice in the army in former days, he had much regretted to see the present state of that service. He did not think that Mr. Roebuck's Committee would make this matter a part of their inquiry; he conceived that a special committee was required. In former years there was a medical army board; that board had been abolished; and the Medical Director had now absolute power over the medical men in the army. He did not say that favouritism was shown by

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Dr. Andrew Smith in the placing of officers, but if a board existed, there would be no suspicion of unfairness. He had a letter from Dr. Davy, brother of the late celebrated Sir H. Davy, who, having served in the East for a number of years, and being well acquainted with Turkey, was the most efficient man that could be selected to superintend the medical service in Turkey. He tendered his services to Mr. S. Herbert, when Secretary-at-War, who took no notice whatever of his application. Subsequently he applied to the Duke of Newcastle; and at the end of six months he received a letter from Dr. Andrew Smith, stating that he did not feel himself warranted in recommending Dr. Davy to be restored to full pay. This was not what he asked for; he was a man of independent means, living in retirement in Cumberland; and his only object had been to tender his services to the government. The hon. gentleman condemned the practice of using Fort Pitt, at Chatham, as an hospital, and said it was injurious to the prospects of the medical profession employed there. They were shut up there without the ordinary means of improvement. It was a most improper step to take the great barrack at Scutari as a hospital, where the air was foul and tainted; owing to this mistake, numbers of valuable lives had been lost. He hoped the government would consent to make the medical service the subject of a special inquiry. He could only attribute the superiority of the French medical service to the fact that it was not tied down by such a miserable system of routine as ours was. (Hear.) In the French system genius was encouraged, the surgeons were allowed to do whatever they thought necessary, and the superiority of their ambulance corps was so great, that we had been under the necessity of borrowing its services. (Hear, hear.) A service which could produce such men as Mr. Thompson, who stayed behind on the field of Alma to succour the wounded Russians, was deserving of all the attention that could be bestowed on it. (Hear, hear.) Let them raise the profession by treating them with the consideration which their position and their acquirements entitled them to; and when they were used up in the public service, let them get pensions. (Hear, hear.)

Mr. F. Peel said no one could doubt that the object of the hon. and gallant gentleman who introduced this subject was to benefit the public service by raising that branch of the medical profession which was connected with the army, so that those who entered it might do so with the same prospect of advantage as those who devoted themselves to private practice, or to the service of the civil hospitals in this country. He saw no reason why the medical service of the army should not present advantages to the Medical profession which should draw into it the most able surgeons. The merits of the commissioned Medical Officers were such as entitled them to the consideration of the Government. He concurred therefore in the object which the hon. and gallant mover had in view. But there were reasons why a committee at the present time would not be desirable, and why it would even be inopportune. The hon. and gallant gentleman laid great stress on the evidence taken before the Sebastopol Committee. But the great bulk of that evidence did not bear so much upon the faults of the system as the errors of individuals. It might be that the medical men were too old and were not active enough for the discharge of the duties that devolved upon them. The disgraceful state of the hospitals for the army in the East which the right hon. gentleman pointed out no longer existed. But this whole subject formed part of the inquiry before the Sebastopol Committee, and no doubt they would arrive at a conclusion from which the public and the Government would derive advantage. It would be an anomaly, therefore, to appoint another committee for the purpose of considering what conclusion should be drawn from the evidence taken before the Sebastopol Committee. It would be much better to leave the Sebastopol Committtee to carry out their inquiry and to make their report. If it was then considered that the inquiry as regarded the Medical Department of the army was still incomplete, it might be proper to deal with the question more fully. The committee asked for would be inexpedient also, because the subject was not under the consideration of the Government, but they were actually dealing with it at the present moment. The Government were taking steps to reconstitute and reorganize the Medical Department of the army. A contrast unfavourable to this country had been drawn between the French system and our system. Well, a commission had been sent to Paris to inquire into the system adopted in the French service. That commission would soon make its report, and no doubt it would afford many valuable hints for the reorganization of our own system. The right hon. gentleman who seconded the motion complained of the arbitrary and despotic power which was vested in the hands of Dr. Andrew Smith. No doubt a large share of patronage was vested in him, with regard to the appointment, the position, the duties, and the advancement, of the medical men in the army. But, on the other hand, the hon. and gallant mover observed that Dr. Andrew Smith was trammelled by five other departments, namely, the War-office, the Horse Guards, the Ordnance, the Commissariat, and the Admiralty. Now, the remedy for this state of things was to give greater concentration to the different war departments; and this had in a great measure already been accomplished by the creation of the Secretary of State for War. The medical department of the army was now brought into closer connexion with the Secretary for War than was ever the case before; and they were at that moment making a change in the constitution of the medical department of the army. The right hon. gentleman complained that so much power was placed in the hands of a military surgeon, and referred to the retirement of Dr. Davy, who, he said, was compelled to retire on half-pay because Dr. Smith having at one time served under him in a general hospital he now desired to be revenged. The government appointed a civilian to act in conjunction with the gentleman who was to replace Dr. Smith in the medical department. He believed that change would give satisfaction to the profession and to the country. In mentioning Dr. Andrew Smith he mentioned him with honour, because, from his very short acquaintance with him, he observed that he performed his duty in a zealous manner, and, as he believed, with a proper sense of the responsibility he owed to the public. (Hear, hear.) Dr. Smith had been nearly forty years in the public service, and it was no wonder, therefore, that he should desire to retire from active duty. Besides, it was natural that he should not now like to share with another that power which he held for so long a time undivided. The hon. gentleman complained that the surgeons in the Indian army could retire on a pension after 17 years' service, whilst 25 years' service was required in Her Majesty's army before they were entitled to a pension. But it should be recollected that service in India was considered more onerous on account of the climate. If, however, there were any injustice in this, it would be easy to remedy it. He could readily understand that it might make a great difference to the surgeons whether they served five years more or five years less, because, in addition to their pension, they would be enabled to follow private practice if they could leave the army five years sooner than they could now. The hon. gentleman complained that the surgeons were obliged to go through three years' practical training at Chatham before they were admitted to the service. But here again the remedy was already applied, by the institution of professorships of military surgery and medicine in Dublin, Edinburgh, and Glasgow. Attendance at the lectures of these professors might be made a condition for entrance as surgeons into the army. The establishment of the Hospital corps, which was now forming as fast as possible, would obviate the objection made—and justly made—by the hon. and gallant gentleman in respect to the attendance upon the sick in the military hospitals. With regard to the purveyor, he was under the authority of the medical officer for the time being, who had the right of insisting on being supplied with whatever he wanted. With respect to the difficulty of transport, much of the difficulty that hitherto existed would be done away with by the institution of the new transport board. These were the points into which the Committee would have to inquire; and he had shown that the government had already taken steps in regard to them. In respect to other subjects, the inquiry would clash with the Sebastopol Committee. He thought it better to wait for the result of that committee before they proceeded further. If that inquiry did not give satisfaction to the house, there would be no disinclination on the part of the government to inquire further into this particular subject. (Hear.)

Mr. Brady thought that a case for inquiry had been fully established, as far as respected the army. He was sorry that so little had been said of the medical department connected with the navy, on which the safety and independence of the country mainly rested. What he asserted was, that the

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health, the comforts, and the lives of the men in the navy were not cared for by the authorities who presided over the department; and he proved that assertion by the fact that these authorities had been compelled to employ upwards of one hundred unqualified young men to act as surgeons in one of the finest fleets that ever left the country. (Hear.) Not one of these young men would be allowed to hold a tourniquet in any workhouse in England, and very few of them could distinguish an artery from a nerve; yet they were appointed to do the duty of surgeons on board the fleet. This was a crying shame; and what was the cause of it? It was owing to this, that regularly qualified men would not enter the service because of the state of social degradation in which they were kept. (Hear, hear.) He presided over one of the largest public meetings of medical men that ever took place in this country. There were at least 4000 persons present, and deputations came up from all parts of the country; and all these persons, students and all, pledged themselves not to enter the naval service as long as the present degrading system was continued. In 1853 the gallant colonel introduced this subject, and he most truly prophesied the state of things which would arise in case of a war. He told the then First Lord of the Admiralty (Sir J. Graham) that unless the present system were altered he would be obliged to have recourse to a deteriorated article in respect to navy surgeons. The right hon. gentleman, in reply to the observations of the hon. and gallant officer, said that at that time there was no deficiency in that branch of the service, and that if he had the slighest apprehension that the crews of her Majesty's ships would be exposed to the treatment of unqualified and empirical practitioners, he would spare no effort to remedy such an evil. He now asked the gallant admiral opposite, who was a member of the same board with the right hon. gentleman, whether he approved of these sentiments? and if so, he trusted he would come forward to remedy this state of things as soon as possible. It was stated that the gallant admiral, the member for Gloucester, was resolved that the assistant-surgeons should not be advanced: he was the great cause of the present wretched state of the navy medical department, and if he had been removed three years ago things would have been in a very different state. If the present degrading regulations were abolished, he (Mr. Brady) would undertake to provide the government in a few weeks with upwards of one hundred and sixty well-qualified gentlemen to fill the post of assistant-surgeons.

Admiral Berkeley was as anxious as any man to take care of the lives, health, and credit of the British navy. (Hear.) Two very different reasons had been assigned for the scarcity of naval assistant-surgeons; the gallant officer who introduced the motion said it was because the qualification required was higher than in the army.

Colonel Boldero—No: it is lower.

Admiral Berkeley—The qualification had been higher, but it was thought advisable to reduce it to the same standard as the army. The hon. member for Leitrim said that they could not get surgeons, and were obliged to put up with dressers to do the duty. Such was not the fact. The hon. member had referred to a meeting over which he presided; but under present circumstances he (Admiral Berkeley) thought the resolutions of that meeting were neither creditable nor patriotic. If the House looked to what was going on before Sebastopol, they would find that, as regarded the navy, the health of the men was better looked after than in any other service. In the naval brigade there were only twelve on the sick list. With regard to the difficulty of procuring assistant-surgeons, he would only state that forty-nine had entered the service within the past year. A statement had been made that in the Baltic and Black sea fleets there was a deficiency of sixty assistant-surgeons. That was not true. He could assure the House there was not a single vacancy in either fleet, although every ship in the navy had now one-third more medical officers than during the last war.

Colonel North supported the motion. A medical officer was often prevented from ordering what he otherwise would, from the amount of explanation and correspondence it would entail. All the attendants in regimental hospitals were taken from the ranks, without any training for their duties; any one who compared the naval and military hospitals would scarcely believe that they belonged to the same state,—the naval were so much superior. He would vote for the motion, because he did not think the committee upstairs could enter into the details of the regimental hospitals.

Mr. Ellice concurred in much that had fallen from the gallant officer. He believed the question would turn on the amount of remuneration Government ought to give its medical officers. Dr. Andrew Smith's predecessor had a salary of £2400, but that gentleman was cut down to £1200. It was not to be expected that men of the first rank in their profession would accept arduous posts at remuneration so far inferior to what might be gained by private practice. Another medical officer examined before the Committee, who had the chief charge at Scutari, was only paid 22s. a day; he had the charge of the hospital, with 5000 sick, and the general supervision of the others; he had to receive all the sick and wounded that arrived; he had to make a number of reports, to preside at all medical boards, and perform all important operations in the hospital under his immediate care. It was impossible for one man to perform so many duties, and he believed that officer would have appeared more fairly before the public if he had at once acknowledged the impossibility of discharging the duties, instead of attempting to defend what had been done. What was wanted was a military officer in supreme command of the hospitals, capable of controlling everything, who would see that the wants of the soldiers were supplied, and ensure the performance of their duty by all the medical officers. On all foreign stations the hospitals were under the control of the commanding officer. As far as the evidence went it was most creditable to the medical officers indvidually. He was as anxious for inquiry as any man, but he thought it was better not to have two committees sitting on the same subject at the same time.

Mr. M. Chambers deprecated any further delay in such an important matter. He would vote for the motion. It was only after an engagement that the efficiency of the medical staff would be tested, and they ought to provide in time. It was stated that a hundred young men had been sent out to the Baltic to act as dressers; they were only pupils, and not fit to act as surgeons.

Sir G. Grey said the government did not object to inquiry. So far from opposing inquiry they would give it every support, if the House should think it necessary after the Sebastopol Committee made its report. In reference to what had fallen from the Member for Greenwich, it was true that a number of young men had been sent out in the Baltic fleet, but they were supernumeraries, and not substitutes for assistant-surgeons; the fleet had its full complement of surgeons and assistant-surgeons, and the only object in sending out the young men was to give them an opportunity of learning their profession.

Sir G. Pechell would have supported the recommendation of the Government if the motion was confined to the army, but after the speech of the hon. Member for Leitrim in reference to the navy, he should vote for the Committee.

The House divided—

For the Motion	69
Against it..	73
Against it	4

The motion was accordingly lost.

COMMITTEE OF INQUIRY.

STATE OF THE ARMY BEFORE SEBASTOPOL.

Mr. Maxwell, one of the commission appointed to inquire into the medical administration of the army in the East.—Soon after their arrival they received a letter from the Adjutant-General, written by the direction of Lord Raglan, complaining that certain inquiries had not been submitted to his lordship's approval; and in consequence of this a divisional order was issued to the effect that officers and servants should not give any information as to hospital arrangements, except under the authority of the commander-in-chief; and so far the authority of the commission was overruled by the commander-in-chief. But he did not know that he was to infer from this that the commander-in-chief was responsible for the whole medical administration of the army, and management of the hospital. He requested Major Buller to represent this to Lord Raglan, who afterwards sent a letter to the commission, expressing his regret that any impediment should take place He (witness) did not remember seeing their commission in

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the *London Gazette*. When the commission went on to Balaklava, they met on the field every day, and inspected the hospitals and tents of the regiments. Many of the regiments had only bell tents, which were exceedingly unsuited for the accommodation of the sick, both in consequence of their shape and the material of which they were made, both of them tending to let in the wet and cold. Some of the soldiers lay upon mats and tarpauling, but the majority on the ground, while others had to secure stones and boughs. The supply of medicine, particularly in the matter of opiates and astringents, was very defective. The divisional stores became so destitute of supplies that the surgeons had to send on to Balaklava for them, and even there there was a deficiency. The supplies of port wine and the means of cooking were alike defective. The supply of fuel was defective, and they could not get charcoal up from Balaklava, owing to the want of transport. In the camp generally there was a complaint of want of utensils. The men were frequently obliged to go to the river. The interior of the tents was very disagreeable. There was no thorough ventilation. In general the supply of surgeons was ample, and the condition of the hospital at Balaklava was better than they had a right to expect. Generally, however, it was too crowded. The men had no bedsteads, bedding, or sheets. There was a great difficulty in getting opium, and on one occasion when Dr. Hall sent a requisition for 50 lbs. of opium he only received 5 lbs., but he ascertained from the fourteen surgeons he examined, that from the time of the battle of the Alma until he (witness) left they were not wanting in any important drug. Even if the opium was not supplied, a quantity could have been purchased in the bazaars at Constantinople sufficient to physic the whole army. The want of opium and astringents was the chief complaint. Had he been Dr. Hall he should have taken the first steamer from Balaklava to Scutari, and have suspended the officer in charge there, and have made the necessary purchases in Constantinople himself. He admitted that the terms of the commission on which he went out were vague and unsatisfactory. They did not sufficiently define his duties. The duty of the commission was a delicate one, as they would probably have to impugn the medical department.

Colonel Horsford, of the Rifle Brigade, said, that his, the Fourth Division, were badly off for warm clothing. His division suffered from cholera while on the Bosphorus. On embarking for Varna his regiment consisted of 970 men, but on arriving there it was reduced to 960. Lost 275 by deaths and cholera, and the effective strength of the regiment was ultimately reduced to 180 men. They were very well fed up to the 14th of September. All the fuel they could get consisted of what they could pick up between the entrenchments and Sebastopol. He did not know that the men at any time were obliged to eat their food uncooked. It was said so, but he was not aware of it. The men were never totally without rations, but for two days they were without meat.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 13th instant:—Messrs.

BRIGSTOCKE, NICOTON THOMAS, Milford Haven.
CHATTERTON, JAMES THORPE, Coborn-street, Bow-road.
DENSHAM, WILLIAM, Crediton, Devonshire.
GRAY, WILLIAM, Army.
HARTSHORN, WILLIAM TURNER, Iron Bridge, Shropshire.
HOLBERTON, VAUGHAN HENRY ALEXANDER, Hampton, Middlesex.
MERRYWEATHER, JAMES, Burnley, Lancashire.
MORGAN, JAMES LAWRENCE, Abergavenny.
WATTS, ROBERT GEORGE, Clifton, near Bristol.
WILKIN, HERBERT CHARLES, Connaught Terrace.

The following gentlemen were admitted members on the 16th instant:—Messrs.

BURROWS, EDMUND POULTER, Hon. East India Company's Service.
DE-LA-GARDE, JOHN LEMPRIERE, Exeter.
DEVONPORT, JOHN, Bosley, near Macclesfield.
GRAY, THOMAS SCOTT, Acton-place, Percy-cross.
HOLTOUR, CHARLES, Cleeve Prior, Worcestershire.
HUTCHINSON, WILLIAM JENNENS, St. Albans.
PRIDDLE, GEORGE LUKE, Robinhood-lane, Poplar.
STEDMAN, ARTHUR, Great Bookham, Surrey.
VINRACE, JOHN, Ashby-de-la-Zouch.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, April 12, 1855:—

CROSSMAN, EDWARD, Alverton, Gloucestershire.
FORSTER, THOMAS HOLLAND, Rhodeswell, Stepney.
HOYLE, RICHARD CLEAVE, Ropsley, Lincolnshire.
LANGFORD, EDWIN C., Liskeard, Cornwall.
STELFOY, THOMAS, Leigh, near Manchester.

APPOINTMENT.

Dr. HENRY HANCOX, to be Assistant-Surgeon 5th Royal Lancashire Militia.

LINCOLN COUNTY HOSPITAL. — Mr. William Edward Musson was, at a general meeting of the Governors, held on April 5th, elected House Surgeon.

DEATHS.

BOOTHROYD.—In March, at Smyrna, Dr. Boothroyd, of the Grenadier Guards.

LUDLOW.—March 4, at Scutari, Harvey Ludlow, Esq., Staff-Assistant-Surgeon, F.R.C.S. (Exam.) 1852; M.R.C.S.E. 1849; late Surgeon to the Metropolitan Free Hospital, and House-Surgeon to St. Bartholomew's Hospital. Author of Jacksonian Prize Essay on the Diseases of the Testis.

MEDHURST.—March 23, at Hurstbourne Tarrant, Andover, Hants, Earle Beckley Medhurst, Esq., aged 47. Medical Officer of the Kingsclere Union. In him the poor have lost a most sincere friend, one ever devoted to their afflictions and wants. He lived universally respected, and his loss will be lamented by a very wide circle of friends.

INDIA.—The *Hurkaru* says:—"The Rajah of Puteealah, and other up-country chieftains of like character, will eventually be the men who will take the lead among their countrymen when India shall be governed in India. We are told that the rajah adheres to his intention of proceeding to England next year, and still purposes to take with him Mookund Lall, at present a student in the Medical College, to act as his Medical attendant. The Lallah is to complete his medical education in London at the rajah's expense, and it is far from improbable that the result of this munificence on the part of the Seikh chieftain, will be, that his protégé will return to Calcutta as a covenanted servant of the East India Company."

BIRMINGHAM GAOL.—At the late Warwick Assizes, the grand jury found true bills against Lieut. Austin and Mr. Blount, the Governor and Surgeon of the Birmingham Borough Gaol, for cruelty to the prisoners. The trials, unless removed to the Court of Queen's Bench, will take place at the summer assizes.

LEEDS SCHOOL OF MEDICINE.—At the annual examination for honours at this institution, on Thursday week, the following prizes were distributed:—For Chemistry: The medal, with a certificate of honour, to Mr. James Braithwaite, son of Mr. Braithwaite, Surgeon, of this town. For Anatomy: A certificate of honour to Mr. T. Whalley. For Medicine: A certificate of honour to Mr. T. Whalley.

MORTALITY NOTABILIA.—In the week that ended last Saturday the deaths of 1347 persons (715 males and 632 females) were registered in London. Average, if raised for increase of population, 1138. Hence a high rate of mortality still prevails. The weekly number of deaths from bronchitis observes a remarkable uniformity; in the last five weeks it has been successively 163, 146, 149, 155, and 153, Pneumonia is less regular in its effect, the cases in which it was fatal in the same weeks having been 135, 96, 113, 98, and 92. Two cases of "English cholera" are registered. Out of 13 deaths from diarrhœa, 8 occurred in the Southern districts, viz., those lying on the Southern side of the river, the population of which is more than a fourth of the entire population of London.

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The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	..	2	5	11	2	9
North	490,396	6	2	6	19	2	7
Central ..	393,256	2	..	2	10	1	3
East.....	485,522	5	7	12	7	..	11
South	616,685	3	6	17	12	8	14
Total..	2,362,286	16	17	42	59	13	44

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, April* 14, 1855.

Causes of Death.	In the week ending Saturday, April 7, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp ° 47·2						° 44·8
All Causes	1847	628	185	224	233	60	1084·7
Specified Causes	1838	627	185	224	233	59	1031·1
Diseases:—							
1. Zymotic Class	238	194	26	11	5	2	207·5
2. Dropsy, Cancer, and others of uncertain seat	54	2	3	22	18	4	45·3
3. Tubercular Class	243	102	73	49	18	1	202·6
4. Of Brain, Nerves, etc. ..	157	81	16	26	28	6	124 3
5. Of Heart, etc.	70	9	15	22	22	2	39·4
6. Of Respiratory Organs ..	282	132	23	45	68	14	198·2
7. Of Digestive Organs ..	70	29	4	19	18	..	58·9
8. Of Kidneys, etc.	19	..	2	6	11	..	11·1
9. Of Uterus; viz. — Puerperal Disease, etc. ..	13	..	3	4	1	..	8·6
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	11	2	4	2	3	..	6·9
11. Of Skin, etc.	1	1	..	..	..	..	2·0
12. Malformations	4	4	..	..	..	..	3·0
13. Debility from Premature Birth, etc.	43	38	..	3	2	..	23·5
14. Atrophy	34	25	..	3	6	..	24·3
15. Age	55	..	..	..	26	29	47·5
16 Sudden	5	1	1	2	1	..	7·0
17. Violence, Privation, etc...	39	17	5	10	6	1	21·0
Causes not specified	9	1	..	..	..	1	3·6

BOOKS RECEIVED.

The Ethnological Exhibitions of London. By Dr. Conolly. London: Churchill. 1855.

Gout and Rheumatism, and the Curative Effects of Galvanism. By Dr. Lawrance. London: Renshaw. 1855.

Adolphe Henke's Zeitschrift für die Staatsarznei kunde. Erlangen, 1855.

Tables used in the Course of Lectures on Surgery at Guy's Hospital, during the Session 1853-54. By Alfred Poland. London. 1854.

Third Annual Report of the Commissioners for administering the Laws for relief of the Poor in Ireland. 1855.

Notes on Nurses. London: Baillière. 1855.

TO CORRESPONDENTS.

Patentee.—We believe that the cheapest method of manufacturing Carbonic acid is by the action of Hydrochloric acid (spirit of salt) upon marble or limestone.

Chirurgicus.—In a pamphlet, written by Professor Graham and Dr. Hofmann, you will find analyses of the different waters supplied to the metropolis. The best work with which we are acquainted on Organic Chemistry applied to the Arts, is the series of lectures on that subject by Professor Brande, published last year in a separate volume, and edited by Dr. Scoffern.

Dr. Birkett's paper has been delayed, owing to the great pressure on our space, but it is now in the hands of the printer, and will shortly appear. The note in our last week's impression did not refer to Dr. Birkett.

Mr. Leckie.—We regret that we cannot find room for the communication on Cholera, owing to the crowded state of our columns.

Mr. Foggitt.—We shall be happy to receive and notice the fasciculus alluded to.

J. F.—A surgeon practising the eye and ear department solely, may put what he pleases on his door-plate; but we should recommend him to spell oculist with one *c*. The paper is under consideration.

Mr. Hugh Bennett.—The best works are Dunglison's Dictionary and the Dictionary of Terms used in Medicine, by R. D. Hoblyn.

A Subscriber.—The dose of yeast is from a tea-spoonful to a table-spoonful. We are not aware that German yeast has ever been employed.

Mr. Hinnell is thanked for the additional information. The case is in type, and shall appear next week.

Mr. Drew.—The insertion of the paper has been hitherto unavoidably deferred.

Mr. Toynbee's Lecture is unavoidably postponed until next week.

COMMUNICATIONS have been received from—

Dr. Richardson, Hinde-street; Dr. Anderson, Glasgow; Dr. Baines; Dr. Ramskill; Dr. Camps; Mr. Rhind; An Army Surgeon; W. H. O.; Mr. Drew, Colet-place; Mr. Medhurst, Andover; Mr. Sibley; Mr. Jowers; Mr. S. Stretton, St. Bartholomew's Hospital; Mr. Hinnell; Mr. Athol Johnson.

APPOINTMENTS FOR THE WEEK.

April.	Miscellaneous Register.	Society Meetings.
21. Saturday....	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	Medical Society of London, 8 p.m.: Dr. Henry "On the Ancient and Modern Doctrines of Cancer." Royal Institution, 3 p.m.: Dr. Du Bois Reymond, on "Electro-Physiology." Pathological Society of Dublin, 4 p.m.
23. Monday.....		
24. Tuesday	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at Guy's, 1 p.m.	Royal Medical and Chirurgical Society, 8½ p.m. Royal Institution, 3 p.m.: Dr. Tyndall "On Voltaic Electricity." Zoological Society, 9 p.m.
25. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days); St. Mary's, 1 p.m.	North London Medical Society, 7½ p.m. Hunterian Society, 8 p.m.: Dr. Hughes "On a Case of Abscess of the Brain." Microscopical Society, 8 p.m. Royal Society of Literature, 4½ p.m. Anniversary.
26. Thursday....	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals. Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.	Royal Society, 8½ p.m. Royal Institution, 3 p.m.: Mr. G. Scharf, jun., "On Christian Art."
27. Friday	Royal College of Surgeons, 4 p.m.: Professor Quekett's Histological Demonstrations. Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	Royal Institution, 3½ p.m.: Sir Charles Lyell "On the Origin of Certain Trains of Erratic Blocks on the Western Borders of Massachusetts, U.S."

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LIGHT-BROWN COD-LIVER OIL.

PREPARED FOR MEDICINAL USE IN THE LOFFODEN ISLES, NORWAY,

AND PUT TO THE TEST OF CHEMICAL ANALYSIS.

EXTRACTS FROM

OPINIONS OF MEDICAL JOURNALS.

"THE LANCET,"

(*July 29th*, 1854.)

"Cod-liver Oil has become one of the most generally prescribed and popular remedies of the day, and there are but few medical men who have prescribed it largely who do not bear witness to the benefit very frequently derived from this remedy, especially in cases of scrofula and phthisis.

"After a careful examination of the different kinds of Cod-liver Oil, Dr. de Jongh gives the preference to the Light-brown Oil over the Pale Oil, which contains scarcely any volatile fatty acid, a smaller quantity of iodine, phosphoric acid, and the elements of bile, and upon which ingredients the efficacy of Cod-liver Oil no doubt partly depends. Some of the deficiencies of the Pale Oil are attributable to the method of its preparation, and especially to its filtration through charcoal. **IN THE PREFERENCE OF THE LIGHT-BROWN OVER THE PALE OIL WE FULLY CONCUR.**

"We have carefully tested a specimen of the Light-brown Cod-liver Oil, prepared for medical use under the direction of Dr. de Jongh, and obtained from the wholesale agents, Messrs. Ansar, Harford, and Co., 77, Strand. We find it to be genuine, and rich in iodine and the elements of bile."

"ASSOCIATION MEDICAL JOURNAL,"

(*September 1st*, 1854.)

"It is important that the profession should know how to procure, as well as how to administer, the right kind of Oil, or that which is really most efficient in disease. Three kinds of Cod-liver Oil are in the market —the Pale Oil, the Light Brown, and the Darker Brown. Of these, the second has been found more efficacious than the first, and its chemical composition is very different; the third is offensive, bitter, and acrid, and scarcely available for internal use.

"No man has given so much attention to the analysis of Cod-liver Oil as Dr. de Jongh; and the books at the head of this notice present the substance of his researches. He has now undertaken himself to ensure a constant supply of the most powerful and genuine Cod-liver Oil for medicinal purposes. The Oil is prepared in the Loffoden Isles, shipped from Norway to the author, who undertakes to submit it to careful analysis before it is exposed for sale. **Such an undertaking appears on the face of it to have a strong claim on the encouragement of the Profession, who are certainly much interested in obtaining a purer article than those which are now so marvellously cheap in the market."**

"THE DUBLIN MEDICAL PRESS,"

(*December 13th*, 1854.)

"Whatever scepticism may exist respecting the medicinal virtues of this remedy, no doubt can reasonably be entertained that this specimen [Dr. de Jongh's Light-brown Cod-liver Oil] possesses them; and this it is of importance to establish at a time when much impure and adulterated Oil is offered for sale, and freely accepted by practitioners as sufficient for the purposes of routine practice. It is well that practitioners should be enabled to secure for patients some genuine kind upon which they can place firm reliance, in cases demanding all the advantages which this agent can afford.

"It follows that if the practitioner wishes to give his patient this remedy, he must take the trouble of aiding him to obtain it of a genuine quality; it will not do to write a prescription, and leave the bearer of it to find a person who will obey it honestly."

Sold in Bottles, labelled with Dr. de Jongh's stamp and Signature, **without which none are Genuine**, by

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HALF-PINTS (10 Ounces) 2s. 6d.

PINTS (20 Ounces) 4s. 9d. | QUARTS (40 Ounces) 9s.

IMPERIAL MEASURE.

To Physicians, Surgeons, and

DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING TISSUE.—PREPARED FROM PURE CANTHARIDINE.

An elegant preparation, vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments, as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the New York Journal of Medicine.

"March 1st, 1856.

"Brown's Cantharidine Tissue.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this Article is a very simple and neat dressing."

"10, Finsbury-place South, March 16, 1852.

"Dear Sir,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks. I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to insure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,
"JOHN GAY, F.R.C.S.,
"Honorary Surgeon to the Royal Free Hospital, etc., etc.
"To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.
"ANDREW SMITH, M.D.,
"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared and sold by Thomas B. Brown, Pharmaceutical Chemist, 42, Admiral-terrace, Vauxhall-bridge-road, London, and by the Sole Consignee, Mr. William Bailey, Wolverhampton; and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

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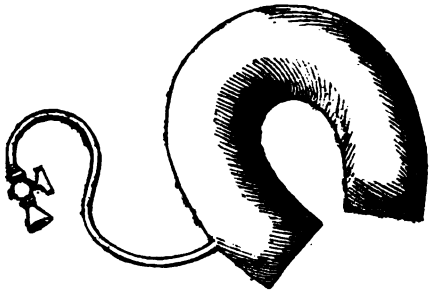

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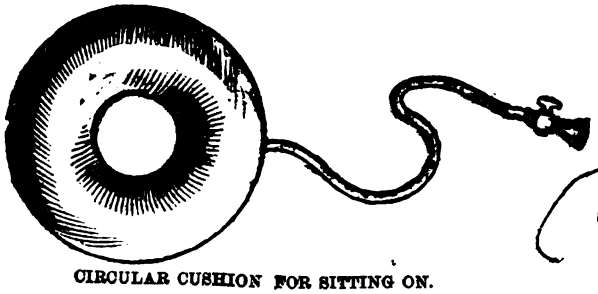

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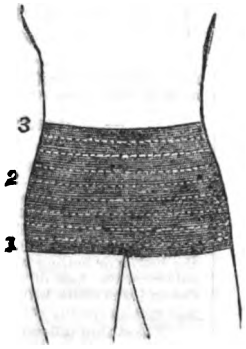

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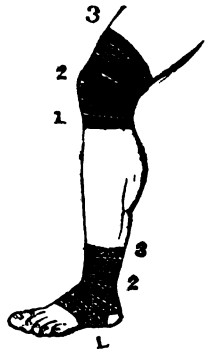

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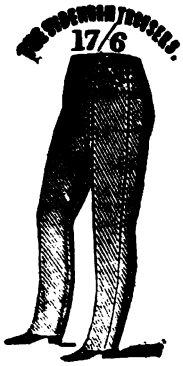

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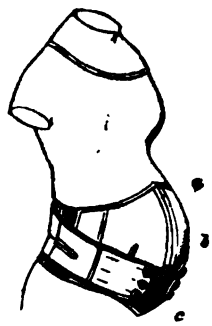

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DOMINAL BELT will be found, from its mechanical arrangement, acting diagonally, and producing the required support for the lower part of the Abdomen, to be the most complete and comfortable arrangement ever invented. It is extremely light, weighing only 4 oz. Price 16s.

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The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged.

A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined:—

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"I have submitted to a microscopical and chemical examination the samples of Barley-meal and Groats which you have forwarded to me, and I beg to inform you, that I find in them only those principles which are found in good Barley; there is no mineral or other impurity present, and from the result of my investigation, I believe them to be genuine, and to possess those nutritive properties assigned by the late Dr. Pereira to this description of food. (Signed) "A. S. TAYLOR.

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Royal College of Surgeons.—Notice is hereby given, that the PROFESSIONAL EXAMINATION for the Fellowship will take place at this College, on Monday, the 7th, and Wednesday, the 9th, of May next.

The requisite Certificates must be transmitted to the College seven days before the period of Examination.

The Bye-laws relating to the Fellowship may be obtained on application at the College. EDMUND BELFOUR, Secretary.

April 11, 1855.

Royal Institution of Great Britain, Albemarle-street.—Dr. Emil. Du Bois-Reymond will deliver his First Lecture on Electro-Physiology, This Day (Saturday), at 3 o'clock.

JOHN BARLOW, M.A., Sec. R. I.

Central London Ophthalmic Hospital, 1, CALTHORPE-STREET, GRAY'S-INN-LANE.

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City of London Hospital for Diseases OF THE CHEST, VICTORIA-PARK.—The Committee having determined to ELECT an ASSISTANT-PHYSICIAN, Gentlemen anxious for the Appointment are requested to send in their applications, addressed to the Treasurer, H. E. Gurney, Esq., at the Office, 6, Liverpool-street, on or before Monday, the 23rd April.—By Order of the Committee.

RICHARD P. SLATER, Secretary.

Physicians' Assistant and Apothecary. —The Committee of Management of the Seamen's Hospital Society give notice that they will be ready, until the 26th instant, to receive Testimonials from such licentiates of the Apothecaries' Company, doctors or bachelors of medicine of some British University, and unmarried, as may wish to become Candidates for the above appointment on board the hospital-ship Dreadnought. Particulars of duty, &c., may be known, on personal application only, at this office.

S. KEMBALL COOK, Secretary.

Society's Offices, 74, King William-street, City, April 13, 1855.

To the Profession. Mr. Bowmer, M.R.C.S. Eng., 50, LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

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Apply for Catalogues and price to Mr. Robert Swales, Bookseller, Darlington.

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Practice for Disposal.—A Gentleman retiring from his Practice of £300 a-year, will introduce a Successor on easy terms, namely, by his paying £50 a-year until the premium is liquidated. It will only be necessary to pay down about £30 for a Pony and Surgery. Only a short introduction will be necessary. Address, M. N. O., "Medical Times" Office, 11, New Burlington-street.

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Partner Wanted.—A Surgeon, with several Appointments, is desirous of meeting with a qualified Medical Man as PARTNER. No Purchase money required. Address, A. B., Dr. Vernon, Audley, Newcastle-under-Lyme.

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Insanity.—London House, Hackney.— This establishment is for a select number of ladies labouring under mental delusions and other mild forms of the disease only, thus saving its inmates from the excitement of connexion with violent cases. Terms reasonable. The use of a carriage if required. A quiet lady can dine with the family.

Shipston-on-Stour Union.—Appointment of Medical Officers.—Notice is hereby given that the Board of Guardians of the above Union will, at their Meeting to be holden on Saturday, the 5th day of May next, proceed to the appointment of a Medical Officer of the Campden District of the said Union, comprising the parishes of Bleckley (except the hamlets of Dorn and Aston) and Campden, population, 4490. Salary, £45 per annum.

The person appointed will be required to reside within the district, and to supply all necessary medicines and leeches for, and attendance upon, the poor in all cases of surgery and illness, (except midwifery, dislocations, and reduction of fractures, which will be paid according to the scale of fees set forth in articles 177, 182, and 183 of the General Consolidated Orders of the Poor Law Commissioners of 1847), and for all paupers who may require such medicines, leeches, and attendance, whether belonging to the parish or place in which they reside, or otherwise, for which attendance an order will be given by the Relieving Officer, or other competent authority.

A contract will be entered into with the officer appointed, for the performance of Vaccination at the following rates; that is to say, for every person successfully vaccinated at the residence of such Medical Officer, or within two miles therefrom by the nearest public road, the sum of One Shilling and Sixpence, and for every person successfully vaccinated at any place more than two miles distant from such residence, the sum of Two Shillings and Sixpence.

Medical Gentlemen desirous of becoming Candidates for the above District, are requested to make application under seal, and deliver the same to me, free of charge, on or before Friday the 4th day of May next.

By order of the Board,

Moreton-in-Marsh, April 11, 1855. EDWIN TILSLEY, Clerk.

London: Printed by CHARLES REED and BENJAMIN PARDON, of 1, 2, and 3, Lovell's-court, Paternoster-row, in the City of London; and published by JOHN CHURCHILL, at the Publishing Office, No. 11, New Burlington-street, in the Parish of St. James, in the City of Westminster.—April 21, 1855.

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The Medical Times and Medical Gazette incorporated.

No. 252.—New Series. LONDON, SATURDAY, APRIL 28, 1855. SEVENPENCE. Stamped Edition 8d.

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Clinical Lectures on the Pathology and Treatment of the Affections of the Ear, causing Disease of the Brain or its Membranes. Delivered at St. Mary's Hospital. By Joseph Toynbee, Esq., F.R.S., etc.—Lecture VII. (*With an Engraving.*) 405

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Pathological and Clinical Observations respecting morbid conditions of the stomach. By C. HANDFIELD JONES, M.D., F.R.S.

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A Guide to the Practical Study of diseases of the eye. By JAMES DIXON, Surgeon to the Royal London Ophthalmic Hospital.

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On the Indolent Ulcer and its Treatment. By JOHN GAY, F.R.C.S. With Illustrations.

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REPORT OF THE DIRECTORS,

PRESENTED AT THE ANNUAL GENERAL MEETING, HELD AT THE SOCIETY'S OFFICE, MARCH 1st, 1855.

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St. Mary's Hospital, April 11, 1855.

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Materia Medica—Dr. Steggall and Dr. Willsbire.
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"Honorary Surgeon to the Royal Free Hospital, etc., etc.

"To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

"ANDREW SMITH, M.D.,

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

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ORIGINAL LECTURES.

CLINICAL LECTURES
ON THE
PATHOLOGY AND TREATMENT OF THE AFFECTIONS OF THE EAR,
CAUSING DISEASE IN THE BRAIN OR ITS MEMBRANES.

DELIVERED AT
St. Mary's Hospital.

By JOSEPH TOYNBEE, Esq., F.R.S.
Aural Surgeon to the Hospital; Lecturer on Aural Surgery at St. Mary's Hospital Medical School; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, etc.

Lecture VII.

MASTOID CELLS—(*Concluded*).

Gentlemen,—From the remarks in the previous Lectures you have become aware of the fact that the existence of long-continued discharge from the ear of the affected side is one of the most frequent symptoms attendant upon caries of the mastoid portion of the bone. This discharge is usually accompanied by perforation of the membrana tympani, although, as I have pointed out to you, the discharge usually comes from the surface of the meatus, and is purely sympathetic. The following case is of interest from the fact that the membrana tympani was entire, and that there was, nevertheless, slight discharge from the ear. It is also remarkable from the shortness of the duration of the chronic symptoms. It was published by Dr. Budd, of Bristol, in the year 1851; to that gentleman I am indebted for the preparation and for several additional particulars.

Catarrh of the mucous membrane lining the mastoid cells; membrana tympani entire; caries of the petrous bone; abscesses in the cerebellum.—" George Bell, aged 13, of spare habit and delicate appearance, but never before the subject of serious illness, was laid up in the beginning of June, 1851, with an attack which was at first considered to be one of simple fever. Two circumstances were, however, remarked, which the sequel showed to be of great importance. These were, severe headaches chiefly confined to the right temporal region, and a slight discharge from the right ear, with some deafness on the same side.

For the relief of these complaints leeches were applied to the temple and behind the ear, followed by a blister to the same spot. Salines and a few gentle doses of mercury were given internally. Under this treatment the pain abated, the febrile symptoms entirely subsided, and in the course of a few days the boy was able to return to school and resume his usual occupations. The pain in the temple, however, never entirely ceased. It was described as a dull pain, occasionally attended with throbbing. Up to this time there had been no vomiting, and no disorder in the motor or other powers of the nervous centres.

On the 12th of June he was again laid up, and on the following day Mr. Tribe, his usual medical attendant, was sent for. The pain of the head had once more become severe and abiding. It was limited still more strictly than before to the right temple, occupying, according to the patient's own description, a space not broader than a crown piece; it was not acute or lancinating. There was still considerable deafness of the right ear, but the discharge had ceased. In addition to this, a new symptom of great significance had made its appearance. Two days previously the speech had become thick and indistinct, and was now, at times, so imperfect as to be almost unintelligible. Mental faculties unimpaired; memory accurate; no strabismus; no lateral or other deviation of the tongue; no sickness; pupils somewhat dilated, but equal and sensitive; vision good. No heat of surface; no thirst; extremities rather cold than otherwise; tongue moist but thickly coated; bowels torpid. Pulse about 100 in the minute, weak and fluctuating. Complexion pale; countenance deeply marked with the stamp of suffering.

On the following day it was observed that his gait had become insecure, and in particular that there was some dragging of the right leg. The face, also, was drawn, but to which side was not noted. The pain of the head had extended itself across the forehead, and the patient had become drowsy. He had also vomited several times, rejecting everything as soon as taken, with the exception of milk, which sat well on the stomach. The bowels had been freely acted upon by an aperient, administered the day before.

Under these circumstances it was decided to put the patient speedily under the influence of mercury, and to employ extensive counter-irritation. With this view, three grains of blue pill were given every four hours, and a blister was applied to the nape of the neck.

On the following day four grains of iodide of potassium were given with each dose of the blue pill, and a blister was applied to the shaven scalp.

On the 16th the pain had extended to the back of the head, and there was at times double vision. The vomiting and drowsiness continued.

On the 17th, that is to say, the fifth day after the relapse, marked amendment set in. The pain had much abated, being felt in fact only when the head was moved. The utterance had become much more distinct, and the deviation of the features had disappeared. The drowsiness had ceased, and the vomiting had become much less frequent. There was still, however, some slight thickness of speech, occasional double vision, and irregularity of pulse.

On the 19th he had so much recovered as to come down stairs, and on the 20th he dressed himself and came down without help. During the greater part of this day he amused himself with his pencil, and several complicated heraldic drawings executed with a firm and clear outline, which are still extant, show better than any other evidence how entirely the right arm had recovered from the loss of power with which it had been affected.

Up to the 1st of July the amendment had suffered no check. On that day he was down stairs and running about, and quite cheerful. It is worth notice, that he occupied himself a good part of that day with a box of carpenters' tools, and that he handled them with his usual freedom and effect.

As the changes found on examination after death, when coupled with the history already given, leave no doubt that at this time one, if not two, abscesses, of considerable size, existed between the folds of the right lobe of the cerebellum, such an amount of recovery as this must be looked upon as a very remarkable circumstance, and as one which might readily lead an incautious practitioner to give a favourable prognosis. The only trace of cerebral disorder that still remained was some slight thickness of speech.

The hopes that had been raised by this favourable change were, however, swept away on the following day, the 2nd of July, by a return of the former symptoms, in still greater violence than before.

On the 3rd of July I saw him for the first time, in consultation with Mr. Tribe, to whom I am chiefly indebted for the notes of the case.

The condition of the patient was then very striking, and characteristic of severe intracranial mischief. The pain in the head, at all times severe, was occasionally so acute as to extort moans and cries. A very remarkable characteristic of the pain was the intense degree to which it was aggravated by any, the slightest, movement of the head, voluntary or communicated. The dread he showed at every such attempt could not be readily forgotten by any one who had once witnessed it. The chief seat of the pain appeared to correspond with the base of the occipital bone on the right side, although, in less severity, it affected the whole head. His brow was deeply knit, and his whole aspect bore the impress of great suffering. He was very drowsy, withal, so that his whole time was divided between dozing and acute pain. He yawned frequently. His pupils were much dilated, but equal and sensitive, and he was very intolerant of light. There was no discharge from the right ear, and with that ear he could hear the ticking of a watch at the distance of several inches. Everything he took, whether in the shape of food or medicine, was vomited as soon as swallowed. The pulse varied, but at the time of my visit gave only forty strokes in the minute. The belly was deeply sunken and retracted; the skin peculiarly dry and harsh. The grasp of the right hand was thought to be somewhat less firm than that of the left, but there was no impairment or loss of motor power (in the way of paralysis, that is,) in any other part. His mind was clear, and memory good. His

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speech was thick, but sufficiently intelligible. There had been no fit or convulsion from the first. The urine was scanty, and of high specific gravity, throwing down, on being boiled, a precipitate which was immediately redissolved on the addition of nitric acid. The tongue was coated with a thick yellow paste. From this time to the 7th of July there was little change, except that the vomiting became gradually less urgent. On that day, to the surprise of all, he began for the third time to mend; the pain in the head abated, the drowsiness lessened, and the sickness became less and less frequent. From this time he steadily improved, and on the 13th July was so much better, that it was agreed I should suspend my visits for some days. The head was now almost free from pain, he moved with ease and freedom, and the vomiting had quite ceased. His utterance had become much clearer; his tongue much cleaner; he began to take light nourishment with relish; his bowels, for the first time, acted without medicine. Although there was nothing amounting to paralysis, he had still a more perfect use of the left than of the right arm, so that he fed himself, for instance, by preference with the left hand.

On the 14th he was put in a warm bath, which he enjoyed much, and on being taken out he stood for some time, leaning for support against his father's shoulder. This amendment was of short duration.

On the following day he became much worse. Several times during that day he was seized with severe paroxysms of pain, lasting many minutes. During this time the eyes were fixed, the pupils became gradually more and more dilated, and presently the agony merged into unconsciousness. He then lay for some time in a state of deep stupor, from which he gradually recovered. Although there was no convulsion, each of these attacks was followed by great exhaustion.

From this time he lingered, with very little change, and no new phenomena, until the 17th July, when he expired, rather suddenly, after one of the paroxysms just described.

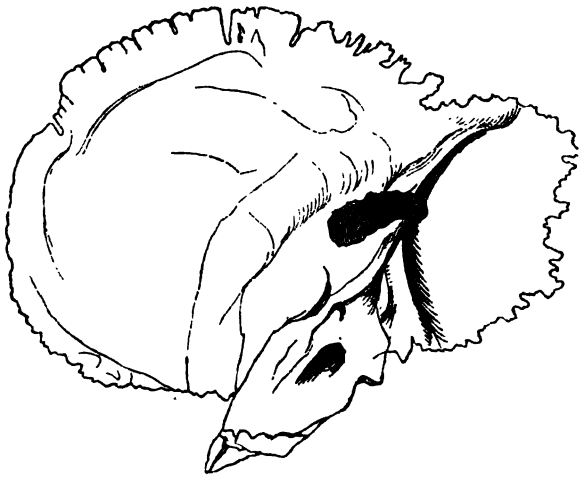
The powers of the left hand and arm were unaffected throughout, with this single exception, that for a short time on the 9th of July the fingers were spasmodically bent on the hand. He helped himself to a cup of coffee without difficulty with that hand about half an hour before his death.

The principal agents employed in his treatment were blisters, and mercury both internally and by inunction. Latterly opiates were given to lull the pain, and alkalies for the sickness, but these last had little or no effect.

The body was examined twenty-six hours after death. On opening the head the ventricles of the brain were found to be enormously distended with perfectly transparent serous fluid; the quantity was not measured, but must have amounted to at least half-a-pint; one of the ventricles was, in fact, accidentally opened by the saw, in removing the skull-cap, although the brain was by no means deeply wounded. The convolutions of both hemispheres were so much flattened by the pressure, that the sulci between them were entirely effaced. On pursuing the examination, the explanation of this state of things was found in the condition of the venæ Galeni, which were flattened, and contained no blood; the return of blood through them had been obstructed by the pressure of underlying disease, and dropsy of the ventricles had resulted. A few transparent and very minute granulations, which were only visible when looked at obliquely, were scattered over the arachnoid at the base of the brain. With this exception the state of the cerebral membranes, whether of the surface or ventricles, was perfectly normal; they presented no trace of inflammation, and the structure of the brain itself was sound. The inferior aspect of the right lobe of the cerebellum was attached to the dura mater by slight adhesions. On further examination this lobe was found to be the seat of three distinct abscesses; of these, two were situated between two of the deep folds which traverse the lower surface of the cerebellum. It is important in reference to the history of the case to remark, that their presence involved no breach of fibre or other structure, although from their size they must have exerted severe pressure on surrounding parts. One of them was about the size of a Spanish nut, the other would have easily contained a large walnut. Both were lined by a distinct membrane, of new formation, to which a layer of concrete pus of some thickness was adherent. These characters were best marked in the smaller of the two abscesses, which, if any inference may be drawn from such appearances, seemed to be the older of the two. The third abscess was still larger, and was formed at the expense of the substance of the cerebellum itself. The central part of the right lobe was almost entirely converted into pus, so that the whole of this lobe might be represented as a bag of matter, whose walls were formed by grey substance. The small portion of white substance still remaining was broken up, and consisted chiefly of diffluent pulp. At one point, corresponding to the root of the rhomboidal body, a small extravasation had occurred. This abscess was lined by no membrane, and had no definite wall, the part in which the suppuration was complete shading off gradually into broken-up nervous tissue. The pus it contained was also much more fluid than that of the other abscesses. From these characters there can be little doubt that it was the most recent of the three. The left lobe and other parts of the cerebellum were free from disease. On examining the interior of the skull itself, a yellow spot, about the size of a pea, was discovered over the petrous portion of the right temporal bone. The dura mater was here separated from the skull beneath by a thin layer of concrete pus lying upon the carious bone, but there was no trace of inflammation or other disease in the cerebral aspect of the membrane. Over this space the bone was destroyed in its whole thickness, so that, on lightly scraping it with a scalpel, the cavity of the tympanum was brought into view. This cavity was filled with opaque lymph, of a reddish yellow, but, on the removal of this, the proper bones and muscular apparatus of the ear were seen to be still in place. The membrana tympani was slightly thickened and opaque, but with this exception was sound, as was also the meatus externus. It was ascertained that the lungs were free from tubercle, and that the heart was healthy, but the other viscera were not minutely examined."

Upon carefully inspecting the bone, it was evident that this case was not an exception to the general rule I have laid down, that when disease, beginning in the mastoid cells after the second or third year of life, injures the brain, the cerebellum is the part affected. It will be observed, that the principal part affected lies posterior to the small bones, and that it is in reality included in the mastoid cells. This case

Fig. 15.



The right temporal bone, showing the part of the mastoid cells which was diseased.

gives rise to one or two other important considerations; and first as to the *duration of the disease of the ear*. Dr. Budd informs me, that the earliest history he had of any affection of the ear, was, that two months before the fatal illness the boy had been kept from school for two days by a slight earache, but the attack seemed to go off; this attack of earache followed an illness which was supposed to be scarlatina; it is probable that this attack was the exciting cause of the urgent symptoms, but, considering the carious condition of the petrous bone, and the presence of the abscess in the cerebellum, I think there can be but little doubt that the disease, in a chronic form, had been in existence for a considerable period. In a letter to me, Dr. Budd says, "It is difficult to find a satisfactory reason why a carious condition of the

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posterior part of the petrous bone should give rise to abscess in the cerebellum, and caries of the superior part to abscess in the cerebrum; but it seems to me that the difficulties are fewer under the supposition that the disease is generally propagated by the veins than under any other. In the case of George Bell, the notion of propagation by direct proximity was out of the question, for not only was the carious bone at a considerable distance from the cerebellum, but no morbid change of any kind could be detected in the cerebral aspect of the dura mater covering the carious part. I could give, if necessary, many other reasons for believing that, in this and many similar cases, the veins were the channel of the mischief. That it should have had (as under this supposition it would) to run counter for some distance to the current of the blood is no real difficulty, since in the inflammation of the femoral vein, which is set up by diseased conditions of the uterus, and still more by intestinal ulcer, we have undoubted and frequent examples of such a course; at the same time it would be going too far to deny that in some cases, especially where the abscess is seated in the brain, the disease is propagated by direct continuity. I have seen several in which, in a spot exactly corresponding to the cerebral mischief, the dura mater was either ulcerated through, or manifestly diseased. From the peculiar discoloration of the parts in many such cases, I should suppose the putrefactive decomposition of the carious discharges has much to do in the extension of the disease." With regard to the mode in which the disease is propagated from the ear, I think there can be no doubt that the dura mater is affected by *direct continuity*. To the lateral sinus we have, I think, abundant evidence that it is communicated by the blood-vessels; and although it is impossible to disprove the statement of Dr. Budd, that the disease extends to the brain also through the blood, it has always appeared to me probable that the existence of an abscess in the bone has by sympathy caused a similar disease to be developed in the brain. It is quite certain that it does not take place by continuity, inasmuch as a considerable layer of healthy brain often intervenes between the petrous bone and the abscess in the cerebrum.

In a previous Lecture I have told you that disease of the mastoid cells produces death by causing suppuration of the lateral sinus, inflammation of the membranes of the cerebellum, or an abscess in the substance of the latter; cases are, however, sometimes met with in which the pneumo-gastric nerve is affected as it emerges through the foramen lacerum posterius. A case of this kind occurred to Mr. Coe, of Bristol; it was brought before the Bath and Bristol Branch of the Provincial Association in December, 1854. I give it in Mr. Coe's words: —

"*Disease of the Mastoid cells, advancing to the lateral sinus and pneumo-gastric nerve.*—An out-patient of the Bristol General Hospital came under my care, complaining of running at the right ear, which had existed for some years, and occasional paroxysms of acute pain in the ear and head whenever the discharge ceased for a time, such being the case at the period of application. Leeches were applied to the mastoid process, and warm fomentations to the side of the head, and mercury was given internally. On the next day, symptoms of meningitis having come on, the patient was taken into the house. He progressed favourably for some days; afterwards he began to complain of stiffness and pain in the right side of the neck, and sudden attacks of difficulty of breathing, as if from spasm of the glottis. There was a distinct rope-like swelling descending from the base of the skull down the side of the neck, in the situation of the carotid sheath; it was very tender to the touch.

"The diagnosis was, caries of the posterior portion of the temporal bone, meningitis, obstruction of the right lateral sinus, either from extension of inflammation or from secondary purulent deposit, subsequent coagulation of blood in the internal jugular vein, inflammation of its sheath, with involvement of the pneumo-gastric nerve, especially the inferior laryngeal nerve (the phenomena of the irritation of this branch being, at any rate, more daily manifested than of any other portion of the nerve).

"The correctness of the diagnosis was proved by the *post-mortem* examination."

Mr. Leonard, of Bristol, brought forward a case at the same meeting, in which the pneumo-gastric nerve was implicated, and it is interesting to find that the cases of these gentlemen are considered by them corroborative of the opinion I have advanced, viz., "that the parts of the encephalon, secondarily affected in caries of the petrous part of the temporal bone, vary according to the situation of the caries."

Before concluding this Lecture, I will advert to a peculiarity sometimes met with in these cases, viz., that they are attended by symptoms exactly resembling intermittent fever. Dr. Griffin, in the *Dublin Journal of Science*, published two cases of the kind. One of them, which is also cited by Dr. Watson, is as follows:—

A young man, previously healthy, was attacked with fits of shivering, accompanied by pain in the left side of the head. At first the paroxysms were rather irregular, but they soon assumed the form of *tertian ague;* coming on every other day at about the same hour; the cold fit commencing at noon, and lasting about half-an-hour, followed by a hot stage of somewhat longer duration, and terminating in a profuse sweat. In the intermissions the pain in the head was trifling; there was no thirst nor heat of skin, but he did not sleep. A tumour formed over the mastoid process of the left side, and was opened, and a quantity of extremely offensive brownish pus sprang out with great force. This gave much relief. The bone was carious over a space as large as a shilling. After about ten days, the pain in the head and in the mastoid process became very severe, the patient had violent shivering fits many times in the day, great thirst, heat of skin, vomiting, and delirium; his face was flushed, and his pulse hard; and he died within a few hours of the accession of these last symptoms.

In my next Lecture I shall consider the mode in which disease advances from the Labyrinth to the brain.

ORIGINAL COMMUNICATIONS.

ON FIBROUS TUMOUR OF THE UTERUS.

By Dr. RIGBY.

I come, lastly, to those cases of fibrous tumour of the uterus where the position of the mass has been such as to permit of its separation and expulsion from the uterus.

This rare, but fortunate, termination of the case may occur in different ways. If it be an isolated mass, so close to the internal surface of the uterus as to be covered by little else than its lining membrane, it gradually projects more and more from the uterus as it increases in size, until it presents at the os, in the form of a polypus, its pedicle, or stalk, consisting chiefly of the lining membrane of the uterus, and probably more or less cellular tissue, with its nutrient vessels. In this way there is no doubt that many small fibrous tumours have been removed as polypi. Cases have every now and then occurred where the uterine fibres surrounding a larger mass have gradually separated with its increasing growth, and have pushed it through into the uterine cavity; and where the separation, or "enucleation," as it has been called, has been completed either by the hand of the Medical man, or with such instrumental aid as the particular case at the moment might seem to require.

A case of this sort has been recently reported in this Journal (March 31, 1855) which was under the care of Mr. Teale, in the Leeds Infimary:—"She was quite blanched from repeated hæmorrhages, which had continued to recur for nine months past, the cause not having been suspected. Mr. Teale discovered a fibrous tumour in the cervix uteri, and succeeded in removing it by enucleation. The patient recovered well."

We are indebted to Professor Simpson, of Edinburgh, for some interesting remarks on this subject. Reasoning on the contractile power which the uterus is able to exert in separating a fibrous tumour from the part in which it is imbedded, and pushing it into the uterine cavity, he proposed to form an artificial opening, with caustic potass, through the layer of uterine tissue which covered the tumour, through which the mass might be artificially separated from its attachments, and thus expelled.

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In the case where he tried this mode of treatment, he "found on examination a large fibrous tumour imbedded in the back wall of the uterus, and which protruded downwards upon the top of the vagina in a rounded form, the os uteri and uterine cavity lying in front of it." An opening was made "by means of caustic potass into the most prominent part of the tumour, about one inch behind the os uteri;" the connexion between the mass and the surrounding uterine tissue appeared to be very slight. "Two days after the caustic was used, Dr. Simpson found the artificial opening enlarging like the os uteri in labour, and the tumour beginning to protrude through it. It opened up gradually, the patient taking some ergot, and on the fifth day a large piece of the tumour was found pushed low down into the vagina, while the edge of the uterine wall could barely be felt, encircling it like the rim of the os uteri when fully dilated. The abdominal tumour had subsided considerably. On the eighth day Dr. Simpson attempted to pass a ligature round the mass, but found it could not possibly be made to include but a very small portion. He separated however, and brought away, a small fragment, not without giving a good deal of pain. The tumour now gradually and more completely filled the vagina. The uterus, however, seemed unable to throw it off entirely, and the patient was getting exhausted from the quantity of the discharge, which was very fœtid and offensive. On the twelfth day Dr. Simpson, while she was completely under the influence of chloroform, passed up his hand by the side of the tumour, completed the separation of the remaining adhesion, (like an adherent placenta,) and brought away the tumour in one mass. This was done in a very few minutes. The patient woke up quite quietly, said she felt no pain whatever, nor did she complain at all of pain in the region of the uterus subsequently. She proceeded very well for the first three days, her pulse not above 80, when, in consequence of the nurse taking unwarrantable liberties with her in making her get out of bed, washing, etc., she was seized with rigors, followed by severe sore-throat and irritative fever. This completely exhausted her remaining strength, and she died six days after the tumour was removed." *Transactions of the Obstetric Society of Edinburgh, Dec.* 22, 1847.

In the cases which have come under my own observation, the mass has been of great size and considerable standing; it has at length gradually begun to descend through the os uteri, and the pedicle has been tied, and the whole removed, or portions have been successively tied as it advanced.

———, aged 44, married thirteen years, never pregnant.

June 17, 1852.—Brunette. Sallow; emaciated; great lassitude and prostration of strength; inability to take any exercise; severe palpitation on the slightest exertion. Tongue pale, anæmic; pulse very weak; bowels irregular, they are either in a state of constipation or diarrhœa, which latter always brings on a discharge of blood from the vagina; when the bowels are confined she is free from it. Has noticed lancinating pains for some months. Catamenia always copious; but has suffered during the last three or four years from menorrhagia, which had gradually increased until last April, and latterly with large clots. For the last three periods it has been less; the clots also have diminished considerably; for two years before that time she suffered severely during the expulsion of them. There has been much watery discharge for the last three months, which stiffens the linen.

Examination per Vaginam.—A large globular mass fills up the cavity of the pelvis. On raising it somewhat (which I did with great difficulty), I reached the os uteri, which is jammed downwards and backwards nearly to the perinæum. The uterine sound would not pass. The mass can be felt above the symphisis pubis. I endeavoured to raise it above the brim of the pelvis, so as to relieve the parts within the pelvis from the pressure, but I could not.

She says that the abdominal tumour has diminished during the last three weeks.

℞ Liq. calcii chloridi ʒss., bis terve die ex infuso aurant. co. Let her increase the dose of the liq. calcii chloridi ♏ v. every week.

Applicetur ori uteri ung. hydrarg. duri ʒij., quâque septimanâ.

She returned home, to be under the care of my friend Dr. Copeman, of Norwich.

July 24.—Dr. Copeman writes that she is pursuing the plan of treatment. She has had "much pain and bearing down. The week after she came home she was taken unwell, and experienced acute pain during the expulsion of small clots from the uterus. During these efforts the uterus was much elongated, more conical in shape, and the cervix tapering and pressing down with great force against the sacrum." Dr. Copeman asks whether it be possible to enucleate it? I expressed doubts about it, but have not examined sufficiently with that view to be able to judge.

Rep. Mist. et unguentum.

1854, February 12.—Dr. Copeman favoured me with the following interesting results, which, with his permission, I add:—

"Her case went on much the same for some time, and then at intervals she suffered pains as severe as those of childbirth, and very similar in character. These were always relieved by lifting (as I thought) the uterus out of the pelvis, and taking off the pressure from the surrounding organs or parts; but I found the cervix occasionally much elongated and conical during a pain, and at last, when endeavouring to ease her as usual, by raising the uterus during an unusually severe attack, I found the os opened, and a firm fleshy substance projecting through it. I assisted in the dilatation a few days; in a week a large mass protruded, and I felt a neck attached high up to the fundus; a ligature of gold twist was applied by Gooch's canula. In seven days the canula came away, and the following day I extracted, not without some difficulty, a large firm mass from the vagina, which turned out to be a fibrous polypus, or fleshy tubercle.

"She recovered rapidly, without a single unfavourable symptom. The uterus soon resumed its natural functions."

Although the tumour could be distinguished above the symphisis pubis, the abdomen did not appear to be larger than natural, and as she stated her conviction that the abdomen had become smaller during the three weeks previous to my seeing her, there is reason, I think, for supposing that the tumour had latterly descended deeper into the pelvis. Wishing to diminish the amount of pressure which it was producing in the pelvic cavity, I endeavoured, but in vain, to raise it above the brim, knowing by former experience, and by an interesting case recorded by Sir C. M. Clarke, that this may be sometimes effected, and great relief instantaneously afforded to the patient by the removal of the mass into the abdominal cavity. It was, however, then so firmly fixed in the pelvis as to make it impossible.

Whether or not the treatment had produced any diminution of its hardness, as well as of its size, so as to enable the uterine contractions to elongate it, and alter its shape, must remain a question; but Dr. Copeman felt convinced that the increased mobility which he afterwards found was owing to the altered form, and not to the diminished size, of the mass. The uterus had evidently commenced active efforts to contract upon and expel what was gradually becoming more and more a foreign body as early as a month after I saw the patient, and for some sixteen or eighteen months these efforts had continued to recur in paroxysms of violent pain, during which the uterus was evidently employed in elongating itself and the contained mass for the purpose of pushing it through the pelvis. The question of its removal by enucleation occurred to Dr. Copeman at a very early period, but the result of the case proves that he adopted the safer course, although at the time it was impossible to predict how it would terminate. The great argument in favour of the operation is, that she would thereby have been spared nearly a year and a half of broken health and severe suffering; but, on the other hand, the size and solidity of the mass, which had gradually been forced into the pelvis, would have made it exceedingly questionable, 1st, whether the operation would have been possible, and 2ndly, if possible, whether it would not have required so much violence as to have been attended with great danger; knowing how firmly it was wedged in the pelvis, shortly before the uterus commenced its expulsive efforts, I should conceive that, even if the operation had succeeded, its passage through the pelvis would have been attended with the utmost difficulty, and would have required for this purpose long-continued and violent contractions, which the uterus, after such an operation, would have been in a most unfavourable state for making. Even after the favourable circumstances which Dr. Copeman secured, by leaving it for a time to nature, the detrusion of the mass was slow and very gradual, and its extraction, (although its vitality had been destroyed by the ligature,) attended with considerable difficulty.

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ON THE APPLICATION OF THE MICROSCOPE TO TOXICOLOGY.

By GEORGE BIRKETT, M.D. Lond.
Lecturer on Medical Jurisprudence at the Charing Cross Hospital.

If on examining a drop of urine with the microscope we observe a few prismatic crystals, or some having an octahedral form, we assert as confidently that such urine contains a salt composed of phosphoric acid, ammonia, and magnesia in the one case, and a compound of oxalic acid and lime in the other, as though our information had been obtained by means of tedious and complicated chemical processes, while the time necessary for the attainment of such important knowledge is barely a few minutes. Although the microscope has become such a valuable aid, and is in such constant requisition in the examination of the urine, there are but few cases in which it is employed by the toxicologist, although there is no good reason why he may not derive as much information from the form of a crystal as he does from the colour of a precipitate. It may be objected to the use of the microscope in toxicological inquiries, that widely dissimilar salts have the same crystalline form; it must, however, be borne in mind that in urinal pathology we only depend upon the form of a crystal when taken in conjunction with the circumstances under which it exists—who, on seeing in the field of the microscope a few octahedral crystals, would pronounce them to be composed of oxalic acid and lime, unless he knew they had been found in a large quantity of water, *i.e.* unless he knew them to be insoluble? so, in the use of the microscope in toxicology, the circumstances under which a crystal exists, and the manner of its production, must be duly considered in forming an opinion upon its nature. In advocating the employment of the microscope in toxicological chemistry, however, it is not pretended that it will insure as much information with respect to it, or impart as much facility into these investigations, as it does in regard to the chemistry of the urine, but merely that it may, in many cases, be a useful adjunct to the more ordinary methods of recognizing particular poisons.

As the first illustration I shall say a few words on the well-known application of the magnifying glass and microscope in the processes for the detection of arsenic. Whether the reduction process or that of Reinsch be employed for the detection of this substance, it is not certainly recognized until we have obtained a deposit by sublimation, having a particular crystalline form. On examining this deposit of arsenious acid there are seen a few perfect octahedral crystals—many more in which the angles are truncated—numerous triangular plates; some of these plates are joined together by the bases, the line of junction being indicated by a dark line; and a few plates having six sides, evidently triangular plates with truncated angles; these plates are not unlike those of cystine. The appearances most characteristic and most easily recognized in the triangular facets of the perfect octahedra and the triangular plates, which, together with the fact of their having been produced by sublimation, distinguish arsenious acid from every other substance.

The microscope may be used in one of the processes for detecting hydrocyanic acid.

If a drop of a solution of nitrate of silver be placed on the centre of a plate of glass(a) and inverted over any liquid containing hydrocyanic previously put into a wide-mouthed bottle, in a short time, with the application of a gentle heat, if the quantity of acid be small, the edges of the drop of solution become of an opaque white, which change, unless the poison be present in very minute proportion, gradually extends itself to the whole drop. On examining this opaque deposit (cyanide of silver) with the microscope it will be seen to consist of a multitude of acicular crystals, and is by this character distinguished from every other deposit capable of being formed by a vapour in a drop of nitrate of silver solution. The chloride, whether formed by the vapour of chlorine, or that of hydrochloric acid, the bromide and the iodide of silver when formed by vapour, have a granular appearance under the microscope. The cyanide of silver formed by precipitation is amorphous.

A microscopical examination of the deposit formed in a drop of solution of nitrate of silver may be of use when the deposit is too minute for decomposition by muriatic acid, and testing the disengaged vapour by the iron test.

(a) I find a flat glass more convenient than a watch-glass, as in inverting the latter the drop is apt to run to the side.

THE DETECTION OF OXALIC ACID BY THE MICROSCOPE.

I have already alluded to the fact that, if we see under the microscope transparent octahedral crystals, whose insolubility is evidenced by their having been found in a large proportion of fluid, we have no hesitation in pronouncing them to be oxalate of lime. Admitting this to be true, we only need an easy process for obtaining the oxalate of lime in a crystalline form to be in the possession of an easy process for recognizing oxalic acid. Our confidence as to the nature of the crystal would be increased by our previous knowledge of one of its constituents. Crystals of oxalate of lime are only formed when the acid and base are brought together in a peculiar manner; for when a solution of lime, or any of its salts, is added to one of oxalic acid, or of an oxalate, the resulting precipitate is amorphous.

Mr. Quekett, in his Lectures on Histology, alludes to the artificial production of octahedral crystals of oxalate of lime, by allowing the lime solution and the acid to come slowly together, by means of a moistened thread. I have tried this method, and have sometimes succeeded in obtaining well-defined crystals; but it requires much care, and even then the result is uncertain—circumstances which render this plan unsuitable to toxicological purposes. This syphon system failing, I was led to try endosmosis; and I found that, in this manner beautiful crystals may be obtained, with the utmost facility and certainty. The apparatus used in the following experiments is extremely simple:—A piece of bladder or goldbeater's skin (for several reasons I prefer the latter) is tied over the end of a piece of glass tubing, three or four inches long, and a quarter of an inch in the bore, the sharp edges being previously removed by heating the end in the flame of a blow-pipe, to prevent the membrane being cut. The tube thus formed I will, for the sake of brevity, call "the membrane tube" in the following observations. A slice of cork, perforated to the requisite size, is passed on to the tube, to serve as a moveable collar, by which it can be suspended at any depth in the fluid to be tested, by passing it through a hole large enough to admit the tube, but too small for the collar in a piece of card, covering the vessel in which such fluid is contained. In the first experiment, the membrane tube was half-filled with lime water, and the lower half immersed in a solution of oxalic acid (2 grains to the ounce). On examination, at the expiration of twenty-four hours, the lower strata of the lime water were found to be somewhat less transparent than the upper, and on submitting a drop to the microscope there were myriads of octahedra, precisely similar to the oxalate of lime crystals occurring in the urine. Beside these there were a few crystalline bodies, some round, others irregularly shaped, probably carbonate of lime from the action of atmospheric carbonic acid upon the surface of the lime water. The oxalic acid solution was carefully examined, but no crystals were discovered. When oxalic acid is dissolved in distilled water crystals may be obtained even when the solution is very dilute. An eighth of a grain of oxalic acid was dissolved in two ounces of distilled water, and a membrane tube prepared with gold beater's skin, and charged with lime water suspended in it. At the end of twelve hours abundance of octahedra were found in the lowermost strata of lime water. With solutions much more dilute than this no crystals are found in the lime water in the tube, but many will be found deposited in the texture of the membrane, and may be readily obtained by scraping its under surface with the point of a penknife, and placing the pulpy mass thus obtained on a slide and covering it with a piece of glass. The sixteenth of a grain of oxalic acid was dissolved in two ounces of distilled water, and a membrane tube charged with lime-water left in it for twenty-four hours. No crystals were found in the lime water, but a considerable number in a drop of pulp scraped from the under surface of the membrane. In another experiment the thirty-second part of a grain was dissolved in two ounces of water. In fifteen hours a few octahedra were found on the under, but none on the upper surface of the membrane. With the hundredth of a grain in an ounce of distilled water no crystals were obtained, so that it is probable that the sixtieth or seventieth part of a grain to the ounce, or one part of acid in somewhat more than

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twenty-six thousand times its weight of water may be the limit at which crystals are formed. But it is rarely that the toxicologist has to seek a poison in distilled water. The following experiments were therefore made to see whether this method is applicable for detecting oxalic acid in fluids containing organic matter. In each case a membrane tube prepared with gold beater's skin and charged with lime water was used :—

A quarter of a grain of oxalic acid was dissolved in two ounces of thin flour paste. In thirty hours numerous octahedra were found on scraping the under surface of the membrane.

The eighth of a grain of oxalic acid was dissolved in 2 ounces of a solution of isinglass, just sufficiently thin to be fluid when cold ; in twelve hours numerous octahedra on the under surface of the membrane.

An egg was beaten up with sufficient water to make up four ounces ; to 2 ounces of this one-eighth of a grain of oxalic acid was added ; and in thirty hours numerous octahedra were found on both surfaces of the membrane.

A quarter of a grain of oxalic acid was dissolved in 2 ounces of porter ; in twenty-four hours octahedra very abundant on the under surface ; a few on the upper surface of the membrane.

An ounce of minced mutton was diluted with an ounce of distilled water, and a half of a grain of oxalic acid added ; in forty-eight hours the lime water contained an abundance of octahedra.

I must here remark that when this method is employed with fluids containing much solid matter, or with those that are viscid, the membrane tube should only dip just below the surface, so that its end may rest in the most limpid stratum of the liquid. In the last experiment only a quarter of a grain was at first dissolved, and the tube sunk to near the bottom of the mixture. At the expiration of twenty-four hours no crystals were formed ; under the idea that so small a quantity could not be detected in a mixture of this kind, another quarter of a grain was added, and the tube placed as before ; at the end of twelve hours more no crystals were detected. The tube was now moved up, so that its end lodged just below the surface, and in twenty-four hours abundance of octahedra were formed. The same thing happened in testing the thick viscid fluid formed of egg and water.

Into three separate ounces of fluid blood obtained at a post-mortem examination, were severally put a quarter, the tenth, and the hundredth of a grain of oxalic acid. On examination at the expiration of twenty hours, numerous octahedra were found on the under surface of the membrane in the first two specimens, but in that which contained only the hundredth of a grain no crystals could be detected.

In all the above cases comparative experiments were performed. A portion of each fluid to which no oxalic acid had been added was tested in the same manner, and in each case with a negative result.

The oxalic acid in a precipitate of oxalate of lime is easily recognized by this process :—

A grain of oxalate of lime was boiled for a minute with a small quantity of carbonate of potash in two drachms of water, and the solution tested as above. In twenty-four hours there were numerous crystals on both surfaces of the membrane.

In the above experiments lime water was used, which I find answers better than a solution of any of the salts of lime, except perhaps the sulphate.

Crystals are produced equally well when the solution of oxalic acid is made strongly alkaline with caustic potash or soda or their carbonates, and even when the solution contains a small quantity of nitric acid; but if the solution be strongly acidulated with this acid the formation of crystals is interfered with.

From the experiments above detailed it appears to me that the microscope furnishes us with an extremely easy means of detecting oxalic acid under circumstances in which its discovery by the usual process of separation by lead and the subsequent decomposition by sulphuretted hydrogen or sulphuric acid, to say nothing of the previous filtrations, etc., is a very troublesome operation.

I have not met with any circumstances which seem to me to be objections to this process, for the detection of oxalic acid, but I shall be glad if any gentleman interested in this branch of medical science will take the trouble to make a few trials of the method now recommended, either to confirm what I have stated, or to point out any sources of fallacy which I may have overlooked. This method of forming crystals by endosmosis is, I think, applicable to several other cases, but the length to which this communication has already run prevents my entering further into this interesting subject at present.

CASE OF A CALCULUS RETAINED BY A CONGENITAL PHYMOSIS AND REMOVED BY OPERATION.

By SAMUEL RHIND, M.R.C.S.

Having read some interesting observations on the escape of calculi by the urethra in a recent Hospital Report, in the *Medical Times and Gazette*, I have thought that the following case might not be without interest to its numerous readers. I was consulted some time since by a very respectable man, on account of an extreme congenital phymosis, which caused him much inconvenience. He also said that there was a small loose body between the glans and the prepuce ; he added, that he had long suffered from gravel, and, I may say, that his dark complexion and appearance strongly indicated the oxalic acid diathesis. On examination, I found the orifice in the prepuce very small, barely admitting the head of a good sized pin ; I could also distinctly feel the small body before referred to, and on introducing a fine instrument, it struck with a sharp sound against it, proving it to be a stone. Subsequently I slit up the prepuce and performed the usual operation for phymosis, at the same time removing the calculus, which proved to be a beautiful and perfect specimen of the oxalic acid kind, being very dark, hard, and studded over with granules. Its shape was oval, and it was about the size of a small French bean.

The patient recovered well, much pleased at being cured of his double annoyance, at the same time glad that his phymosis, by acting as a trap, had afforded ocular proof that his more dangerous enemy had fortunately escaped from the bladder, from whence it had undoubtedly come. He was not quite certain how long the stone had been in the position from which I removed it, but he believed some time. There could be no difficulty in diagnosis in such a case as this ; but it is well to remember that it sometimes happens that the secretion of the coronal and preputial glands is detained by a phymosis, and that consequently it hardens also, probably holding some phosphate, or other compound of lime, and thus moulding itself round the glans, it at last comes to resemble hard cancer of that organ, and for which it might be mistaken. I have been informed of such a case, and it occurred in a most excellent Hospital. The patient was on the eve of having the penis amputated for supposed cancer, when, in consequence of some casual examination, it was proposed first to slit up the prepuce, and on this being done the supposed disease was found to be a hardened, stone-like mass, probably, as I have before said, indurated secretion. I need not add, how very careful the Surgeon should be in guarding against the committal of so awkward a blunder.

Burley, near Otley, Yorkshire, April 16.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

CASES OF CHOREA TREATED BY THE CARBONATE OF IRON.

[Under the Care of Dr. PEACOCK.]

During the last few weeks a remarkable prevalence of chorea has been observed in some of the London hospitals. At St. Thomas's the number of cases under treatment, both among the out and in-patients, has been unusually large, and some of the cases have been very severe indeed. Dr. Bennett has had one which proved fatal. In Dr. Peacock's ward two cases have occurred which show the superiority, in some instances at least, of the treatment of the disease by ferruginous medicines, to that by zinc.

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The following are abstracts of the history of these cases :—

Margaret G., aged 15, admitted into St. Thomas's Hospital, under the care of Dr. Peacock, on the 20th of February. She had then had chorea for a month, and could not assign any reason for her attack. The symptoms were marked, but not very severe; she could walk about the ward, but her extremities and head were in constant motion, and she could not hold articles steadily in her hands; she protruded her tongue hastily and retracted it equally quickly. After taking an aperient she was directed to have two grains of the sulphate of zinc in an ounce of infusion of valerian three times daily, and this dose was gradually increased by the 17th of March to sixteen grains three times a-day, and she had the tepid shower-bath, first every other day and then every day. The zinc never produced any inconvenience except occasionally a slight feeling of sickliness when first the dose was increased. On the 24th of March no amendment had taken place, the symptoms being on the contrary more severe. The zinc was therefore discontinued, and instead of it a scruple of the saccharine carbonate of iron was taken three times a-day, the shower-bath being still continued. On the first visit after this change an obvious improvement was perceptible, and from this time she steadily progressed, and was discharged entirely cured on the 5th of April. When first the iron was taken an occasional aperient was required, but afterwards the bowels acted regularly without any assistance.

Ann B., aged 10, was admitted into St. Thomas's Hospital, under the care of Dr. Peacock, on the 5th of February. Her mother stated that three months before that time she was observed to have singular motions and twitchings in the lower extremities, and this had continued up to two weeks before her admission into the hospital, when the upper extremities also became affected. On the first of February she had a fall, and, though not much hurt, she was alarmed, and the spasmodic affection became much more marked. When admitted there were incessant movements of the extremities, head and feet, so that she was altogether incapable of walking, or, indeed, of leaving her bed, or of retaining anything in her hands; she could only protrude the tongue suddenly and with great effort, and after several ineffectual trials; and she as suddenly retracted it. The pupils were very much dilated, and the expression of countenance fatuous. She was directed to take an aperient, and was then prescribed 2 grains of sulphate of zinc in ʒss. of infusion of valerian, three times daily. At first she improved in some degree under this treatment, but the amendment was not maintained; and on the 20th, when she was taking 6 grains of the sulphate of zinc three times a day, and using the tepid shower bath every day, she had certainly not advanced, and was, if anything, worse than when the treatment was first commenced. Doses of 10 grains of the saccharine carbonate of iron were, therefore, substituted for the zinc. On the 23rd there was some amendment, and from this time she daily improved, till, at the end of the month, she was nearly well, and when discharged, on the 16th of April, she had been quite well for several days. The pupils had recovered their proper size, and her expression of countenance was intelligent and cheerful. At the commencement of the treatment a small blister was applied to the upper dorsal region, but without any advantage.

Remarks.—These cases are not adduced under the most remote impression that they imply the general superior efficacy of the carbonate of iron over the preparations of zinc. The rule in therapeutics which they chiefly illustrate is the propriety of making a change of remedies when after a fair trial the one first selected does not appear to benefit. In no disease is this rule more necessary to be observed than in chorea. Cases must have come under the notice of all physicians in which, after iron had failed zinc succeeded, and in which, after perhaps both of these had been tried in vain, the ammonio-sulphate of copper, some preparation of arsenic, or perhaps the addition of valerian to the zinc at once arrested the disease. Our art is fortunate enough to possess at least half a dozen mineral preparations of proven specific power against chorea, but as yet few, if any, trustworthy rules have been established for our guidance in preferring one to the other. A more minute investigation of the disease might be expected to show that the cases such as those just quoted in which the sulphate of zinc manifests not the least efficiency differ in somewhat from those in which it cures like a charm. In our present ignorance, however, we must be content to be guided by the knowledge obtained during the progress of the treatment and to ring changes on the remedies until the right one is found. Perhaps, however, in virtue of their blood-improving qualities the preparations of iron have a claim to be tried before most of the others, and of those preparations the saccharine carbonate, as used by Dr. Peacock, is probably the best for the purpose.

GUY'S HOSPITAL.

LITHOTOMY—ACUTE BRONCHITIS—DEATH—NECROPSY.

[Under the Care of Mr. BIRKETT.]

William R., aged 2 years 7 months, was admitted into Dorcas' ward March 1, 1855, under the care of Mr. Birkett. The mother stated the child had had uninterrupted good health from birth, that he had not had any infantile complaints, but that for the last six months more or less pain had been manifested in the act of micturition. The child was stout and fat, with rosy cheeks and firm tissues; indeed, apparently in every respect, as regards its condition of nutrition, a very healthy boy.

The symptoms of stone in the bladder were well marked, being especially severe as regarded the difficulty in micturition and attendant pain. Not the slightest difficulty existed in the detection of the stone by sounding, for its presence in the bladder was clear both to the ear and touch. The symptoms were indicative of a small stone, whilst in sounding Mr. Birkett thought it felt large.

During the residence of the child in the Hospital, a little hyd. c. cretâ and p. rhei were twice administered at night, followed next morning by ol. ricini. The alvine evacuations were in the most healthy state, the appetite was good, and the disposition of the child very happy before he was submitted to the operation.

On March 13th, the day on which lithotomy was performed, the child seemed in excellent health; there was no febrile attack, no catarrh, no alteration in the breathing. An enema was administered, as usual, a few hours before the operation.

At about 1.30, the child was brought into the theatre, apparently in perfect health, indeed its healthy appearance was the subject of remark by those around. Chloroform was administered by means of a piece of folded linen. The lateral section of the perinæum was performed, and the calculus removed by the finger, the forceps being introduced but twice, and not readily grasping it. The stone was small, oval, and rather flattened. It consisted of layers of uric acid upon a nucleus of the same element.

The hæmorrhage was trifling, but, as the artery of the bulb was seen to be bleeding, a ligature was placed upon both its ends. The child was enveloped in flannel, and the temperature of the theatre was sufficiently high.

Mr. Birkett saw the child about 2.30, when it appeared very comfortable. At about 3.30, slight difficulty and acceleration of breathing were observed by the dresser, Mr. Blandford. Between four and five p.m. hæmorrhage, to the amount of about three ounces, occurred, but it soon ceased after the application of ice to the wound.

Towards evening dyspnœa increased, and when Mr. Birkett saw the child, about ten p.m., it seemed to be labouring under considerable obstruction in the larynx. The child had never coughed, the respiration was hurried and attended with considerable sound both during expiration and inspiration. The pulse was fast, but small; the skin cool and moist, but of sufficient temperature. The tongue moist and clean. The urine ran freely through the wound, from which there had been no more bleeding.

To take ʒss. of liq. ammon. acet. in water every three hours.

14th, 10 a.m.—The difficulty of breathing continued through the night; the child had been restless, had occasionally slept, and had cried out with pain, which probably was occasioned by the passage of urine. The abdomen was slightly tympanitic, but pressure did not give pain, nor were there any symptoms of peritonitis. The child took milk-and-water freely, and seemed thirsty; the tongue was moist and

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clean, the skin warm and moist, the pulse hurried. Urine passed freely through the wound; no bleeding therefrom.

At about 1.30 Dr. Hughes saw the child, in consultation with Mr. Birkett, and he referred all the child's sufferings to acute bronchitis.

He was ordered—

℞ Liq. ammon. acet. ʒij.
Vin. ipecac. ♏ iij.
Tinct. hyoscym. ♏ iij.
Aquæ ʒss.
M. 6tis horis sumend.

10 p.m.—No melioration of the pulmonary disease had taken place, indeed the breathing was perhaps more hurried, and the laryngeal obstruction increased. Still there was no cough or febrile reaction.

℞ Pulv. ipecac. comp. gr. iij. statim.

15th.—10 a.m.—Had passed a restless night, and this morning he vomits everything introduced into the stomach. The child was evidently dying, and Mr. Birkett gave him a little wine; but everything was vomited until his death, which took place at about 12·30 p.m., about 40 hours after the first symptoms of bronchitis manifested themselves.

During the whole period since the operation the urine had passed freely through the wound, and no more bleeding than that above mentioned had taken place.

Post-mortem Examination, conducted by Dr. Wilks.—Examination Twenty-five Hours after Death.—Mild spring weather. No signs of decomposition. Rigor mortis imperfect. Admitted March 1st, 1855. Operation, 13th, 1·30 p.m. Death, 15th, 12·30 p.m. Body that of a well-developed and well-nourished child.

There was a clean, healthy, but dry-looking incision on the left side of the raphé in the perinæum.

The head was not examined.

The larynx and trachea were acutely inflamed, in common with the bronchi. The mucous membrane of a bright red colour, from vascular injection; also slightly granular upon the surface, and soft and swollen. The whole of the glottis and under surface of epiglottis participated in the inflammation. The bronchi acutely inflamed like the above. The mucous membrane being intensely injected, and appearing soft, swollen, granular, and velvety. The tubes were also filled with a greenish, tenacious, purulent mucus. This material filled the bronchi and their branches throughout both lungs. The lungs themselves were healthy.

The pericardium contained the usual healthy amount of serum. The size and form of the heart was normal. The right auricle exceedingly distended. Foramen ovale closed. Right and left ventricles were normal. A very large white fibrinous clot existed on the right side of the heart.

The parietes of the abdomen were healthy. The peritoneal membrane was healthy. Beneath it, in the neighbourhood of the urinary bladder, was slight ecchymosis. Abdominal viscera rather distended, but the tissues of all healthy. The kidneys were healthy, as well as the ureters.

The appearance of the bladder, and the wound in its neck, presented nothing more than is usual after the operation of lithotomy. Slight ecchymosis from extravasation of blood existed under the peritonæum of the pelvis around this organ. There was a patch between the bladder and rectum, and in the pubic region of the anterior abdominal walls. The quantity of effused blood was, however, very small indeed. The bladder which was contracted, appeared remarkably healthy; the incision admitted the point of the index finger. The external wound was dry, but not unhealthy-looking, and the passage to the bladder made by the knife presented nothing remarkable. It was the opinion of the surgeons present at the post-mortem that the appearances of the organs concerned in the operation were those which probably occur in many cases in which recovery takes place.

Dr. Wilks adds: "Death in this case was clearly from bronchitis, as shown by the symptoms during life, and the appearances in the body after death; all the parts connected with the operation being in a healthy condition. The inflamed state of the bronchi and the distension of the right side of the heart, clearly showed that death took place at the lungs. It is a question how far the bronchitis was induced by the chloroform."

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

IODINE IN FIBROUS TUMOURS OF THE UTERUS.

We observe that Dr. West almost invariably orders for those of his patients at St. Bartholomew's who are the subjects of fibrous tumours of the uterus a long course of one or other of the preparations of iodine. The following is the prescription which was ordered for a middle-aged woman, who applied with that disease on Saturday last:—

Potassii iodidi gr. i.
Syrupi ferri iodidi ♏ xx.
Aquæ carui ʒss.
Ter die sumend.

Dr. West remarked at the time, that were the patient one in the higher ranks of life, she would be just the one likely to be benefited by being sent to drink the Kreuznach waters(a). In common with Dr. Rigby and other Physicians, Dr. West entertains a high opinion of the value of the iodides in procuring the diminution of these tumours.

CINCHONINE IN AGUE.

During last autumn and this spring Dr. Peacock has made trial, somewhat extensively amongst the out-patients at St. Thomas's, of the disulphate of cinchonine in the treatment of ague. He exhibited it at first in doses of 3 grains, three times daily, but latterly he has usually given 5 grains for a dose. In the out-patients' practice at a Hospital it is always difficult to secure the regular attendance of the patients, and so to have the opportunity of watching carefully the effect of the remedies prescribed; but in fourteen cases of which notes were taken, and satisfactory information was obtained, the cinchonine succeeded in effecting the cure of the disease in every instance, the patients in no case having more than three paroxysms, and rarely more than one after they commenced the use of the medicine. In one case, however, the patient had taken quinine before applying at the Hospital, and there was, therefore, a doubt whether the cessation of the disease was due to the quinine or to the cinchonine. From the experience which he has had, Dr. Peacock entertains no doubt of the power of cinchonine as an antiperiodic medicine; but he does not consider it to be as active as quinine.

FORMULA FOR ADMINISTERING ELATERIUM.

The following prescription, copied from the Pharmacopœia of the London Hospital, is a very convenient one for the administration of Elaterium:—

℞ Elaterii extract. gr. iss.
Pulv. capsici. gr. vi.
Hydr. chlorid. gr. xij.
Ext. Gentian. ʒfs.
Sacch. fæcis q. s.
Ft. pil. xij. Sit dosis pil. i. vel ij.

If needful, the proportion of elaterium may be increased to 2 or 3 grains, according to the wishes of the prescriber. The capsicum is of the greatest use in preventing the distressing nausea which elaterium often causes.

UNIVERSITY COLLEGE, ST. BARTHOLOMEW'S, AND OTHER HOSPITALS.

CASES OF POISONING BY STRYCHNIA.—RECOVERIES AFTER LARGE DOSES.

Our Journal of to-day contains the narratives of five cases of poisoning by strychnia, and it may be convenient, therefore, if we make a few remarks thereon. The cases reported by Mr. Chippendale in his paper read before the Abernethian Society (see page 423), were treated in St. Batholomew's Hospital; we can have, however, nothing to add here to the particulars given by that gentleman. The third case, which formed part of that paper, was, like the others, one of suicide; its details may be found at page 624 of the *Medical Times and*

(a) The Kreuznach waters contain iodides and also bromides.

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Gazette for December 16, 1854. In it the dose taken was believed to have been 10 grains. Death had resulted in a paroxysm of opisthotonos, and the corpse was found rigid and fixed in an arched position. As to the symptoms which had preceded death, and as to the time which had elapsed between the swallowing of the poison and the fatal event, no evidence was obtainable. Another case is given in our Hospital Reports for April 1st, 1854. It occurred in University College Hospital, and is reported by Mr. Hillier, the resident Medical Officer to that institution. The patient, a girl, aged 18, had attempted suicide by swallowing 2 grains of crystallized strychnia on an empty stomach. The poison had been taken in a sweetmeat, in order to conceal its taste. No remedies were adopted for half-an-hour, when an emetic of salt was given, which, however, did not act for twenty minutes, and the poison had therefore remained in the stomach upwards of fifty minutes. She was not admitted into the Hospital until an hour and a half after having taken the dose, and the symptoms were then but slight. The stomach-pump was employed, and so trivial was the disturbance produced, that on the following day, excepting some stiffness in the limbs, she was perfectly well. Here, then, we have a series of three cases, in which crystallized strychnia, in very much larger doses than have hitherto been supposed possible, were swallowed without producing death. In all of them, too, the interest attaching to the eventual recovery is much increased by the circumstance that both resorts to antidotes and attempts at removing the poison were much delayed. Mr. Hillier's case shows two grains swallowed and allowed to remain fifty minutes in the stomach. In Mr. Chippendale's case, four grains were allowed to remain more than an hour; and in Mr. Hinnell's case (in the next column), from four to five grains were allowed to remain for probably half an hour at the least.

As to what has hitherto been believed respecting the poisonous effects of this salt, we may quote the following from Dr. Taylor's Medical Jurisprudence:—

"The quantity required to destroy life when swallowed is not known. My friend, Mr. J. S. French, informed me of a case where a person took medicinally a grain of strychnia; vomiting supervened, and in the course of a few hours she recovered. This must be regarded as an unusually large dose to be followed by recovery; since it is very probable that half a grain might, in some cases, prove fatal." Pereira mentions a case in which, by increasing the dose gradually, he was able to raise it to a grain and a-half before symptoms of poisoning were manifested. But this proves nothing whatever as to the effect of such a quantity given suddenly to one not habituated to its use. Since strychnia requires 7000 parts of water, and nearly as many of alcohol, to accomplish its solution, it might at first sight appear that the small effect of the doses referred to was attributable to its not being dissolved. In Mr. Chippendale's case it was taken in alcohol, whilst in Mr. Hillier's and Mr. Hinnell's cases it was swallowed solid. The force of such an explanation, however, is greatly weakened by the recollection of its very ready solubility in dilute acids, such as it would doubtless be brought into contact with in the cavity of the stomach. The ingenious suggestion made by Mr. Chippendale that, in his case, the morphia and strychnia having been taken together, had probably counteracted the effects of each other, also loses its force by the side of Mr. Hinnell's case, in which as large a dose was taken uncombined with any form of opium, and yet recovery ensued. Are we to assume that the presence of strychnia in the stomach retards the secretion of the gastric juice, and thus account for its non-solution; to refer the small effects produced in these cases to idiosyncrasies on the part of the respective patients, rendering them less than ordinarily liable to be affected by that poison; or to admit that the dose required to produce death is usually much larger than has hitherto been suspected? Whichever explanation be preferred, the cases possess great interest, both for the toxicologist and the practical Physician.

ACCIDENTAL POISONING BY GRAIN DOSES OF STRYCHNIA.—DEATH IN ONE CASE, AND RECOVERY IN ANOTHER.

The occurrences we are about to narrate took place in a provincial Hospital, the name of which we have been requested not to publish:—

A girl, aged between 10 and 12 years, was admitted in 1848 on account of severe chorea. Several remedies having been tried without avail, the valerianate of zinc in grain-doses was ordered. A pill containing, as was supposed, that dose of the intended drug was administered. Soon after the child had swallowed it violent sickness occurred, convulsive paroxysms of tetanic spasm followed, and in spite of the means resorted to death ensued in about an hour and a-half. The valerianate of zinc was then a new remedy, and the House-Surgeon who had charge of the case having never before seen it given, attributed the effects produced to its influence. The surgeon who had prescribed it, however, having used the same doses in private practice without any injurious effects, was inclined to regard the fatal seizure as connected with some undiscovered disease of the nervous system. In this uncertainty the case was allowed to rest, but sufficient suspicion had been excited as to the effects of the remedy to lead to its entire disuse in the Hospital for several years. About four years afterwards, the House-Surgeon in the meanwhile having died and been succeeded by another gentleman, it chanced, however, that the same dose of the valerianate was ordered for a second case. It was given, and very alarming symptoms of poisoning by strychnia were produced; but after the employment of emetics, etc., the patient fortunately recovered (a). It so happened that the nurse who had attended to the first case was still employed in the same ward, and had charge also of the second. She had retained a lively recollection of the former, and had always held an unshaken opinion that death had been caused by the pill. On the occurrence of the second, she mentioned to the House-Surgeon in office the circumstances attending the previous one, and expressed her conviction that the same medicine had again been given, as the symptoms produced had been almost precisely similar in the two. This led to inquiry, and it was found, on examining the contents of the bottle labelled "Valerianate of Zinc," from which the prescription had been prepared, that it consisted of pure crystallized strychnia.

These cases may be deemed, perhaps, of more interest to the dispenser than to the toxicologist; they certainly illustrate most forcibly the necessity for extreme care in dealing with poisonous drugs. Those familiar with the smell of valerianate of zinc will be inclined to suggest, that only the most extreme carelessness could ever have confounded that salt with strychnia; but it must be borne in mind that the gentleman to whom the accident occurred had never seen the former, and might be excused, therefore, for not being acquainted with its characteristics. Whether the original mistake was made by the druggist who supplied the salt, or by the dispenser who subsequently changed its label, cannot be ascertained. The first of the cases is important to the physician as an instance of death from a single grain of strychnia given in the solid form; the second, in which recovery ensued, loses much of its interest by the side of others now recorded, in which the dose taken without destroying life was so much larger.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

STOCKPORT INFIRMARY.

POISONING BY STRYCHNIA (FOUR GRAINS).—RECOVERY.

[Communicated by G. J. HINNELL, House-Surgeon.]

T. M., a fine muscular man, 33 years of age, had been drinking to a considerable extent during the day of the 4th of March, and at a little before ten in the evening thought to take an emetic to sober himself. He had in his possession two bottles: one containing tartar emetic, the other strychnia; and by mistake he chose the latter, taking from four to five grains on a piece of bread (b). He then fell asleep, but was aroused ten minutes after, and he went to a neighbour's house, when

(a) Owing to absence from England of the House-Surgeon who treated this case, and who is at present engaged in one of the Bosphorus Hospitals, we regret to have been unable to obtain a fuller account of the symptoms produced, and the measures under which recovery ensued.

(b) It is to be regretted that the quantity of poison taken cannot be accurately stated. It was contained in a half drachm bottle which was found empty in the ashpit under the fire grate. The man's statement is that he took about as much as would lie heaped up on a fourpenny piece. This would be about four or five grains.

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feeling unable to use his legs, he requested a doctor to be sent for. He soon lost all control over his limbs, and fell down repeatedly in violent fits. At a quarter-past 10 a druggist administered two strong emetics, which produced very copious vomiting. On arriving at the house, at 11 o'clock, I found him seated in a chair, in a state of great prostration, sweating profusely, and with a fluttering pulse. His countenance presently assumed an expression of extreme terror; he raised a peculiar loud sobbing shout; the head was thrown violently back; the jaws became locked; the muscles of the neck started into rigid relief; the arms, trunk, and legs shot out into a straight line; and but for the assistants he would have fallen like a log of wood on the floor. The muscles felt as hard as iron, and exhibited a tremulous vibration, similar to that produced by the action of a strong electro-galvanic current. Respiration was suspended, the radial pulse was imperceptible, and the fæces were discharged involuntarily. The fit lasted three minutes, and recurred at intervals of ten or twelve, being succeeded by great prostration, rapid pulse, hurried breathing, and profuse sweating. He reluctantly consented to the use of the stomach-pump, and after some difficulty, from spasm of the œsophagus, I succeeded in passing the tube; but getting one of his hands at liberty, the man suddenly withdrew it. On making a second attempt a fit supervened; the gag slipped, and the tube was bitten through. I directed him to be removed to the Infirmary, where he arrived between 12 and 1, a.m. The skin had become warm and dry; he complained of great thirst, the tongue being dry and its papillæ erect; the pupils were unaffected. The tetanic paroxysms continued, being excited by the gentlest stimulus: such as feeling the pulse, touching the feet, or moving the bedclothes (the effect of which he likened to an electric shock); and on offering him a pill or a little water to swallow, a forcible blowing expiration took place, from spasm of the respiratory muscles and buccination. In the intervals of rest the pulse numbered 110, and the respirations 19; at the close of each fit the one rose to 128, and the other to 28, in the minute. He was quite sensible, and able to describe his sensations: he felt no formication; the cramp, he said, began in the back of the thigh; and he could feel the escape of fæces during the fit. There was no eruption on the skin, no bitter taste in the mouth, no priapism, or emissio seminis. Ordered a drink of green tea, and a pill every two hours of a grain of opium with four of extractum conii. During the night the intervals were prolonged and the fits shorter; he voided much urine, and slept for an hour about four o'clock.

April 5th. Skin moist and warm, tongue coated with a white fur, thirst less, pulse 90, full, hard, and incompressible; there is muscular rigidity; he succeeds with difficulty in pulling up the legs, but feels more easy when they are flexed; has no sensation of pain, except a slight aching like that of rheumatism somewhat. About the middle of the day he passed a scanty motion. An enema of turpentine and castor-oil was given, which brought away two copious bilious stools. To continue the pills every four hours. Towards evening he felt more comfortable. At 11.30 he was sleeping soundly with a pulse at 70, and respirations 17.

6th. Slept well during the night, no recurrence of spasm; he feels sore, as though he had been beaten, legs stiff, but able to drawthem up more easily; passed 29 ounces of high-coloured acid urine, sp. gr. 1025, in the last 20 hours. At night, pulse 68, tongue moist and cleaning, no action of the bowels since yesterday. Ordered a calomel and jalap purge.

7th. Feels himself nearly well; the urine of the last 24 hours amounts to 3 lbs. 5 oz., acid, high-coloured, not so dark as the last, sp. gr. 1010. He took a mutton chop for dinner, and in the evening walked home with a firm steady step.

Comments.—The points which engage the attention in the preceding history are:—clearness of intellect, loss of voluntary power, exalted sensibility of the general surface, increased tendency to reflex action, absence of pain, and the coincidence of relaxation of the sphincter ani with extension of the muscles. The symptoms seem to show that strychnia exerts its chief effect on the spinal axis, from the medulla oblongata downwards, and on the posterior, as well as the anterior, columns of the chord. The brain appeared to be unaffected, with the solitary exception that a volitional impulse to the act of deglutition, with the idea of an approaching stimulus, sufficed to excite spasm of the respiratory muscles.

Medical Times & Gazette.

SATURDAY, APRIL 28.

THE LATE PARLIAMENTARY DEBATE.

In a brief notice which we published in our weekly summary of the debate which took place upon the Army and Navy Medical Departments, in the House of Commons, on the 17th inst., we expressed our regret that the motion of Colonel Boldero had been negatived, but at the same time we indicated our satisfaction that the majority was so small, a fact from which we anticipated some future good. Sixty-nine Members of Parliament voted for Colonel Boldero's motion and seventy-three against it, so that it was lost only by a majority of four, although it was opposed by the Government officials.

It is refreshing to find that the House of Commons were willing to listen to a debate upon Medical affairs at all, and still more so to learn that so many as one hundred and forty-two Members could wait to the conclusion, or at any rate could interest themselves in the result. Considering the numerous occasions on which the House has been counted out when any Member brought forward a Medical question, it is positively cheering to find that, notwithstanding the visit of Louis Napoleon, and the additional attraction of a review at Windsor, there was actually a sufficient number of Members in the House of Commons on the 17th of April, 1855, to listen to a discussion having for its object the improvement of a large and important section of the Medical Profession. Yet such was really the case, and many observations were elicited on both sides which are well worthy of attention.

It must in the first instance be observed that all the strength of the argument was on one side, and the Government officials, in opposing the motion, did not venture to dispute its necessity, but merely attempted to get rid of it by the side-winded excuse that the subject was under investigation with a view to the melioration of the present system. On the other hand, the necessity for investigation was urged with great force, not only by those tried friends of the Profession —Colonel Boldero and Mr. Brady,—but also by Sir John Trollope, Colonel North, Mr. Montague Chambers, and Sir George Pechell.

The necessity for investigation had been obviously pressed upon the minds of those who were favourable to the motion by the melancholy revelations of neglect and inefficiency which had transpired in the course of the inquiry before Mr. Roebuck's Committee. That inquiry has abundantly demonstrated the existence of gross defects in *some* portions of the army service; but we are confident that the progress of the examination would prove the *Medical* department to be blameless; and that the errors with which that department is charged, are really due to the vexatious regulations of the service, which place the Medical Officers in a wholly subordinate position, and deprive them of all power of independent action. Nor can we conceal the conviction with which we are impressed, that the whole system of education for the medical service for the army, and the method employed in selecting the Medical Officers, is open to grave objections, and that the defects now observed might and ought to be thoroughly amended. The appointment of the Medical Officers of the Army should depend upon merit, not upon patronage; and, while we are quite aware that, in spite of the present defective and objectionable system, the Medical service has rendered itself entitled to the gratitude of the nation, yet we think

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that the machinery of the Army Medical Department is altogether faulty. Now is the time when sweeping alterations may be made; *now*, when the medical arrangements of the army compel the attention of the Government and the nation; *now*, when the abilities of the Army Medical Officer are taxed to the uttermost; *now*, when it is proved that his services are of paramount importance for the welfare of the troops: nor should the discussion of these alterations be postponed to a period of peace, when the energies of the Military Surgeon stagnate from inactivity, and his utility becomes doubted because his services are comparatively unnecessary. Now, we say, is the time for a reform in the Medical Department of the Army; and we earnestly desire the Government to adopt the system so successfully introduced by the East India Company, of awarding commissions to the most deserving of our medical alumni. By such a step we may hope, not only to see a host of Military Medical Officers emulating the distinguished career of the Surgeons of the first French empire; but we may also hope that a body of men so selected will, by their literary and scientific zeal, impress the military commanders with a sense of the importance of medical services, and give irresistible weight to sanitary recommendations.

But if these defects be found to exist in the Medical Department of the Army, how much more strongly must they be felt and deplored in the case of the Navy — a service which, by conventional usage, holds the next rank to the Army, and in which the Medical Officers are avowedly worse treated, often more hardly worked, and less paid. It has fortunately happened that our fleets have not been, as yet, seriously engaged in the present conflict; but if a time should come when the services of the Naval Medical Officers are called into activity, we shall then find sufficient evidence of the rottenness, the worthlessness, and the iniquity of the present system, although we do not doubt for a single moment the skill or the efficiency of individuals. Even the boys who have gone out with the Baltic fleet as medical dressers, when qualified men refused to enter the service, will no doubt do their best; but we deprecate most energetically the system which places boys in such responsible positions, and which draws them away from their studies at home, to fill the place of those who justly refuse to serve the State while they are treated with ignominy and insult. Well did Mr. Brady observe, that if the present degrading regulations were abolished, he would undertake to provide the Government in a few weeks with upwards of one hundred and sixty well-qualified gentlemen to fill the post of Assistant-Surgeons; but while Medical gentlemen are treated as inferiors by the lieutenants, and annoyed by the midshipmen; denied the opportunities of study, and deprived of their fair chances of promotion; compelled to occupy a degraded position, and ridiculed because they submit,—as long as this unjust treatment is allowed to last, so long will the members of our Profession prefer the service of the East India Company, or the merchant or emigrant service, or even the chances of succeeding in private practice, to the ill-paid, ill-treated post of Assistant-Surgeon in her Majesty's Navy. In order to entice volunteers into this class the standard of qualification has been lowered, and young men are now sent into the navy to learn their Profession, where they ought to be prepared to practise it. Thus the old rank of Surgeon's mate appears likely to be revived, and the scenes depicted in the graphic pages of Smollett in *Roderick Random* may again be enacted in our ships of war. In vain have our Universities and Colleges been endeavouring to raise the standard of medical education; in vain have they superadded polite literature and general science to their curricula of instruction; in vain have our Boards of Examiners striven to combine in the Medical aspirant the science of the anatomist, the acuteness of the scholar, and the manners of the gentleman; the Board of Admiralty are determined to arrest the course of medical improvement, and to lower the Surgeon to the rank of the boatswain; to make him, at best, a legalized butcher, accustomed to see arms and legs chopped off, and at last to perform mechanically the same operations himself.

However much this system may please the arbitrary spirit of the Lords of the Admiralty, we trust that the voice of a united Profession may still be heard; that the threatened deterioration of our Naval Medical Service may be averted; and that the flag of Great Britian may, under a better system, be regarded by our Profession as an emblem to inspire our reverence and love, rather than a beacon to warn us against tyranny, injustice, and oppression.

On the whole, we are not dissatisfied with the result of the late division; our wrongs have found a voice, and the time of redress is, perhaps, not far off. The Government has pledged itself to reconsider the whole question of the Army and Navy Medical Services, and it is for the Profession to be watchful in making Ministers keep their promise.

THE WEEK.

Our letters from Smyrna continue to confirm the belief we have from the first entertained, that the choice of this town as a site for an Hospital was unfortunate. It is too far from the seat of war, and by no means healthy. Fever has already committed great ravages. Upwards of 150 out of the 800 patients originally landed there have died, and a large proportion of nurses and orderlies have suffered. One of the lady-nurses was at the date of our last account (April 14) so ill of fever that her recovery was despaired of. Such a state of things so early in the season, and in a building so recently occupied, is most alarming. The whole of the ground-floor of the establishment has, indeed, after inspection by Dr. Sutherland, been condemned as unfit for use, and thus the amount of accommodation has been reduced to that sufficient only for 500 patients. It will be absurd, therefore, to keep the large and excellent Medical Staff now at Smyrna engaged with such a mere handful of cases, and little less so to think of constructing wooden Hospitals on the same unhealthy site, and at so great a distance from the Crimea. The Government should at once transfer the Surgical part of the Staff, at least, to some more healthy location nearer to the scene of action.

It would really seem from the speech of Admiral Berkeley on Monday night, that he cares not one tittle as to the consequences of a deficiency in the naval staff, provided that, by the dexterous use of words, he can succeed in avoiding the admission that such exists. At a moment when he is called upon by the combined voice of official duty and of common humanity to provide a remedy for the evil, he is engaged, with an ingenuity worthy of a less criminal cause, in attempting to mystify the truth and conceal the real facts. The Report states that the speech to which we allude was received with laughter; that a more serious reception was not given to it, is certainly not creditable to the patriotism of the House.

The defence put in by the Duke of Newcastle in respect to the neglect of the recommendations from the Medical Department is not generally considered to be characterised by much of the spirit of fairness. When a letter, marked "pressing and immediate," from such an important officer as the Medical Director-General is delivered at the proper quarter, it is surely fair on the part of the writer to expect that it will receive all the attention it may be deemed to deserve. From the excuses now made it would appear, however, that one of the subjects on which Dr. Andrew Smith was expected to exercise the

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faculty of second-sight referred to the systematic miscarriage of all documents left at the War-office. The more important they were and the more emphatically endorsed, the more certain was he to conclude that they would never reach the hand of authority. It is not difficult to imagine the nature of some of the "explanations" which would have ensued had the Director-General thought of his duty last summer, as he is now told that he ought to have done, and been for ever rushing off *in propriâ personâ* to the Minister of War with his suggestions. The Profession may, however, notwithstanding this attempt at an answer, most heartily congratulate Dr. Andrew Smith upon the position which he now occupies in the opinion of the country. Not even the assertions of a Duke will induce one single man endowed with common sense to admit that after letters duly signed and duly endorsed had been properly delivered, the responsibility for their neglect still remained, not with those who received, but with him who sent them.

Dr. Aitkin, of Glasgow, and Dr. Doyle, of Dublin, have, we understand, been sent out to the East, as assistants in the Pathological Commission of which Dr. Lyons is the head. From the labours of these investigators we may anticipate the acquisition of information which will not only be of the greatest value to the military service, but will contribute to the permanent advance of medical science. The Commission extends over five months, but is to be prolonged if thought desirable.

The Professional Staff at the Smyrna Hospital have originated a Medico-Chirurgical Society among themselves. The example is one well suited for imitation in the other Hospitals of the East. The meetings will, of course, be solely devoted to practical subjects, and their usefulness in rapidly diffusing the knowledge obtained by individual investigation cannot be overrated. It would be an excellent plan if Government would provide for the printing of the reports of their proceedings on the spot, and their immediate transmission to other Hospitals, so that the experience obtained in one might be at once made available in all. The organization of a systematic plan of note-taking will no doubt form one of the objects of the above Society.

At St. Thomas's Hospital the prize system has just been undergoing a most important remodelling. That institution is, we believe, the richest in the metropolis in its endowments for class and other prizes. So numerous, indeed, had they become, that the honour of holding them was in danger of being lightly esteemed. Under these circumstances, the Medical Committee have, with much judgment, determined greatly to diminish their number, and to devote the money thus saved to the foundation of scholarships. These latter are to be given to third year's men, who will be required to reside in the Establishment; they will have rooms and commons found them, and be paid from sixty to eighty pounds per annum. They will be required to devote themselves to the duty of recording cases in the Ward-books, each having a certain department of the Hospital allotted to him for that purpose. The merits of the plan speak for themselves.

Notwithstanding the numbers that have recently been drafted out of certain branches of the metropolitan Profession, there is, we believe, likely to be a very active competition for the vacant Assistant-Physicianship to the City Hospital for Chest Diseases. The names of Drs. Cockle, Clark, Edwards, and Greenhow have been mentioned as some of those who intend to come forward.

Dr. Baly's report of his visit of investigation to Gibraltar has just been printed. Its chief concern is with the quarantine laws. Dr. Baly finds that the belief of the Spaniards in the contagiousness of cholera and of yellow fever is so general and so strong, that there is no probability that they will ever consent to a relaxation of the laws now in force for the prevention of intercourse with infected districts. The evil results to our colony by the enforcement of a *cordon sanitaire* between it and the Spanish dominions are further estimated as being far greater than the inconvenience of observing quarantine regulations in our own ports. The latter plan is, therefore, advised, and will probably be acted upon by the British Government. It will virtually amount to an agreement to consider Gibraltar as a part of Spain in respect to all quarantine matters. Dr. Baly adds to his report an earnest protest against the present neglect of sanitary matters in Gibraltar, which neglect results in the prevalence of endemic diseases, and frequently involves serious commercial loss.

We are glad to be able, by the publication of a letter which will be found in another part of our columns, to support from the best source from which such testimony could come, our repeatedly expressed opinion respecting the appointment of the present Superintendent of the Smyrna Hospital. The Medical Staff, after a fair period of experience, evidently hold the character and abilities of their chief in the highest possible estimation. Those, however, who are acquainted with the circumstances under which the appointment was made will feel no surprise that a Physician of Dr. Barclay's standing felt it incumbent upon him to resign. The prevalence of such notions of medical etiquette as led to that resignation is nevertheless, it seems to us, to be regretted.

It appears that there is no truth in the statement made by the *Times* that Sir John Richardson had resigned his post at the Haslar Hospital in consequence of the appointment of a junior to that of the Director-Generalship. Sir John Liddell has been nominated to that office, but Sir John Richardson denies most emphatically that his resignation had any connexion with that event.

REVIEW.

Report of the "Treatment Committee" of the Board of Health on the Different Methods of Treatment in Epidemic Cholera. London. 1855. Pp. 28.

GREAT labour has evidently been expended on this Report. The importance of a careful analytical statement of facts on such a subject as Cholera, with the names of Dr. Paris, Dr. Alderson, Dr. Babington, Dr. Tweedie, and Mr. N. B. Ward attached, can scarcely be over-valued. As was the case, however, with the report from the Middlesex Hospital which we reviewed last week, and indeed in this respect resembling almost all the contributions to the therapeutics of Cholera which have proceeded from impartial sources, the adjectives, important, valuable, etc. must be used only in a certain sense. The facts adduced dissipate our confidence in plans of treatment previously vaunted, but they give us no new faith; their value is negative, their importance is melancholy. The plan adopted in this Report is, however, the only one by which we can ever hope to arrive at anything like truth, and when, in some future epidemic, it is carried out on a larger scale, and with yet greater attention to details, we may fairly hope for some positive knowledge. The Committee, as all our readers know, issued last year certain blank forms for the reporting of cases of cholera and diarrhœa, and although the system was only got into working order when the disease had nearly ceased to prevail, still the Committee have succeeded in obtaining a large array of evidence. This evidence is arranged and tabulated in the document before us, and for the most part with great clearness and accuracy. We will notice first the cases of developed cholera, of which 2749 have been collected. These are divided intof our classes, according as the treatment

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pursued in them was alterative, astringent, stimulant, or eliminant. Passing by the tables themselves, as being too long for quotation, we will cite the conclusions derived from them :—

"The evidence of these tables condemns the eliminant treatment altogether as a principle of practice.

"It testifies against the stimulant principle, excepting as a resource in extreme cases.

"It displays a decided advantage in the alterative principle, especially as carried out by calomel and opium; and it shows a still superior advantage in the astringent principle, as applied through the means of chalk and opium. The general per-centage of deaths following each plan of treatment being—

Of eliminants	71·7 per cent.
Stimulants	54 ,,
Alteratives, calomel and opium .	36·2 ,,
Astringents, chalk and opium .	20·3 ,,

We have just stated that the importance attaching to this document is "melancholy;" but after this citation the reader may be inclined to ask how we sustain that charge, since here is shown to be a difference in result of two-thirds between different plans, and further that we possess a method of treatment by which 70 per cent. of cholera patients may be recovered. In answer to this it remains only to express the most unfeigned astonishment that the statement just quoted should ever have found its way into print. Never was there a better instance in illustration of the old assertion that "you may prove anything by statistics," than that table affords. The first fallacy involved, is that but one class of astringents (chalk and opium) is taken into consideration. The per-centage of deaths following the employment of acetate of lead and opium was 50, and that of sulphuric acid nearly 47, yet in the aggregate statement these are left out of view, and 20·3 per cent. is triumphantly cited as the achievement of the astringent plan. A second yet greater fallacy arises from the fact that the cases compared are most evidently not susceptible of comparison, that is, they were not of like severity. Of the 152 cases treated by chalk and opium, and in which so large a proportion of recoveries ensued, less than one-third had ever been in the stage of collapse, whilst of the 166 treated by salines almost three-fourths had passed into that condition, and of those subjected to the castor-oil plan, which numbered 124, the whole, excepting 12, had done so. It must be evident that conclusions based on such data are worse than useless, they are deceptive and calculated grievously to mislead.

The table which next follows concerns the collapse cases only, and is consequently not liable to the source of error just alluded to in nearly so large a measure. It shows the remedies in very different relative positions; the fatality being of

Calomel and opium . . .	59·2 per cent.
Calomel (larger doses) . .	60·9 ,,
Salines	62·9 ,,
Chalk and opium . . .	63·2 ,,
Calomel (small doses) . .	73·9 ,,
Castor-oil	77·6 ,,
Sulphuric acid	78·9 ,,

Let the medical statistician look carefully into these numbers, and state candidly what inferences he would draw. He will differ greatly from us if he infers otherwise than that the causes of the differences in result are not evident, and that, in all probability, the differences in treatment had but little to do with them. If he wish to deduce aught in favour of calomel combined with opium, the reply is ready, that calomel alone is shown to be all but equally successful; and if next a good opinion be asked for the latter, why we have small doses, (without doubt the most efficient way of producing its effect,) attended with a mortality 11 per cent. greater than that of a plan (salines) from which the mercurial was wholly excluded. Again, if it be urged that the statistics are damnatory to the eliminant plan, as represented by castor oil, the answer is most ready,—they are yet worse towards sulphuric acid, a remedy of the opposite class. In what possible sense can the Committee have used the word "fact" in the following sentence, which, in their Report, refers to the table just quoted?—"According to this result, the superior success of calomel and opium in severer cases appears as a distinct fact, elicited by the present inquiry." That it is "a distinct fact" that only 59·2 per cent. of the cases so treated, died; and that under other plans the numbers were somewhat larger, is freely admitted; the *post hoc* is clear, the *propter hoc*, however, is not proved. Several other questions of much importance occur in connexion with this part of the Report, such, for instance, as why in the statement as to the cases of collapse those treated by stimulants are wholly omitted? But we must pass on to say a few words on the subject investigated in the latter part of the document, viz., the treatment of diarrhœa.

Under this head tables are given, showing the per-centages of failure to arrest the diarrhœa under the different plans of treatment. From these it would appear that salines have been the least successful; next to them, chalk mixture; and thirdly, calomel and opium; the best results having occurred under the astringents, especially the sulphuric acid. The Committee state respecting these calculations that they show "a decided preference to the astringent plan of treatment, in the early stages of that disease, or in the premonitory diarrhœa." We are obliged, however, to think that opinion much too strongly expressed. The total number of cases treated by salines, for instance (139), is much too small to permit of any safe inferences being drawn from it, and we have, besides, no kind of warrant that the cases so treated were similar in degree of severity with the 7069 in which sulphuric acid was employed. From what we know of the practice during the late epidemic we should, indeed, incline strongly to suspect that the cases in which salines, calomel, calomel and opium, etc., were used in preference to the astringents, were precisely those which manifested symptoms of unusual severity. This view is strengthened by observing that almost the whole of the saline class appear to have been reported to the Committee in detail; whilst those under sulphuric acid were, with a trifling exception, only mentioned n aggregate. The very fact of their having been so generally "detailed" leads to the inference that they were peculiar, and differed from those which probably from their slightness were only deemed worthy of expression in aggregate. At St. Bartholomew's Hospital, for example, it was usual to treat ordinary choleraic diarrhœa with sulphuric acid; but if to the other symptoms there was added that of cramps, then the calomel and opium was uniformly adopted instead (a). Manifestly a comparison of the success of the two classes of cases would be unfair, as they were essentially dissimilar.

We must not, however, close our notice of this valuable Report in any spirit of censure. Although we have felt it incumbent upon us, seeing that so important a subject as the therapeutics of cholera is concerned, to point out what appear to be errors in its conclusions, and to enter a general plea of "not proven" against its inferences, we must yet award very high praise to its compilers. The materials supplied to them have no doubt been extremely imperfect, and to that imperfection is to be attributed the want of detail which we have noticed. It is no light merit in a statistical report, however, when in itself are furnished the facts by which its deductions may be rendered doubtful, and this candid method of statement characterises every part of the document before us. There is no distorting of facts, and if the reader see reason to doubt the deductions, the data are there and he may correct them. Those interested in the subject must procure the report and examine it for themselves. They will find that it comprises a large body of most important facts, and will, we doubt not, be induced most highly to approve of the general plan on which the inquiry has been conducted.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON PERFORATION OF THE SEPTUM CORDIS.

By Professor HAUSKA.

Professor Hauska, having had a heart sent him, as furnishing an example of the aorta arising in both ventricles, found, on examination, that the appearance of this being the case arose from the septum of the ventricles having become perforated. He takes the opportunity to draw attention to an anatomical fact, allusion to which he can nowhere find, viz.: that there is in the normal state a spot in the septum cordis, varying in size from a bean to an almond, entirely destitute of muscular substance; the two chambers being there separated

(a) This fact was stated in our Weekly Cholera Reports during the time of the epidemic.

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only by the layers of endocardium that line them. Examining the septum from the left, after slitting up the aorta, we may remark a thin diaphanous spot, close under the angle formed by the convex borders of the right and posterior semilunar valves of the aorta, being closed above by a thin muscular bundle, coursing along the contour of the ostium arteriosum sinistrum. In the right ventricle the deprivation of muscular substance is covered by the end of the tricuspid valve; and so thin is the duplicature of the endocardium, that the lines and markings of the finger held under it can be seen through. M. Hauska observed the appearance himself only a year since; but since then he has found it in every heart (about 300) he has examined, of whatever age or sex.

This appearance is of great interest in a pathological point of view. In endocarditis, the endocardium becomes loosened and friable, and it is not seldom actually torn, as the rupture of the valves and the rapid formation of aneurism of the heart show. If such inflammation happened to attack this spot, a communication between the ventricles, by rupture of the endocardium, might easily result. On examining the heart sent him as an example of anomalous origin of the aorta, the ostium arteriosum sinistrum was found directed towards the right, as well as the left ventricle, while the swollen edge of the septum ventriculorum, covered with opaque and thickened endocardium, sloping from before backwards, was carried up to the middle of the orifice of the aorta. This condition necessarily arises as soon as the endocardium closing the aperture is torn. The blood of the right ventricle passes, in gradually increasing quantity, through the new opening, which becomes proportionally enlarged, and, owing to the simultaneous contraction of the two ventricles, the blood does not pass into the left ventricle, but immediately into the aorta, where it becomes mingled with the blood of the left side. This newly-established stream of blood from the right ventricle to the aorta, gradually forces the commencing portion of the aorta towards the right, so that at last the ostium arteriosum sinistrum is placed obliquely over the perforated septum, and with its orifice turned towards both ventricles.—*Wien Wochenschrift*. 1855. No. IX.

ON THE ADMINISTRATION OF CHLOROFORM TO CHILDREN.

By M. DEBOUT.

While advocating the employment of chloroform in intense chorea, endangering life itself from the violence of the movements, (cases of which are not uncommonly met with in the Paris hospitals,) M. Debout takes occasion to advert to the precautions to be observed in its administration to children. Having frequently employed it in considerable quantities, he has never observed any ill effects result, not even, indeed, the slighter inconveniences that occasionally attend its use in the adult. We must always bear in mind, however, that at the commencement of the inhalation in chorea and other spasmodic diseases an increase of the muscular movements takes place, the child sometimes offering very great resistance; but by persevering a calm is speedily induced. As a general rule, the child is soon rendered insensible, and the sleep may continue ten, fifteen, or even thirty minutes. Such prolongation need give rise to no uneasiness, as the pulse and respiration will be found quiet and regular, and the countenance that of a child in a natural sleep. Usually the child awakes suddenly, looks around it as if astonished, and then gets up to play or to eat. Headache and the feeling of stupor which in some adults persist for the entire day, are not met with in children; and, indeed, as far as the production of effects of this kind upon the general system are concerned, children can inspire larger quantities of chloroform than adults. We hardly ever find the loss of appetite so frequently met with in the adult, children often eagerly demanding food, and not rejecting it. Their power of tolerance is certainly greater.

Before administering it, we should be sure that the stomach is empty, in order to prevent the production of nausea or vomiting, which fatigues the little patient and induces a disgust for the means employed. We should pay great attention to the pulse and respiration. As a general rule, the pulse, which from the efforts made during the administration of the chloroform is accelerated, becomes slower during sleep, to rise again when that ceases. From fifteen to twenty-five pulsations less may be often noted during sleep. The disturbed respiration soon becomes as regular as in natural sleep. Care must be taken that it be not impeded by ligatures or articles of dress, and if the room is small, fresh air should, as soon as sleep is secured, be freely admitted. By attending to these rules even considerable quantities of chloroform may be administered without fear, if no organic lesion contra-indicates its use.

M. Debout employs merely a compress twisted as a cone, cutting a small hole in the apex, and securing in this orifice a piece of fine sponge. Upon this, from ʒiiss. to ʒv. of chloroform are poured; and the base of the cone can be applied to the mouth and nostrils without alarming the child, or the risk of hurting it in following its various movements.

Bulletin de Thérapeutique, Tome XLVIII., pp. 193—201.

ON MANAGEMENT OF HERNIA OF THE IRIS.

By M. TAVIGNOT.

The issue of the iris through a solution of continuity of the cornea may occur under such different circumstances, that while in one case it may be a great evil, in another it proves a relative advantage. When it follows a traumatic lesion of the cornea, unattended by loss of substance, it is an absolute evil, and its reduction, when possible, should be effected as soon as possible, as the prolapsed iris is an obstacle to the healing of the corneal wound. But hernia of the iris consecutive to a loss of substance in the cornea, as after ulcerative perforation, is a fortunate occurrence, acting, as it does, as an obturator. Without its aid, the loss of substance in the cornea could not be definitively repaired, the corneal juice and plastic lymph being carried each instant away by the issue of the aqueous humour, which is secreted with inconceivable rapidity; and in this way the corneal perforation would become converted into a fistulous aperture. In many cases it is requisite that this annexation of the cornea and iris should be strengthened by a modification of their texture and a secretion of plastic lymph, giving rise to an opaque cicatrix, capable of resisting the vis à tergo of the aqueous humour. An artificial inflammation should be gradually excited by applying a pencil of nitrate of silver to the apex of the staphyloma, and by traversing its base in three or four directions by means of a fine cataract needle. The condition of the pupil calls for the most serious consideration, and when this becomes well-nigh effaced by the progress of the hernia, it is desirable that the operation for artificial pupil should precede the treatment of the hernia, inasmuch as the treatment above advised always leads to the drawing down of a large portion of the iris, and the more or less close attachment of this membrane to the cornea; so that if we delay the operation we have to manœuvre in an eye deprived of its anterior chamber.

Gazette des Hôpitaux, No. 28.

ON THE SUBSTITUTION OF AMORPHOUS PHOSPHORUS.

By M. HENRY.

Much attention has of late been excited in France by the frequency with which the agency of lucifer matches has been resorted to for purposes of suicide and murder. The sale of arsenic is there strictly prohibited; but these matches prove as virulent a poison, while their use is even yet more dangerous, inasmuch as no antidote to their effects is known, and the rapid transformation of the phosphorus into phosphoric acid, or phosphates, renders it very difficult to determine, after death, how far the presence of these may be due to poisoning, or to the phosphorus of the economy. The researches of MM. Chevallier and Bricheteau, too, have already shown that the necrosis of the jaw, met with in lucifer-match makers, is not due to the want of cleanliness or sobriety on the part of the workmen, or to the sulphur employed; but solely to the alliaceous vapours exhaled by the phosphorus paste. M. Henry insists upon the necessity of substituting the amorphous phosphorus, which, not dissipating any vapours, produces no ill effects upon the workmen, and of which the large manufacturers in France state matches may be made nearly as cheaply as at present; having the advantage, too, of not absorbing moisture. Experiments made at Alfort show, that from 2 to even 5 grammes may be given to dogs, and a smaller quantity to birds, with impunity; similar doses of ordinary phosphorus producing rapid death. He thinks that to all phosphorus paste a certain proportion of tartar emetic, or kermes mineral, should be added, to facilitate vomiting when taken, and detection when proving fatal.

Journal de Chimie Médicale.

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GENERAL CORRESPONDENCE.

[To the Editor of the Medical Times and Gazette.]

DEAR SIR,—Will you favour us by inserting the enclosed letter in your Journal as soon as possible?

Civil Hospital, Smyrna, I am, etc.
14th April, 1855. EDW. J. COMPLIN, M.R.C.S., ETC.

Sir,—We, the undersigned Medical and Surgical Officers of the British Civil Hospital at Smyrna, have seen with much surprise a letter in the *Medical Times and Gazette* for March 24th, signed "A. Whyte Barclay." In this letter Dr. Barclay has striven to throw discredit upon our Superintendent, and to raise doubts as to his fitness for the post he holds. Besides stating his own opinions, which he has every right to do, Dr. Barclay has gone on to hint that these opinions are those of the Medical Staff at Smyrna. He states it as his belief that few of us would have accepted our present offices had we known who our head was to be, and by more than one sentence of his letter he implies that he had been given to understand this by ourselves. To both of these insinuations we beg to give an unqualified contradiction.

Dr. Barclay has no right whatever to speak or write in our names; by no arrangement or proceeding of ours is he justified in suggesting that he has been intrusted by us with the expression of our sentiments—which are, as it happens, the very reverse of those which Dr. Barclay has been pleased to attribute to us.

We have all of us feelings of sincere regard for Dr. Meyer, and, from what we have seen of him hitherto, have every confidence in his ability to carry out, as far as practicable, the intentions of Government.

Physicians.	*Surgeons.*
ARTHUR LEARED, M.D.	T. SPENCER WELLS.
SEPTIMUS GIBBON, M.D.	GEO. H. B. MACLEOD.
	J. C. WORDSWORTH.
	C. HOLTHOUSE.
	HOLMES COOTE.
Assistant-Physicians.	*Assistant-Surgeons.*
WM. HY. CULLEN.	J. FREMLYN STREATFEILD.
CHARLES COOTE, M.D.	ROBERT M'DONNELL.
ROBERT MARTIN, M.B.	W. EDDOWES.
GEORGE ROLLISTON, M.B.	J. H. LAKIN.
RICHD. WILKINSON, M.B.	J. W. HULKE.
	EDWARD ATKINSON.
	EDWARD J. COMPLIN.
	JOHN L. JARDINE.
	THOMAS R. HORNIDGE.
	Resident Medical Officer, H. RANKE, M.D.

MR. SYME'S "CLINICAL" ERRORS.

[To the Editor of the Medical Times and Gazette.]

SIR,—We have recently been favoured by the publication of a clinical Lecture on Tenotomy, by Professor Syme, of Edinburgh. The lecture is so full of surgical and anatomical errors in relation to the subject treated of, the diffusion of which, through the medium of the *Lancet*, when coming from the Surgical Professor of the University of Edinburgh, is calculated to lead to the most mischievous and serious results in practice, that I beg your permission to correct them through your Journal. I would have made this request earlier, but I knew that my able colleague, Mr. Lonsdale, had written on the subject to the Editor of the *Lancet*, who, I perceive, refused to publish his letter.

1st Error.—In the historical allusion to Dr. Little's own case, he is said to have suffered "from a form of club-foot, which had existed congenitally."

Correction.—Dr. Little's case was one of non-congenital equino-varus, of paralytic origin. The case is related in Dr. Little's book.

2nd Error.—In speaking of infantile paralysis, Mr. Syme says: "If it exist in any considerable degree the patient remains for life a hopeless cripple; if it be only slight, it may, perhaps, be concealed, but never fully recovered from."

Correction.—Complete recovery in slight cases is exceedingly common, and sometimes takes place even in severe cases, though generally it is only partial, and the patient remains paralytic through life. Children, in all stages of recovery from this form of paralysis, are constantly seen at the Orthopædic Hospital.

3rd Error.—After advising tenotomy in cases of contraction accompanied with partial paralysis, Mr. Syme observes: "But if there is no power in the limb, it is of course useless to operate."

Correction.—Tenotomy, in cases of complete paralysis, accompanied with severe contraction, is most urgently called for, and, with the assistance of proper mechanical treatment, the benefit conferred upon the patient is much greater than in the cases of partial paralysis, inasmuch as patients, sometimes adults, who have never walked, are thus enabled to walk with considerable comfort and freedom, without much assistance. The muscles in the neighbourhood of the hip-joint appear almost invariably to escape paralysis in these cases; and if the feet are brought into a natural position by tenotomy, and the knee-joints are mechanically anchylosed by steel supports, these patients can walk very well from the hip-joints with stiff legs.

4th Error.—In reference to talipes varus, Mr. Syme observes: "In cases of inversion of the foot, the tendon most frequently concerned is the tendo-Achillis, which, while the foot is in its natural position, and things are fairly balanced, draws the heel simply upwards; but if it be displaced outwards or inwards, will aggravate the deformity more than any other, on account of the power of the muscles inserted into it."

Correction.—This is one of the oldest and worst errors in orthopædic surgery, and the practice arising out of it—viz.: division of the tendo-Achillis at the commencement of treatment—has always been, and still is, one of the most frequent causes of failure in the treatment of severe talipes varus. An anatomical demonstration of the mode in which the tendo-Achillis can produce inversion of the foot would be a valuable addition to the lecture.

The tendo-Achillis takes no share whatever in the production of inversion, which takes place entirely from the transverse tarsal joint, between the astragalus and navicular bone, and the os calcis and cuboid bones. Thus, only the anterior two-thirds of the foot are concerned in the movement of inversion; the posterior third, consisting of the os calcis and astragalus, does not in any degree contribute to this part of the deformity, these bones being simply changed from their horizontal to a vertical or nearly vertical position, by contraction of the muscles connected with the tendo-Achillis.

5th Error.—"Of the three tendons which run behind the internal malleolus, one (the tibialis posticus) has frequently a *good deal* to do with the production of inversion."

Correction.—The posterior tibial tendon is the chief cause of inversion, and acts by drawing the navicular bone under or towards the inner malleolus.

6th Error.—This refers to the situation in which the posterior tibial tendon should be divided in talipes varus. The most prominent feature of the lecture is made to be a comparison between the method recommended by Mr. Syme, viz., dividing this tendon "a little below and anterior to the tip of the inner malleolus," "where it is so distinctly located that it is always discovered with facility," etc., and "Dr. Little's plan for dividing the posterior tibial tendon in the infant," which is quoted at great length. The position selected by Dr. Little is behind the inner malleolus. This is condemned by Mr. Syme in strong language of ridicule and contempt. He speaks of it as "the invention, but it is hoped, for the sake of humanity, not the practice of the great founder of metropolitan orthopædy. A comparison between these two methods should go far to satisfy you of the injury the public has sustained from the separation of this class of diseases from the general practice of Surgery." His own method is eulogized to a proportionate extent, and stated to be that which "a knowledge of anatomy would naturally lead to," etc. Its anatomical claims to preference are supported by reference to one of Cloquet's plates, exhibited to the class.

Correction.—In cases of congenital talipes varus, even of moderate severity, the tendon of the posterior tibial muscle does not exist in the situation in which Professor Syme recommends it to be divided. The navicular bone, into which this tendon is first inserted, is always drawn under the inner malleolus, and after the period of walking a distinct articulation is formed between this bone and the malleolus. The posterior tibial tendon, therefore, in this deformity, passes from behind the inner malleolus, directly downwards to the

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navicular bone, which it immediately reaches. This I have repeatedly proved by dissection of club-feet, a method more to be relied upon than the examination of one of Cloquet's plates of healthy anatomy; and I demonstrated it to the Pathological Society, at its last meeting, in a series of specimens of dissected club-feet, at different periods of life, viz., in the fœtus, the infant, and the adult. Hence it follows, that, instead of the operation recommended by Mr. Syme being "that which a knowledge of anatomy would naturally lead to," etc., the position indicated by Dr. Little is the only one in which it can be performed in cases most requiring division of this tendon. The operation can very rarely be necessary, unless the point of the first insertion of the tendon, viz., the navicular bone, be displaced.

7th Error.—"I now wish to call your attention to a case of true talipes valgus, which is a very rare form of club-foot."

Correction.—In a statistical table of 1780 cases of deformity of the feet, out of 10.2017 cases of deformities of all kinds treated at the Royal Orthopædic Hospital, published in the *Medical Times and Gazette*, 1851, 237 cases of talipes valgus were reported; of these 181 were non-congenital, 56 congenital, and of the latter 15 were associated with other deformities. This deformity is therefore not *very rare*.

8th Error.—In the next sentence, Mr. Syme observes: "this affection—talipes valgus—is always congenital."

Correction.—This is included in the reply to the preceding error.

I have selected the above assertions made by Mr. Syme, because they were so easily capable of being disproved, either by dissection or reference to trustworthy statistics. Many more, however, remain, which I believe to be equally erroneous, though less capable of being satisfactorily disproved in a letter like the present. Some may be considered merely matters of opinion, as, for instance, the after-treatment recommended by Mr. Syme, which consists in bringing the foot into its normal position immediately after the operation, where this is practicable; and in trusting to exercise—walking, etc.—commenced on the second or third day, instead of the gradual and regulated extension, by mechanical means, which we adopt at the Orthopædic Hospital.

Neither the suggestion nor the practice is new, except as a serious and scientific proposition. Several cases treated in this way have fallen under the notice of my colleagues and myself, and I have one at the present time under my care, in which either no union has taken place, or the new connecting bond is so slender and elongated as to be quite useless to the individual, and allow of the opposite deformity, talipes calcaneus—where the primary affection was talipes equinus—being produced.

One inference may be very fairly drawn from the preceding remarks, viz.: That general surgery in Edinburgh does not include a knowledge of orthopædy. It would, I think, be impossible to find any published clinical lecture containing so many important practical errors; and if the students of Edinburgh rely upon their Clinical Professor for information on the pathology and treatment of deformities, the advantage to the public will be in direct proportion to the limited number of cases submitted to their treatment.—I am, etc.

William Adams, F.R.C.S.
Assistant-Surgeon to the Royal Orthopædic Hospital, etc.
5, Henrietta-street, Cavendish-square.

MEDICAL MEN OF THE CIVIL SERVICE.

[To the Editor of the Medical Times and Gazette.]

Sir,—The Medical Department of the Army has fallen into disrepute, and the civil practitioner is the only member of the Profession who at present enjoys the confidence of either the Government or the public.

The mismanagement at Scutari has been laid to the charge of the Medical Staff exclusively—with what justice I shall not pause to inquire, and civil practitioners have been sent out, supplied with every necessary, and armed with almost unlimited power to do what they please.

Government and the public now labour under the delusion that the soldier, who is fighting the battles of his country, and enduring sickness and suffering for her sake, will come at once under the care of those well-paid civilians, and will be indebted to them for that care which it has been falsely alleged was not given by the Army Surgeon.

Is this opinion well founded?

The regimental Medical Officers with the army in the Crimea belong, to a man, to the tabooed department. They accompany the troops in the trenches by night, and labour in the hospital tents and huts by day. The diseases and injuries of the soldier come under their care at the earliest, and therefore the most critical, period. Nevertheless no "special correspondent" has shown cause to doubt their exertions under the greatest difficulties; and no enthusiastic admirer of well-ordered Hospitals, where every want can be supplied as soon as it is felt, has hitherto proposed to supplant those "sons of toil" by civil practitioners.

Fettered by meshes of red tape, perplexed by requisitions which they must "stand and deliver" at each step to some of the various departments that furnish, as it were by patchwork, every necessary for the comfort of the sick; and unable to create what cannot be supplied, this working class is commanded "to make bricks without straw," the result is as of yore.

Would civil Medical men succeed under the same circumstances? Credat Judæus, etc.!

At least three-fourths of those officers actually receive less than half the emoluments at present conceded to the acting Assistant-Surgeons, and the remaining fourth barely as much as these novices; their position, therefore, offers slender inducements to the civil element, as it has been called, to undertake the drudgery of the Military Medical service. Unfortunately, too many of those officers are familiar with tropical fever, dysentery, and cholera, in short, with the diseases of camps, which few civil practitioners have ever seen; but, were they promoted and removed to general Hospitals, there are no able and experienced men forthcoming to supply their places. When the blessings of peace shall once more overspread the land, will Government reward those patient and enduring servants of the state, by deferring their promotion until the half-pay list shall be exhausted? It did so after the Peninsular war.

The mantle of the Prophet does not fall upon all men, and if the Army Medical Department can boast of no Astley Cooper, it has had a John Hunter; if not a Halford or a Paris, it has had a Pringle and a Cleghorn; if not a Brodie or a Fergusson, it has a Crampton and a Guthrie. Will these examples suffice, or must it invoke the shade of Ambrose Paré to cover his fallen successors with the ægis of his name?

An Army Surgeon.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Saturday, March 31st, 1855.

Dr. Snow, President, in the Chair.

Mr. I. B. Brown mentioned a case of a female, in Banbury, Oxfordshire, who was delivered about ten weeks ago, having been attended by a woman. On recently examining the patient, he found a complete rupture of the perinæum, and destruction of the whole floor of the bladder, as far as the os uteri. The neck of the bladder was likewise gone, and the sphincter in part destroyed. He also found a large red vascular tumour, made up of the superior wall of the bladder. The woman had been three days and three nights in labour. A second midwife was sent for, and, subsequently, the parish Surgeon was called in, who was obliged to remove the child by instruments. The child had been impacted for three days, so as completely to destroy the bladder and other parts. He mentioned the case that it might be recorded in the journals as an instance of the danger arising from women acting as midwives.

The President said he had seen a somewhat similar case some years ago, in which the floor of the bladder had sloughed away. In this case, the patient was attended by a young man from a druggist's shop.

Mr. Henry Smith mentioned a case of acute œdema of the scrotum, which he said presented features similar to those described ten years ago by Mr. Liston, in his essay read before the Medical and Chirurgical Society. He made four incisions in the scrotum, which was enormously distended, and let out

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a quantity of serum, to the great relief of the patient. In two or three days, the posterior part, where he had not been able to make any incision, began to slough to a considerable extent. The testicles were laid bare, and the patient had suffered considerably ever since, but was now rapidly recovering. Where the incisions were made there was no sloughing.

Dr. Routh believed that sloughing took place independently of incision or non-incision; and that the disease, the diagnosis of which he thought easy, was a variety of erysipelas.

Mr. Milton, who concurred with Dr. Routh, in thinking the disease a variety of erysipelas, as it did not spread from the scrotum to the abdominal region or the thigh, said he believed the plan of incising, sanctioned by Mr. Liston, and adopted by Mr. Smith, was not beneficial. He had himself used evaporating lotions and stimulants.

Mr. Smith doubted whether Mr. Milton had seen any cases of real œdema of the scrotum, cases in which sloughing took place very rapidly, and lotions were perfectly useless.

Mr. J. F. Clarke also thought that Mr. Milton must have mistaken the cases; and believed that, in real œdema, the only rational mode to adopt was to make incisions in the way recommended by Mr. Liston.

Mr. Marston was not favourable to incisions. He believed the disease to be of an erysipelatous nature. Within a few years he had seen two cases in which the scrotum had sloughed entirely.

Mr. I. B. Brown then read a paper on

THE TREATMENT OF OVARIAN DROPSY BY THE INJECTION OF IODINE.

The author said that the injection of the tincture of iodine into ovarian cysts was almost new in London practice; not so, however, in Paris or Edinburgh. He mentioned that the injection of the tincture of iodine into the tunica vaginalis for the radical treatment of hydrocele was prominently brought before the Profession many years since by Mr. Ranald Martin, and that it is now the regular practice among English surgeons; but the French surgeons have carried their experimental inquiries much further in this direction. Velpeau first suggested its application for effusion into large joints. Bonnet, of Lyons, however, made the first trial, and with perfect success; this success was soon followed by many others in the hands of Velpeau, Robert, and some others. Then Boinet, of Paris, took up the subject, and applied the injection of iodine into ovarian cysts, and published several successful cases in the *Gazette Médicale de Paris*. Others followed his example; among the number, Monod, one of whose successful cases Mr. Brown said had fallen under his own observation. The author further said the French surgeons have also used this injection of iodine for peritoneal dropsy, and it appears, from various discussions and trials, with undoubted success. Our intelligent neighbours have gone further, especially Velpeau, Jobert, Maisonneuve, and Ricord, and have injected the peritoneal sac of hernia, and have obtained by it the radical cure of ruptures. Mr. Brown observed that lately his colleague, Mr. Coulson, in St. Mary's Hospital, had tried this plan. The author said that the first real practical application of the injection of iodine into ovarian cysts that he knew of in this country was by Professor Simpson of Edinburgh, who, with his usual zeal and industry, has pushed his acquirements and experiments very freely. The result of his investigations Mr. Brown said he would allude to fully when he gave his own practical remarks. The author then said he would relate a case which he had lately treated in St. Mary's Hospital, and then offer some practical remarks for consideration of the Fellows.

Mary B., kindly sent him by Mr. Coulson, was admitted into the Boynton Ward on the 9th of December, 1854. She stated she had had two children, and one miscarriage. She was twenty-seven years of age at the birth of the first, and twenty-nine at the birth of the second child. From the latter period, she had noticed herself getting bigger around the waist, and troubled much by flatulency; she has been regular in menstruation all through her illness; she has no pain, but suffers considerable inconvenience from leucorrhœa. Mr. Brown examined her on the 12th of December, and found a well-marked ovarian cyst, apparently unilocular, and fluctuation distinct; the measurement around the abdomen was twenty-nine inches below the umbilicus, and twenty-eight above. He placed her under medical treatment, with a view to improve her general health, which was much impaired by the secretion of the fluid into the cystic cavity. On the 20th Mr. Brown proceeded to empty the sac. First placing the patient in the horizontal position, he then introduced a large trocar through the semilunar line, and evacuated twenty pints of a thin, turbid fluid, which was found to be strongly albuminous—almost solidified by the joint application of heat and nitric acid; it also contained abundant crystals of cholesterine.

Mr. Brown then introduced a long, flexible catheter, and through it injected five ounces of the tincture of iodine (of the Edinburgh Pharmacopœia), which is about double the strength of ours. The pain experienced was very trifling, described by the patient as merely smarting. The wound having been closed by strapping, he applied appropriate pads, and one of his many-tailed bandages. The patient was then placed in bed, two grains of opium given, and four ounces of port wine ordered for the next twenty-four hours. In the evening, the patient felt very comfortable, and had no pain or tenderness in her abdomen, only a nasty taste in her mouth, like seaweed; her breath smelt of iodine. The amount of urine voided for the first two days was more than the fluid taken, but afterwards less. Mr. Brown then ordered a diuretic mixture, and the effect on the secretion was, that the amount of fluid taken corresponded to the amount voided. There was now an apparent refilling of the cyst, but it proceeded very slowly; the patient's appetite was good; she slept well, and felt no pain.

Jan. 20th, 1855.—There appeared about two quarts of fluid in the cyst, but it did not seem to increase, and the patient was decidedly better in health. Mr. Brown then ordered her to wear one of his ovarian bandages, to keep up gentle pressure over the whole abdomen, so as to give support to the whole parietes, and to arrest the refilling of the cyst. In a few days she left the hospital, considering herself much improved, and showing no external signs of the disease. Mr. Brown said he had lately examined her, and could find no increase of fluid, but great improvement in her general health, and she says she is in excellent health and spirits.

The author then said, before offering any practical remarks, he was desirous of drawing the attention of the Society to the important fact of the iodine being taken up into the system, as evinced by the breath and taste in the mouth. He was anxious to ascertain whether it was to be found in the urine, and therefore requested the dispenser, Mr. Copney, to examine some for him on the day after the injection. The urine gave unmistakable evidence of the presence of iodine by the following tests:—

1. The formation of the blue iodide of starch.

2. By its forming, with the salts of lead and mercury, the characteristic iodides of those bodies.

3. By the production of the iodide itself.

Three days afterwards he examined the sweat, but found no trace of iodine; but he thought that if he had tried it sooner he would have found evidence of elimination. Mr. Brown then said, the first question, in a practical point of view, was, Had the treatment in this case been successful? The answer was, that it had been only partially so at present; for although it had not prevented some return of that fluid, still it had evidently controlled the refilling of the cyst, and the general health had much improved. Further time was required to test the extent of benefit. Mr. Brown's opinion was, that in such a case the injection of iodine was not likely to effect a complete cure, yet that it would arrest the refilling. He believed that those cases which were radically cured by this plan were the more simple form of unilocular ovarian dropsy—*i. e.*, where the cyst is thin, and its contents non-albuminous, or slightly so. The dropsy of the broad ligament was especially favourable to this plan; but then so it was for simple tapping and pressure, and the latter plan was less hazardous than the former. Mr. Brown observed that we could not expect to solve the whole question until we knew more of the pathological structures of the different cysts in each form of the disease. He stated that he was investigating this question by the aid of the microscope, and hoped to arrive at some certain facts as to the peculiar condition of the secreting surfaces, and peculiar fluid from those surfaces, so that by drawing off a small quantity of the fluid we might be so certain of our diagnosis as to recommend with greater confidence the

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adoption of any mode of treatment best fitted for the especial case. Mr. Brown said in the next case he would use ten or twelve ounces, so as to insure the complete covering of all the cystic surface.

The President observed, that it was curious to find that there were not more constitutional symptoms arising from the absorption of the iodine into the system.

Dr. Winn referred to a case in which a solution of iodine injected into a psoas abscess, was attended with remarkable depression, and symptoms of poisoning. Though the system would undoubtedly bear the injection of iodine in some cases with impunity, the possible danger attending it ought not to be overlooked. He suggested the use of other remedies, such as a strong solution of tannic acid.

In answer to questions from Dr. Cogswell, Mr. Brown said he took care to empty the cysts as completely as possible, so that there was not more than a drachm or two of fluid remaining. There were no symptoms of intoxication. The iodine was detected in the urine by the ordinary nitrous acid test.

Mr. Henry Thompson referred to a case occurring in Paris, in which 20 ounces of iodine were injected, the injection being followed by strong symptoms of intoxication.

Mr. Rogers Harrison suggested whether the partial failure of Mr. Brown's case might not be owing to the iodine not having been sufficient in quantity or strength. In cases of hydrocele, mild solutions were unavailing; and in order to bring about an effectual cure, it was necessary to subject the patient to considerable pain.

Mr. Brown rather attributed the partial failure to the circumstance of the whole of the surface of the cyst not having been covered.

Mr. Henry Lee recommended an examination of the effects of tincture of iodine in other cysts, and related a case in which he had cured a ganglion over the wrist by an injection of the compound tincture, diluted with half its quantity of water.

Dr. Cogswell referred to the disastrous effects formerly produced by the rash use of iodine. Iodine, when taken into the stomach, would produce different effects, according to what the stomach contained. If it contained starch, the iodine would act in combination with it, and produce a comparatively inert compound, which had, in some hands, proved a useful remedy. Iodine could not be dissolved in water, except in a very small quantity; hence the difficulty of diffusing a powerful agent over a large surface. If it was dissolved in spirit the patient might be destroyed by alcohol. He suggested whether a tincture more soluble in water—such as iodide of potass—might not be employed.

The author having replied, the Society adjourned.

SATURDAY, APRIL 14.

Dr. SNOW, President, in the Chair.

DR. ROUTH mentioned the case of a child, aged 10 years, who was suddenly attacked by scarlet fever, without any premonitory symptoms. There was an intense sore throat, and the pulse ranged from 160 to 170. He believed it was a fact that in scarlet fever, as in puerperal or typhus fever, if the pulse went beyond 150, the case invariably proved fatal. In the present case the pulse was brought down by aconite, and the symptoms were very much modified. Shortly afterwards, however, there was formed over the sterno-cleido-mastoid muscle a large abscess, which, after some consultation, was opened. The child died in five or six hours from sheer weakness, with all the symptoms of malignant disease. In the storey below that in which the patient was living was a person who had died of cancer, and was not buried for a fortnight; and he thought it possible that the effluvium from the body might have had some connexion with the malignancy of the case. He wished to have the opinion of the Fellows with reference to the point he had mentioned respecting the pulse, and also in regard to the propriety or otherwise of opening the abscess.

The President said, if the matter from the abscess was fœtid, there could be no doubt as to the propriety of its having been opened. He did not remember a case of recovery where the pulse had exceeded 150. Sometimes the pulse was said to be so rapid that it could not be counted, but the difficulty generally arose from weakness, and a consequent want of distinctness in the beats. In rabbits 200 beats might be counted in a minute.

Dr. Thudichum then read a paper on

THE INFLEXIONS AND INFRACTIONS OF THE UNIMPREGNATED UTERUS.

The author proposed to enter into the consideration of the pathology and symptoms of these disorders, as he had conceived an idea of them from facts, observed either by trustworthy writers or himself, leaving the discussion of the treatment to a number of cases of which he intended to offer the history on another occasion. After some remarks in vindication of the terms adopted, the writer entered into the consideration of the nature of inflexions and infractions, which mainly depended on the part of the womb where, and on the direction in which, it took place. These disorders were next considered with regard to their degree or mode of origin. Observations of Congenital Antero- and Retro-fraction, by Madame Boivin, M. Dugès, and Dr. Rigby, were quoted. The author then showed that the principal diseases predisposing to acquired inflexions and infractions were atrophy and relaxation of the mass of the uterine tissue. The latter was often the consequence of intense puerperal processes; the writer had observed it predisposed to by an abnormally attached placenta, or by that disease of the womb or placenta of which the attachment of the latter was a result. A third class of predisposing diseases effect inflexions, by relatively diminishing the size of one-half of the uterus, viz., healing abscesses, tumours, and predominant development of the upper and front part of the corpus uteri, at the beginning of puberty. Secondary inflexion and infraction have their proximate or remote causes external to the substance of the uterus, such as perimetritis and peritonitis exudations, and their different transfomations and effects, as abnormal adhesions. The writer mentioned a case which came under his observation, where the ileum was found adhering to the back of the corpus uteri. The practical importance of the time of origin was then pointed out. Of the symptoms, those of arrested or retarded circulation of blood through the uterus were considered more fully. It was shown from the anatomical researches of Theile, Briquet, and others, that in these disorders the return of the blood from the uterus was trebly checked, first, by the impacted place in the uterus, secondly, by compression in the broad ligaments of the veins leaving the uterus, and by pressure upon the left iliac vein, produced by accumulations in the descending colon. The inflammatory symptoms were then alluded to, as well as those of hyperæsthesia of the uterine nerves, uterine colic. A case was mentioned which had been under the care of the writer, in which the uterine colic made regular returns seven or eight days after each menstrual period. The disturbances of defæcation, such as constipation and pressure, were considered critically, and several facts were advanced showing that the constipation attending retroversion and flexion is not the simple consequence of mechanical pressure of the uterus against the rectum, but caused by the contraction, through nervous influence, of the sphincter recti superior, the existence and physiology of which had been elucidated by Velpeau, Houston, and others. An anatomical observation made by the author, was quoted in support of that opinion. The symptoms in the urinary organs were shown to be principally dependent on the mode and degree of inflexions and infractions. But though the severity of these symptoms generally stands in a direct proportion to the degree of these deviations, yet exceptions take place, of which the author quoted several examples from within his own experience. Of anomalies in the function of the urinary bladder, the most frequent is strangury, less so retention of urine. The anomalies in the functions of the kidneys were illustrated by cases; in one of these, the long lasting strangury had caused hypertrophy of the kidneys by transferred stimulus. The symptoms in other more remote systems were then shortly enumerated. In one case the author observed a peculiar degeneration of the heart's fibre in a woman, who, for thirteen years, had suffered from anteflexion. The paper was illustrated by diagrams, showing the normal shape of the uterus, and its cavity, and the changes which both undergo in the different degrees of inflexions and infractions.

Dr. Barnes objected to the introduction of the term "infraction," which could not, he thought, be properly applied to soft muscular structures. There was, he believed, one neces-

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sary preliminary to an inflexion of the uterus, namely, some impairment or alteration in the nutrition of the organ. It was certain that the intimate relations between the uterus and the bladder anteriorly, and the rectum posteriorly, were such that when either of these organs was unusually distended, the uterus must be thrown backwards or forwards; and this was daily a matter of observation. In one case of retro-flexion he felt, on examining by the rectum, a large swelling lying against the hollow curve of the sacrum. This was found to be the body of the uterus. The retro-flexion was caused by constipation, and that disorder was afterwards so much aggravated that the patient seldom passed motions more frequently than once a fortnight. The propriety of using pessaries, as recommended by Dr. Thudichum, had not, he thought, been established by sufficient evidence.

Dr. Chowne believed that anteversions and retroversions of the unimpregnated uterus, to a degree that would constitute disease, were extremely rare. He considered the author's paper too theoretical, and found himself unable to follow all the refined distinctions to which Dr. Thudichum had alluded. The symptoms mentioned by the author might exist without uterine displacement, but their presence might fairly give rise to suspicion, and lead to further investigation.

The author then replied, and the Society adjourned.

THE ABERNETHIAN SOCIETY.

Mr. HUTCHINSON, President, in the Chair.

A PAPER, of which the following is a partial report, was read by Mr. Walter Chippendale, on

CASES OF POISONING BY STRYCHNIA.—ANIMAL CHARCOAL AS AN ANTIDOTE.

After some general introductory remarks on the subject the author proceeded to the narration of

Case 1.—*Four grains of strychnia and four of morphia taken together.—Admission one hour afterwards.—Treatment by the stomach-pump, and by the injection of animal charcoal—Recovery.* H. P., aged 26, a strong muscular man, who has just returned from India, where he has served for nearly three years as an artilleryman, is a person of respectable position by birth and education, but from his irregularity of habits he enlisted as a common soldier and went to India, where he led a most intemperate and dissolute life.

Since his return he has acted as an assistant to a medical practitioner for six months, and hence obtained the strychnia without difficulty. During the fortnight preceding his admission he had taken thrice daily half a grain of strychnia for imagined spermatorrhœa, but without any apparent benefit. Brooding over his past history and his present hopeless, and supposed incurable, malady, he determined to destroy himself. and with this intention he took 4 grains of strychnia with an equal quantity of morphia, dissolved in one ounce of spirit. According to his own statement tetanic spasms and convulsions came on in rather more than half-an-hour, but that prior to their occurrence he experienced an indescribable feeling of dread, as if announcing the approach of some impending danger. The first sensation of which he was conscious was, to use his own words, as if his limbs were stiff and larger than natural; he complained of a sense of weight and weakness in them; they did not seem to be under his control, and he could not restrain them from trembling.

These feelings continued rapidly to increase, until at length they were succeeded by the most violent spasms and convulsions of every part of his body, attended with extreme pain. He had lost all power and command over the lower extremities, but retained both functions in the upper.

Fifteen grains of sulphate of copper, in addition to two ounces of mustard, were given to him without effect (so his Medical friends who accompanied him stated), and he was therefore brought to the hospital at half-past one, p.m., one hour after the poison had been taken.

Condition on admission.—He is extremely irritable and excited in his manners, protesting against the use of the stomach-pump, fearing that it would bring on the spasms. His countenance is flushed, and expressive of the greatest distress; the tongue coated and dry; and he complains of extreme thirst. The tube, notwithstanding his entreaties, was introduced without much difficulty, and a mixture of animal charcoal and water was conveyed into his stomach.

The quantity of animal charcoal employed was about 3 or 4 ounces. The stomach was completely emptied, and during the whole time occupied by this proceeding (twenty minutes) he had no convulsion. Shortly after the withdrawal of the tube he was violently convulsed throughout the whole frame. He was sitting in the arm-chair at the time; the legs were thrown forwards and separated widely, the toes bent downwards; his arms extended and rigid; his features fixed; the eyeballs motionless and prominent; his face livid and bedewed with a profuse perspiration;—the pulse rose immediately from 80 to 130.

After that the paroxysm had reached its height, its severity began to decline, the muscles became relaxed, the limbs fell powerless to the side; respiration, at first hurried and laborious, gradually became less urgent, and ultimately appeared quite natural. The lividity of the face passed off, and his countenance became ghastly pale; and he sank back exhausted from the intensity of the pain he had endured. He was now removed to bed.

During the interval between the paroxysms he was quite calm. His intellect did not appear to be at all affected, with the exception of an increased irritability of temper; but his sensibility to external impressions was morbidly increased. The slightest touch induced a recurrence of the spasms, such as an attempt to feel the pulse, to raise the bed-clothes, or even touching the bed. So conscious was he of the liability of the spasms to be excited by the slightest stimulus, that he cried out from apprehension when any one approached the bed, and implored those present to keep at some distance. He stated that even the noise of the footsteps of those ascending or descending the stairs had the same effect.

The duration of these paroxysms did not exceed a quarter of a minute. Others similar in character succeeded at the interval of three or four minutes, increasing in frequency and severity, and becoming more prolonged. His countenance became more dusky, as the length of the interval between the attacks decreased, the whole surface of the body perspiring profusely.

This condition of circumstances continued, with aggravation, till three p.m., his pulse increasing in rapidity (150), and feeble; the countenance most anxious, and the dyspnœa very urgent. After the convulsion, he complained of having endured excruciating pain in the epigastrium, extending through to the spine, and in the chest generally, which always preceded, and was the indication of, the returning spasm, and also of inability to take a deep inspiration, although, during the intermission, his breathing was, to all appearances, perfect.

Half a drachm of chloric æther was now given to him, and was repeated at the expiration of half-an-hour. Immediately after the second dose he expressed himself as much relieved; he said that he was in less suffering, and that the convulsions were less severe. He entreated that he might have another dose at once. From three to four o'clock he had no more than eight to ten spasms.

At four o'clock some brandy (℥jss.) was given to him, and the chloric æther repeated. Again he acknowledged the greatest relief, and at ten minutes past four he experienced the last convulsion.

His skin became universally red, and itched exceedingly. His first voluntary movement was to indulge in the luxury of scratching his arms and legs, and his delight was extreme on being able to move his lower limbs without pain.

At ten p.m., ℥jss. of ol. ricini was given. He slept throughout the night; his bowels were freely open; and he awoke on the morning of January 10th free from convulsions, but wearied and tired in all his limbs.

He was discharged on January 11th quite well.

Note.—He states that he has been in the habit of taking opium occasionally, but not constantly,—as much as one ounce of the tincture at a time, and with no other effect than that of producing hilarity and a disposition to talk.

The contents of the stomach were examined by Dr. Stenhouse, but he did not detect any of the strychnia.

Comments.—On reviewing this case we cannot fail to remark the length of time that elapsed, between taking the poison and the first manifestation of the symptoms. This will appear the more striking, if we contrast the period that intervened with the results of those experiments re-

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corded by Christison and other observers, where much smaller doses were employed. The former succeeded in destroying a dog in two minutes, by injecting one-sixth of a grain into the chest, and here the symptoms commenced in forty-five seconds; and Pelletier has seen them appear in so short a time as fifteen seconds. In the above case, to the combination of circumstances unfavourable to the speedy action of the poison, may be attributed the retardation of its effects.

In the first place, strychnia is most difficult of solution—(and the rapid action of a medicine is always proportionate to its solubility); 2ndly, it was in combination with an equal quantity of morphia, the principle of a drug which arrests all vital processes; and, 3rdly, the patient's system had been fortified by habit against this alkaloid, and had in a great measure learnt to tolerate it.

It may excite some surprise that the system did not appear to be at all affected by the morphia, which was given simultaneously, and in the same proportion, as the strychnia. This alkaloid, which exerts a directly contrary influence to the latter, may have contributed to the delay of its operation; but we may, I think, more satisfactorily explain the absence of any indication of its action by a reference to the analogous effects of opium in tetanus. We find that in that disease it is most difficult and almost impossible to bring the system under its influence, and fabulous doses have been given without producing any good or ill effect. It might be worth while to try the converse effect of strychnia in hopeless and irremediable cases of poisoning by opium.

Having thus attempted to account for the long interval that elapsed between the introduction of the poison and the first manifestations of its symptoms, a few words must be permitted respecting the plan of treatment pursued. And in this respect the case is especially interesting, in that it demonstrates the correctness of Dr. Garrod's views as to the capability of animal charcoal to combine with and render inert the poisonous principles of animal and vegetable substances, and overcomes the objections that have been raised against its employment.

The decolorizing and purifying properties of animal charcoal have long been known, and it is largely employed in various pharmaceutical processes. The superiority of animal over vegetable charcoal for this purpose is referred to the minute separation of the carbonaceous particles by the inorganic constituents of the substances employed in its manufacture; for its decolorizing power is greatly reduced by dissolving out the salts of lime by an acid. It has been found, in the purification of many pharmaceutical preparations, that the effect of animal charcoal is not confined to the removal of colouring matters, but that it also separates a large proportion of their active principles, resins, etc.; so that a considerable loss is always entailed upon the manufacturer in the purifications of the alkaloids. It is capable of overcoming chemical affinities of some intensity, and will remove lime from lime water, iodine from iodide of potassium, sulphuretted hydrogen from a solution, soluble salts of lead, and metallic oxides dissolved in ammonia. Hence this substance is a very general antidote in cases of poisoning. The matters thus separated are not decomposed, or altered in their nature, but simply adhere to the surface of the charcoal.

In all those experiments, which were made by Dr. Garrod, when the strychnia was administered, previously mixed with charcoal, the animals were not in the slightest degree affected, and he stated that in the case of the milder vegetable poisons, when charcoal was given within ten or fifteen minutes afterwards, the results were mostly satisfactory. I believe that this is the first instance on record in which animal charcoal has been tried on a human subject. I have searched through the works of the chief authorities on Toxicology, and have not met with a similar experiment, not even on an animal when so long an interval has elapsed, or so large a quantity of the poison has been given as in the present instance, and I think that the result is so satisfactory as to establish its recognition as a most suitable remedy in poisoning by the alkaloids.

I may add that Dr. Garrod's experiments were not confined to strychnia, but that he found animal charcoal equally efficacious as an antidote for all the vegetable poisons, as well as for hydrocyanic acid. He was induced by the success obtained in these experiments to try its efficacy in poisoning by mineral substances, and he found that, in many instances, when administered in large quantity, it was more successful than those remedies usually employed. It was certainly observed to lessen the effects of corrosive sublimate and also of arsenic; but it did not neutralize the operation of these substances so completely as to justify an entire reliance upon it alone.

The beneficial effect of charcoal in these cases has been supposed to be purely mechanical, and that it preserves life by enveloping and isolating the poisonous particles, preventing them from coming into contact with the absorbents, the orifices of which it is believed to obstruct. Such an explanation in the case of the inorganic poisons is doubtless correct, but in the case of the alkaloids we may attribute its efficacy, in some degree, to its power of overcoming chemical combination, and, as in the present instance, of reducing the poison to a condition of inactivity, from its greater difficulty of solution in the uncombined state.

Case 2.—*Poisoning by Powder of Nux Vomica.—Quantity taken unknown.—Recovery after use of stomach pump.*

March 18th, 1854.—John G. aged 19, a melancholy looking youth, was brought to the hospital at 4 o'clock p.m., having taken a large tea-spoonful of powdered nux vomica in a cup of cocoa. In about fifteen minutes he was observed to be convulsed, and to fall from his seat. When admitted he had not vomited, although half-an-hour had elapsed since he had swallowed the mixture. He had two or three convulsive twitchings, which apparently affected equally every part of his body, but did not produce pain. The stomach-pump was immediately employed, and a quantity of brownish liquid, with some solid food, removed. (This was not chemically examined.) After the pump had been used, and he had been placed in bed, the convulsive twitchings were observed to come on about every five minutes, but lasted only an instant. The boy said he could feel when they were coming on, but could not describe the character of the sensation. They were distinct, though not severe, and continued till 7 p.m., when they entirely left him. He had a full dose of the senna draught, and an enema of the same, which acted freely in half-an-hour. In this boy's case I noticed that the spasm did not affect the chest, and produce that distressing dyspnœa which was observed in the case of poisoning by strychnia. He had no anxious expression of countenance, with the exception of his habitual melancholy, and the symptoms were certainly not very severe.

The author brought forward also the particulars of a third case, but as it has already been reported in our pages we need not here repeat it. The paper concluded by some remarks on the diagnosis between tetanus and the symptoms of poisoning by strychnia, and was followed by an animated discussion in which the President, Dr. Edwards, Mr. Wilson, Mr. Allen, Mr. Muskett, and others took part.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, MONDAY, APRIL 23.

THE CIVIL HOSPITAL AT SMYRNA.

In reply to Mr. S. Herbert, Mr. Peel said he had seen a letter from Dr. Meyer, who was at the head of the civil hospital at Smyrna, written on the 14th of this month, in which he stated that he had succeeded in reducing the number of patients accommodated in the hospital building to 480 or 490. He added that the medical staff under him were capable of treating double that number of sick, and he therefore submitted to the Government that they should increase the establishment to 1000 or 1200; and that this should be done by erecting wooden huts in an open space adjoining the hospital building. He (Mr. Peel) could not find that at present any wooden huts had been sent out from this country to Smyrna. Some intended for erection near Constantinople were on their way, but he thought that, with this application from Dr. Meyer before them, huts would be sent so as to increase the number of patients at Smyrna to 1000 or 1200. So far as the report of Dr. Meyer went, it would appear that the hospital was progressing very favourably, and that gentleman stated in a private letter, received to-day, that the average statistical results at Smyrna were quite as good as those at any other hospital in the East.

Mr. Layard wished to know whether accounts had been received that fever had already broken out in the lower wards of the hospital at Smyrna, and that all the patients had been removed from those wards? (Hear, hear.)

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Mr. Peel said that Dr. Meyer had removed all the patients from the ground floor of that hospital, and had placed them in the first and second floors. Perhaps, however, the question of the hon. gentleman would be best answered by reading an extract from a letter written by Dr. Meyer on the 7th of April:—

"The general state of those in hospital is improving daily. The number of fever cases is diminishing, also the number of deaths, there having been only two this last week. The orderlies have hitherto been sleeping in the sick wards, and many have, in consequence, been attacked with fever. They are now being moved into rooms appropriated to the attendants on the ground floor, so that I confidently expect this evil will be diminished. I have no misgivings with regard to the climate; if not overcrowded, the sick will do well here." (Hear, hear.)

ASSISTANT-SURGEONS IN THE BALTIC FLEET.

Sir G. Tyler had seen in the *Times* of this morning a letter relative to the appointment of surgeons and assistant-surgeons to the fleet now in the Baltic, which appeared so opposed to the statement made the other day by the gallant Admiral (Admiral Berkeley) that he wished to give the hon. and gallant Member an opportunity of now replying to that letter, and of setting himself right with the House. (Hear, hear.)

Admiral Berkeley said, the House would perhaps allow him to explain what it was he had stated in answer to the hon. and gallant Colonel (Colonel Boldero) who first brought the subject forward. The hon. and gallant gentleman having remarked that last year there were a great number of vacancies in the Medical department of the fleets sent to the Baltic and Black Sea, he (Admiral Berkeley) had thought it his duty to contradict that statement. He accordingly stated that there was a proper allowance of Medical men in both of those fleets, and that he had never heard any complaint upon the subject before. An anonymous letter in the *Times* endeavoured to fix him with having stated that there were no vacancies at present. That, however, was a mere anonymous assertion, and whenever such an assertion was made in the proper place in that House he would endeavour to reply to it. Throughout his private and public life he had endeavoured to treat all anonymous correspondence with the contempt due to cowardice, and he should always continue to act in the same manner. ("Hear, hear," and laughter.)

TUESDAY, APRIL 24.

On the motion of Mr. Brady, a return was ordered of the number of her Majesty's ships and vessels, distinguishing the several rates, and steamers from sailing vessels, now employed in the Baltic and Black Seas; together with the number and names of the Surgeons, Assistant-Surgeons, and dressers without medical or surgical diplomas, in any and every ship or vessel, and the number and names of those dressers who are acting as Assistant-Surgeons.

COMMITTEE OF INQUIRY.

STATE OF THE ARMY BEFORE SEBASTOPOL.

THE Duke of Newcastle examined.—Did you communicate with the Director-General of the Medical Department?—Not immediately. My communications with reference to the medical department were, generally speaking, up to the time of the separation of the two secretaryships, conducted through the Secretary-at-War, to whom, at that period, the medical department was considered to be more immediately subordinate.

As to the number of medical men which would be required, that, you say, did not come under your notice?—No. It came under my notice at a very early stage. My attention was called to the supply of medical officers to the army within a few days after the expedition was determined upon, in consequence of an important letter published by the eminent army surgeon, Mr. Guthrie.

You received some suggestions, I believe, from Mr. Guthrie. Is this a copy of his letter?—So far as I can speak from a cursory glance, I should say this is a sketch of what Mr. Guthrie favoured me with. He had published in *The Times* a long letter, remonstrating against the system of army surgeons and other matters, saying he had made frequent remonstrances to the Horse Guards and the War-office, which had never been attended to; and he therefore felt bound to publish his opinions in *The Times*. Upon seeing that, I immediately wrote to Mr. Guthrie, assuring him that his suggestions should receive every attention, and requesting him to call upon me, which he did, and furnished me with a paper like this which I now hold. If the committee wishes it, I can quote the words of Omer Pasha as to the salubrity of Varna. [His Grace referred to a passage in a letter dated Shumla, April 2, 1854, addressed to Lord Stratford, by Colonel Simmons, on behalf of Omer Pasha:—"If you disembark at Varna, by keeping clear of the lake of Devno, and encamping on the heights to the south of the town, you will find a healthy situation surrounded by abundance of good water, with a fine climate to restore the men and horses after their sea voyage, and the barrack in the town can be made use of as an hospital, if necessary."]

It has been stated to us that the troops were never without fresh meat every other day. Do you believe it?—No. I believe in the winter they were not supplied with fresh provisions more than twice a-week. Portions of the army may have been without for a longer period, but not the army generally.

In reply to questions respecting complaints of the misconduct of the medical officers not having been attended to, the Duke of Newcastle said he must contradict the statements of the papers on that point. In the cases of the *Dunbar* and the *Kangaroo*, so far from the complaints of the neglect of the medical men not having been attended to, he sent for Dr. A. Smith, and told him to call attention to these charges immediately, stating also that he should not be satisfied with an ordinary denial of the statements, but should require the names of the medical men in charge of those vessels, and every particular.

Other questions were asked as to the sufficiency of the supply of medical stores. The Duke of Newcastle stated he was assured by Dr. A. Smith the supply was ample. The first complaints of an insufficiency reached him before the army left Varna. There was then a reported deficiency of wine and arrowroot, and articles of medical comfort. Dr. Smith produced a list of the quantities that had been sent out, and said it was utterly impossible they could have been consumed. The Duke of Newcastle was satisfied some accident must have occurred, and ordered Dr. Smith to secure an adequate further supply of these articles, and to send them out immediately.

ALLEGED MALTREATMENT BY A SHEFFIELD HOMŒOPATH.

IN consequence of rumours that the death, on Saturday week, of Mrs. Warris, wife of Mr. John Warris, farmer, of Kimberworth Manor House, had been brought about by the maltreatment of Mr. Edmund Smith, surgeon, of Sheffield, an inquest was held at the Manor House, on Wednesday week, before T. Badger, Esq., Coroner, to inquire into the circumstances. The Coroner opened the inquisition by remarking that the jury had been called together to inquire into the death of Mrs. Warris, who died on Saturday last, shortly after giving birth to a male child; and in consequence of his having received a letter, in which it was stated that the circumstances attendant upon the death of Mrs. Warris were a proper subject for the investigation of a coroner's jury.

The following was the evidence adduced at the inquest:—

Mr. H. Darwin, of Masbro', Surgeon, said—On Friday night last, about nine o'clock, he was called to attend upon Mrs. Warris, and ordered to take his instruments with him. On entering the room he found Mr. Edmund Smith at the bedside of the patient. Mr. Smith said, "We have a nasty tedious case here; have you brought your instruments with you? You will have to use them. We have been in this position either seven or nine hours." After an examination, witness told Mr. Smith it would be highly improper to apply instruments yet, and said, "We shall have another Spillings (of Ecclesfield) case." Mr. Smith said he had administered a dose of ergot of rye, on which witness replied that it was not a good case to give it in yet. Mr. Smith asked him to "apply one of the forceps to the sacral region, as he had seen great advantage in applying one in that stage of labour." The pains continued very severe until about twelve to one o'clock on Saturday morning, when they ceased, and on further examination of the deceased, he found the head of the child

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had quite receded. Witness then declined rendering himself responsible for the delivery of Mrs. Warris, with Mr. Smith alone, as they differed in opinion as to applying instruments. This would be from five to six o'clock. Dr. Shearman was then fetched, and arrived between eight and nine o'clock. Dr. Shearman, after examining deceased, in the presence of Mr. Darwin, said, "There is rupture of the uterus, and she will die." Dr. Shearman again examined deceased, and they went down stairs together. The doctor then asked Mr. Smith how he had treated Mrs. Warris, and said, "If you had kept to your globules, this mischief would not have occurred. It was improper to have given a dose of the ergot of rye. There can be nothing done at present but waiting." The doctor went away about ten o'clock, and returned between three and four. Witness, Mr. Smith, and Dr. Shearman then held a consultation, and agreed to deliver Mrs. Warris, if she would consent to it. Mrs. Warris consenting, Dr. Shearman performed the delivery; and she commenced sinking immediately after, and died between five and six o'clock. Witness was not aware there was rupture of the uterus. It was improper to administer ergot of rye when he arrived, and Mr. Smith told him he had administered it between six and seven o'clock. It was not possible that a rupture of the uterus could have taken place before the exhibition of the ergot of rye, unless from some mal-practice, or from unnecessary manual aid having been applied. A rupture of the uterus might have occurred in consequence of the softening of that organ, but in sixteen years' practice he had not seen a single case of that description. A difference of opinion existed as to the exhibition of ergot of rye. He had often given it to patients, but not as in this case. . . . . In answer to Mr. Smith, witness said—He suggested, soon after he arrived on Friday morning, that a dose of opium, of a grain and a quarter, should be administered. The opium was then administered. He agreed that small doses of opium in certain constitutions acted rather as a stimulant than a sedative; and did not consider a grain and a quarter a small dose. After the exhibition of the opium it was not a fact that the pain increased, though both of them expected every pain would expel the child, but on an after-examination they found that the head of the child had receded. The opium was not so likely to cause the rupture as the ergot of rye. Before the head had receded, he suggested that more ergot of rye should be administered.

Mr. John Warris, of Kimberworth Manor House, farmer, said—His wife was 42 years of age, and had been the mother of ten children. This witness proved obtaining the ergot of rye, and the fetching of Mr. Darwin.

Mrs. Fletcher, sister to the deceased, proved the administration of the ergot of rye.

Mr. Thomas Chesman, Surgeon, of Sheffield, had made an examination of the body of the deceased 72 hours after death, in the presence of Dr. Shearman, Dr. Clay (of Manchester), Mr. Smith, and Mr. Darwin. After describing the state in which he found the body, he said—From my observations, I deduce that the primary cause of death has been the sharp cutting inlet of the pelvis, but the immediate cause has been the laceration of the uterus and vagina, as well as the peritonitis, and the flow of extravasated fluid into the abdomen as a result of the rupture. The administration of the ergot of rye was not the immediate cause of rupture; but it would be caused by the mechanical pressure of a large full-grown child against the small and cutting inlet of the pelvis. If it were an ascertained fact that there was rupture of the uterus, then immediate steps ought to have been taken with a view to delivery. The effect of ergot of rye is to increase the force and frequency of uterine action, and would, under these circumstances, be highly improper, because this increased force and frequency would widen the rent, and increase the damage; but if it was not an ascertained fact, and the symptoms and signs of rupture were not present, then the administration of the ergot of rye would (in my judgment) have been very proper. The rupture of the uterus might have taken place without the exhibition of the ergot of rye. The back wall of the vagina was soft and easily tearable. If Dr. Shearman was clear that the deceased was ruptured, he should at once have proceeded with the delivery.

Mr. Edmund Smith, Surgeon, of Sheffield, after receiving a caution from the Coroner not to criminate himself, said: I am a regular practitioner of homœopathy. On Friday last I arrived at Kimberworth about one o'clock; and at seven o'clock gave Mrs. Warris 15 grains of ergot of rye, repeating the dose in about twenty minutes, for the purpose of removing the pains. I have administered ergot of rye during a practice of thirty years, in more unfavourable cases than the present one. Finding that the ergot of rye did not produce the desired effect, I sent for Mr. Darwin and his instruments. I am not aware that I asked Mr. Darwin to operate. I intended to do that myself when the proper time arrived. Mr. Darwin, however, administered opium about ten, and at twelve pains became more expulsive; and we both expected every pain would be the last. After this the pains ceased, and Mr. Darwin examined deceased again; and found the head of the child had receded. I told Dr. Shearman, when he came, that I had repeatedly administered ergot of rye in apparently similar cases. We concurred in Dr. Shearman's opinion, that nothing should be done for a couple of hours, and on his return about four, it was determined to deliver Mrs. Warris. A more arduous and difficult operation I never witnessed in the whole course of my practice. When I administered the ergot of rye, I had no idea there was a rupture; nor was there any symptom of it, according to the best authority. With respect to the ergot of rye, I have consulted the best authorities, and I don't find the record of one case of rupture of the womb attributed to exhibition of ergot of rye; but I find, on the other hand, hundreds of cases occurring before the ergot of rye came into use, in which it might have been exhibited. I should not have administered the ergot of rye if I had known of the rupture. The ergot of rye had nothing to do with causing the rupture.

Dr. Shearman, of Rotherham.—After an examination, I told Mr. Darwin I was afraid rupture of the uterus had taken place; and after another examination, I went down stairs with Mr. Darwin, and I believe I made use of a rather strong expression in telling him I was afraid the ergot of rye had ruptured the uterus. Mr. Smith very properly urged the absence of those symptoms of exhaustion which are usually exhibited, and this I told him was the only point I had any doubt about. I explained to Mr. Smith and Mr. Darwin that if rupture had taken place, she would very soon have those symptoms of exhaustion which I expected, and then the only way which could be adopted would be either to let her alone entirely or deliver her, for in either case she would be sure to die. And I particularly wish it to be known that the authorities on this point state that quite as many women have recovered from rupture of the uterus by letting them alone and allowing the child to remain in the womb, as have recovered by delivery. And this is a very material point, as Mr. Chesman, whom I believe to be totally wrong, has stated different. If I had delivered her with a good pulse, blood would have been extravasated into the abdomen by the effort, and a rupture would have followed. There could be no suspicion of the rupture having taken place until after the ergot of rye had been administered. The only other case of rupture I ever saw was caused apparently from ergot of rye, and I believe it was the cause in the present case, though I do believe Mr. Smith administered it with the best intention, and was therefore blameless.

Dr. Charles Clay, of Manchester, having been present at the post-mortem examination and inquest, on behalf of Mr. Smith, said—I attribute the death of Mrs. Warris to natural causes. I believe, with Mr. Chesman, that it is the general rule in British practice to deliver instantly on ruptures being ascertained; but I also agree with Dr. Shearman, and foreign statistics bear it out, that there are as many recoveries of ruptures of the uterus, where delivery has not been immediately accomplished, as where it has. With respect to the ergot, its stimulating stage is not of sufficiently long duration to account for Mrs. Warris's death, as I never knew its effects to last more than an hour and a-half, or two hours. In this case the dose was small, and the length of time previous to the rupture, at least five hours, which sufficiently exonerates the ergot as being the cause of death. With regard to the opium given by Mr. Darwin, I regard all doses of a grain and a-half, or under, as stimulating; and to procure a sedative effect, I should have given at least double the quantity. The plain cause of death, in this case, has been long previous illness, general softening of the vagina and uteril structures, increased by inflammatory action probably some time previous to labour. These combined, acting against a

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sharp inlet of the pelvis at the time of labour, are sufficient to cause death without any other circumstance.

After hearing the above evidence, the jury at once returned a verdict that the deceased had died from rupture, produced by natural causes.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 23rd instant:—Messrs.

ATWELL, JAMES BUCKLEY FALCONER, Wilmington-square.
DALLEY, WILLIAM CHARLES, Syston, Leicestershire.
FITZGERALD, JOHN, Tipperary.
JONES, EDWIN, Rhyl, Flintshire.
MCDOWALL, CAMERON JOSEPH FRANCIS, Army.
PENHALL, JOHN THOMAS, E.I.C.'s Service, Madras.
PROPERT, JOHN LUMSDEN, New Cavendish-street.
SAVILE, GEORGE TOWNSEND, Driffield, Yorkshire.
SEAMAN, MICHAEL TOUT, Tavistock, Devon.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 19th April, 1855:—

ANDREWS, HENRY CHARLES, Brabourne, Kent.
CAPARN, JOHN, Enderby, Leicestershire.
DAY, ALBERT BRYAN, Isleworth.
EDWARDS, SEPTIMUS, Oswestry.
MURPHY, CHARLES OSCAR, Manchester.
POWELL, WILLIAM HENRY, Ross, Herefordshire.
ROWLANDS, THOMAS, Liverpool.
SELLERS, WILLIAM, Bury, Lancashire.
VEALE, THOMAS STICK, St. Columb, Cornwall.
WATMOUGH, ISAAC, Pocklington, Yorkshire.
WELSALL, HENRY, Army.

UNIVERSITY AND KING'S COLLEGE, ABERDEEN.—The Senators of the University and King's College, Aberdeen, conferred the degree of M.D. on the following, after examination, on the 19th instant:—

BIRD, WILLIAM V., Seacombe.
BLOMFIELD, JOSIAH, Peckham.
BLUTHWAYT, WILLIAM, Louth.
CASS, WILLIAM, Isle of Wight.
CORRY, WALTER, Cheltenham.
HUNTER, HENRY J., Sheffield.
INNES, CHARLES A., Bruges.
PAYNE, GEORGE B., Birmingham.
RYAN, JOHN, Dublin.

Same day WILLIAM SKEEN, Tarland, was admitted an M.B.

APPOINTMENT.

BOLTON INFIRMARY.—John Segar, Aber., M.R.C.S. and L.S.A., was appointed House-Surgeon to the Bolton Infirmary and Dispensary on the 19th instant.

TESTIMONIAL.

The crew of the Trafalgar have presented a massive gold box to John Wise, Esq., late Assistant-Surgeon of that ship, as a token of gratitude for his assiduous services during the past year, when the cholera raged so fearfully in the Black Sea fleet. It bears the following inscription:—"Presented to Dr. John Wise by the 'Trafalgars,' in April, 1855, for his invaluable services, and also for his kind and prompt attention to them while pestilence in its worst form was among them when in the Black Sea, in the year 1854."

DEATHS.

HARKER.—April 18, at High Ousegate, aged 62, Thomas Harker, Esq., Surgeon, late of Hutton Rudby, near Yarm.

RIDOUT.—April 26, at 10, Montague-street, Russell-square, John Ridout, Esq., aged 71. M.R.C.S. Eng. 1805; F.R.C.S. (Hon.) 1843; M.S.A. 1805; Fellow and Member of the Senate of the University of London.

THOMAS.—April 21, at Hatfield, Herts, William Lloyd Thomas, Esq., Surgeon, in his 65th year. F.R.C.S. (Hon.) 1843; M.R.C.S. Eng. 1812; Surgeon to the South Herts Yeomanry Cavalry.

NAVY MEDICAL DEPARTMENT.—Sir John Liddell, M.D., C.B., F.R.S., Medical Inspector of Hospitals and Fleets, and at present in the Royal Hospital, Greenwich, is appointed to succeed Sir William Burnett, M.D., K.C.B., K.C.H., F.R.S., as Director-General of the Medical Department of the Navy.

DR. J. T. DOYLE, of Dublin, has been appointed Assistant to Dr. Lyons, in his Medical inquiry at the hospital at Scutari, and has set out for his destination.

FORT PITT.—In reference to a statement made by Sir J. Trollope, in the House of Commons, the Deputy-Inspector General at Fort Pitt writes that the establishment at Fort Pitt contains not only a valuable library of professional and scientific works, consisting of nearly 10,000 volumes, but a museum of pathological anatomy, and one of natural history, of considerable extent, and comprising preparations and specimens in both departments of the highest rarity and value. To these institutions the medical candidates have at all times had the freest access. Both the library and museums have been formed solely by the gratuitous contributions in books, specimens, and money of the medical officers of the army from all quarters of the globe; and the museums especially, from the great variety of scarce and valuable objects they contain, have not been thought unworthy the repeated visits of many of the most distinguished surgeons and naturalists in Europe.

THE MEDICAL SERVICE OF THE NAVY.—In reply to the statement of Admiral Berkeley, in his reply on Tuesday night to Mr. Brady, when he assured the House "that, so far from the ships in the Baltic and Black Sea being deficient in Assistant-Surgeons, there was not one vacancy in them, and, moreover, that every ship in Her Majesty's service was now provided with one-third more medical attendants than during the great battles of the last war," a correspondent of the *Times* says:—"If any one will refer to the official *Navy List*, published this month, he will find that the ships in Her Majesty's service carry Assistant-Surgeons as stated in the list I here give, and that there is not one ship which carries her proper complement of medical attendants. Instead of there being not one vacancy in the ships of the Baltic or Black Sea, there is not an English man-of-war without a vacancy or two in her Medical Staff, and not only so, to each of the line-of-battle ships a steam gunboat is attached as tender, carrying from forty to fifty men, and without a medical attendant. Perhaps the ingenious Admiral can explain how it is possible to supply each ship with one-third less medical attendants than they are supplied with at present, or what fraction of a medical attendant a dresser is equal to. The Table referred to gives a list of 76 ships, ranging from 131 guns to 5, among which there are only 63 Assistant-Surgeons; only 1 vessel having 3, and but 4 having 2. The Hospital-ship, *Belleisle*, has only 1 Assistant-Surgeon. Again, Admiral Berkeley says:—"It is not the fact that dressers are employed to perform the duties of Assistant-Surgeons." The following letter was addressed by Sir W. Burnett, the Medical Director-General, to each of the Surgeons of the navy:—

"Sir,—Their Lordships having decided that medical students are to be temporarily attached to the Baltic fleet in the capacity of dressers, I have to request you will have the goodness to encourage these young gentlemen to discharge with care and attention the duties which you assign to them; and that you will endeavour, as far as lies in your power, to promote a kindly feeling towards them among the other officers in the vessel to which you belong.

"You are to associate them in the discharge of the medical duties with the junior assistant-surgeons, but you are not to place them in sole charge of sick or wounded men so long as there are duly qualified medical officers available for that purpose. Should the duties of the latter, however, become too laborious in consequence of the increasing numbers of sick and wounded, you may then place the medical student temporarily in charge of patients, in preference to any other non-professional person, provided you are satisfied that he may be trusted. I am," etc.

Associate them in the discharge of the medical duties with the junior-assistant-surgeon! But there are but five ships which have more than one assistant-surgeon; where is the junior?

TWENTY MEDICAL MEN arrived at Constantinople on the 12th, on their way from England to Eupatoria.

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ST. MARK'S HOSPITAL.—On Wednesday evening the nineteenth anniversary of this institution was held at the London-tavern, the Lord Mayor in the chair. Mr. Masterman proposed the healths of Dr. Daniel, the Honorary Physician, and Mr. Salmon, the Honorary Surgeon. The toast was received with great applause. The donations during the last year have considerably more than doubled, yet the subscriptions have suffered no decrease; and during the year 606 patients have been relieved. The total number admitted since the foundation of the Hospital up to December, 1854, has been 8911. The donations received amounted to more than £1300.

THE CHOLERA appears to be on the increase in St. Petersburg. The cases for several weeks have averaged 150 a day, but from the *Journal de St. Petersbourg* of the 17th it appears that on the 13th inst. there were as many as 220 cases recorded.

HEALTH OF THE ARMY.—Brief despatches from Lord Raglan to Lord Panmure, dated respectively the 3rd and the 7th instant, and enclosing reports from Dr. Hall, and the usual returns of casualties, were published in Friday night's *Gazette*. They confirm the accounts in the correspondence of the journals. Dr. Hall reports a marked improvement in the health of the troops. Hospital preparations for a "sudden emergency" had been made both in the camp and by the sea transport service, for 2080 men.

SURREY DISPENSARY.—The anniversary of this Institution was celebrated with a dinner at the Bridge-house Hotel on Wednesday evening. The High Sheriff of the county of Surrey presided. From the report it appeared that the number of patients admitted with letters of recommendation during the year 1854, was 5669; of that number 5013 were cured or relieved, 938 were visited at their own houses by the medical officers, and 508 were midwifery cases, there remaining 500 patients under cure on the 1st of January, 1855. The cases of cholera and diarrhœa admitted without letters of recommendation from the 7th August to the end of September, 1854, were nearly 4000. The property belonging to the charity consists of £8349 5s. 11d. 3¼ per cent. Annuities, standing to the account of the general fund of the charity, and £441 19s. 10d. 3¼ per cent. Annuities, vested on account of the building rent fund, and the house and premises in Great Dover-street, where the dispensary is now established. During the year ending Midsummer, 1854, the annual subscriptions amounted to £813 15s.; donations to the general fund, £119 10s.; subscriptions received from life directors and life governors, £110 5s.; making altogether £1043 10s. The expenditure for the year ending Midsummer, 1854, amounted to £1239 13s. 9d.; and it will be seen by the treasurer's accounts, audited in October last, that there was a balance due to him from the general fund of £48 3s., and a balance in his hands belonging to the building rent fund of £39 15s. 4d. New subscriptions to the amount of £200 were announced.

SHEFFIELD INFIRMARY.—Mr. Anderson, "the Wizard of the North," thus writes to the Secretary of the above Institution:—"It has been represented to me that the Infirmary stands greatly in need of subscriptions; and that it is deserving of them is, from its very nature, unquestionable. I would willingly give a benefit in its behalf; but as the public do not always patronize a benefit to a charitable institution in accordance with its merits, I think it better to hand you a cheque for 20 guineas, that being a sum which would probably exceed the nett profits of any single evening's entertainment."

BARON OSTEN-SACKEN AND THE WOUNDED OFFICERS of H.M.S. *Tiger*.—The following is a translation of a testimonial presented by Baron Osten-Sacken to Henry Domville, Esq., Surgeon of Her Majesty's late ship *Tiger*, a few days after the deaths of the wounded of that ship:—

"Odessa, 16th (28th) June 1854.

"Desirous of doing justice to the talent, zeal, and courage displayed by Mr. Henry Domville, in his position of Surgeon of her Britannic Majesty's late steam frigate *Tiger*, during and after the loss of that ship in the neighbourhood of this town, I attest by this present that, according to the testimony of the Physician-in-chief of the 3rd Corps d'Armée, which is confided to me, Monsieur the Counsellor of State Skriptchinsky, as well as the Physicians of the city, Messieurs Dietrichs and Wagner, who participated with him at a consultation requested by Dr. Domville, at the bedside of the now deceased Captain Giffard, the amputation of the thigh, and the dressing of the other most dangerous wounds of Captain Giffard, were performed according to all the rules of the art, and with a complete success, which ought to have led to the cure of the patient, if the circumstances, independent of the operation and mental depression, had not neutralized the resources of science, and all the efforts of devotion, of which Dr. Domville showed proof up to the last hour of the deceased. I also certify that the midshipman, John Giffard, and the sailor, John Trainer, were also operated on, on board the *Tiger*, during the action, but the severity of their wounds was the only cause of their almost imminent death during their transport to the Quarantine Hospital.

(Signed)

"L'Aide-de-Camp Général de sa Majesté l'Empereur de toutes les Russies, "BARON OSTEN-SACKEN."

DEATHS IN PUBLIC INSTITUTIONS for the Week ending April 21:—

	Males.	Females.	Total.
Workhouses	55	58	113
Prisons	..	..	..
Military and Naval Asylums ..	4	..	4
General Hospitals	31	13	44
Hospitals for Special Diseases ..	4	3	7
Lying-in Hospitals	..	1	1
Military and Naval Hospitals ..	6	..	6
Hospitals for Foreigners, etc. ..	..	2	2
Lunatic Asylums	2	7	9
Total	102	84	186

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	3	..	11	10	2	6
North	490,396	4	1	10	12	1	6
Central ..	393,256	3	..	5	7	3	3
East.....	455,522	1	3	9	9	2	9
South	616,685	8	3	11	12	3	9
Total..	2,362,286	19	12	46	50	11	33

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, April 21, 1855.*

CAUSES OF DEATH.	In the Week ending Saturday, April 21, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp ° 49·1						° 46·2
ALL CAUSES	1087	540	143	167	175	52	1034·3
SPECIFIED CAUSES	1076	539	143	167	175	52	1024·6
DISEASES:—							
1. Zymotic Class	201	164	15	8	11	3	211·2
2. Dropsy, Cancer, and others of uncertain seat	42	4	5	19	13	1	49·2
3. Tubercular Class	192	73	65	50	4	..	200·5
4. Of Brain, Nerves, etc. ..	119	60	8	16	30	5	120·3
5. Of Heart, etc.	41	5	6	14	16	..	37·6
6. Of Respiratory Organs ..	232	117	19	31	47	3	181·9
7. Of Digestive Organs ..	68	29	10	13	13	3	60·9
8. Of Kidneys, etc.	10	1	2	3	4	..	12·5
9. Of Uterus; viz. — Puerperal Disease, etc. ..	6	1	4	1	..	..	8·9
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	7	2	1	1	3	..	3·3
11. Of Skin, etc.	1	..	..	1	..	..	1·5
12. Malformations	..	..	..	..	..	..	3·6
13. Debility from Premature Birth, etc.	36	29	..	1	6	..	27·6
14. Atrophy	44	36	1	2	5	..	20·2
15. Age	53	..	..	..	21	32	47·3
16. Sudden	8	2	..	4	2	..	7·3
17. Violence, Privation, etc...	26	16	7	3	..	..	24·3
CAUSES NOT SPECIFIED.. ..	11	1	..	..	..	..	10·3

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YELLOW FEVER.—It is said that Dr. Humboldt, of Mexico, has discovered a virus for the yellow fever.

MORTALITY NOTABILIA.—The present Return exhibits a decided improvement in the health of London. The deaths which had been respectively 1226 and 1347 in the first two weeks of April, fell in the week that ended on Saturday to 1087. In the ten corresponding weeks of the years 1845-54, the average number of deaths registered was 1035, which, if raised in proportion to increase of population, becomes 1138. The number of persons who died last week is 51 less than the estimated number. Diseases of the respiratory organs, exclusive of phthisis and hooping-cough, destroyed about a fourth part of the persons who died in the first three months of this year. The deaths from that class of diseases were reduced last week to 222, about a fifth of the total mortality of the week. Small-pox was fatal in 19 cases, of which 14 occurred under 10 years of age. Scarlatina was fatal in 46 cases, hooping-cough in 50, typhus in 33, measles only in 12, diarrhœa in 11.

BIRTHS.—The births of 916 boys and 872 girls,—1788 children,—were registered; average 1472.

METEOROLOGY.—The mean height of the barometer in the week was 30·148 in. The mean daily reading was above 30 in. on 6 days of the week. At the end of the week the barometer rose to 30·40 in. The mean temperature of the week was 49·1°, which is higher by 2·6° than the average of the same week in 38 years. The mean temperature was 56·9° on Monday, which is 10·9° *higher* than the average; and it fell to 41·9° on Saturday, which is 5·4° *below* the average. The wind, which had been in the south-west on the first two days, blew during the remainder of the week from the north-east. The *highest* temperature occurred on Monday, and was 72·8°; the *lowest* occurred on Thursday, and was 29·2°. The mean dew-point temperature was 40·9°, and the difference between this and the temperature of the air was 8·2°. No rain fell. Horizontal movement of air, 500 miles; electricity positive, and tension variable.

BOOKS RECEIVED.

On Epidemic Diarrhœa and Cholera. By Dr. George Johnson. London: Parker. 1855.

Practical Meteorology. By Dr. Drew. London: Van Voorst. 1855.

Simpson's Obstetric Works. Vol. I. Edinburgh: A. and C. Black. 1855.

TO CORRESPONDENTS.

Scalpel.—We are informed that some of the Norwich homœopathists are persons who have failed to get a living in the legitimate practice of the Medical Profession, and therefore have adopted the globulistic quackery as a *pis aller*. This is no doubt the history of most of the homœopathic professors. We cannot publish the whole of our correspondent's letter unless he authenticates it with his signature.

Veritas.—The facts should be more positively stated to enable us to notice them, and the name of the writer should have been forwarded to us.

A. Z.—The examination at Apothecaries' Hall is not necessarily confined to visceral anatomy, nor is the examination at University and King's College, Aberdeen, so limited, so far as we know. A note to any of the Professors at Aberdeen would no doubt elicit all necessary particulars.

Oxon.—In an action of slander for words spoken of a plaintiff as a Physician, importing a denial that the plaintiff is duly qualified, the plaintiff must prove that he actually practised as a Physician and that he practised lawfully.

W. H. O.—It is quite true that the different kinds of *rheum* contain oxalic acid, but so does sorrel, which is universally consumed on the Continent as an esculent vegetable. The quantity of oxalic acid in these plants is not sufficient to produce any bad effects upon a healthy person, and when there is any tendency to oxaluria, the diet would be regulated by the physician. The remarks in the letter are correct enough, if a merely *chemical* view be adopted, but are not consistent with our practical knowledge of the physiology of digestion.

We are requested to state that the name of Dr. Murphy, as Professor of Midwifery, was accidentally omitted by the agent from the advertisement in our number of the 14th instant of the Summer Term of the Medical Faculty of University College.

Mr. Adams.—The Surgeon of the Queen's Prison is appointed by the Secretary of State, and holds office "during pleasure."

Assistant-Surgeon.—The Act 17 Vict. c. iv., which orders the marking of deserters, does *not* say that the Medical Officer is to execute the barbarous sentence.

A lecture by Mr. Haynes Walton, papers by Dr. Neale and Mr. Hutchinson, and letters by Dr. Dick and Dr. Wilks, are in type, but are unavoidably postponed.

ERRATUM.—At page 387, in our last number, for "Misley," read "Tinsley."

COMMUNICATIONS have been received from—

VERITAS; SCALPEL; Mr. COMPLIN, Smyrna; Dr. FYFE; Mr. ATKINSON; Dr. SNOW; Dr. DICK; Dr. SEEGEN; Mr. ADAMS; Dr. WILKS; Mr. T. R. JONES; Mr. H. J. ANDERSON; Mr. C. W. CALLENDER; Dr. BENCE JONES; Dr. SEGAR; Mr. J. H. SMITH; Mr. BIRKETT (with enclosures); Mr. TINSLEY, The Sheffield Infirmary (with enclosures); Mr. HOLL.

APPOINTMENTS FOR THE WEEK.

APRIL & MAY.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
28. SATURDAY....	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	MEDICAL SOCIETY OF LONDON, 8 p.m.: Mr. H. Thompson: "Practical Remarks on the Treatment of Retention of Urine." ROYAL BOTANIC SOCIETY, 3½ p.m. ROYAL INSTITUTION, 3 p.m. PATHOLOGICAL SOCIETY OF DUBLIN, 4 p.m.
30. MONDAY.....		ZOOLOGICAL SOCIETY, 1 p.m.: Anniversary.
TUESDAY, MAY 1..	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals." Operations at Guy's, 1 p.m.	PATHOLOGICAL SOCIETY, 8 p.m. ROYAL INSTITUTION, 2 p.m.: Annual Meeting. LINNÆAN SOCIETY, 8 p.m.
2. WEDNESDAY ..	London University—Admission to Degrees. Royal College of Surgeons, 4 p.m.: Professor Quekett's Histological Demonstrations. Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.	LONDON MEDICAL SOCIETY OF OBSERVATION, 8 p.m., at W. Squire's, Esq., 6, Orchard-street: "Diseases of the Cerebro-Spinal System." ROYAL INSTITUTION, 3 p.m.: Dr. Tyndall, "On Voltaic Electricity." GEOLOGICAL SOCIETY OF LONDON, 8 p.m.
3. THURSDAY	Hunterian Lectures at the Royal College of Surgeons, 4 p.m.: Professor Owen, "On the Structure and Habits of Extinct Vertebrate Animals. Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.	HARVEIAN SOCIETY, 8 p.m.: Mr. G. Hewitt, "On the Pathology of Hooping Cough." ROYAL SOCIETY, 8½ p.m. ROYAL INSTITUTION, 3 p.m.: Mr. G. Scharf, jun., "On Christian Art." ZOOLOGICAL SOCIETY, 8 p.m. PHOTOGRAPHIC SOCIETY, 8 p.m.
4. FRIDAY	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	MEDICAL SOCIETY OF LONDON, 8 p.m.: Meeting of Council. WESTERN MEDICAL AND SURGICAL SOCIETY, 8 p.m.: Council meets at 7 p.m. Annual Meeting. ROYAL INSTITUTION, 8½ p.m.: Dr. Gladstone, "On Gunpowder and its Substitutes." BOTANICAL SOCIETY, 8 p.m.

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DR. DE JONGH'S
LIGHT-BROWN COD-LIVER OIL,

PREPARED FOR MEDICINAL USE IN THE LOFFODEN ISLES, NORWAY, AND PUT TO THE TEST OF CHEMICAL ANALYSIS.

SELECT TESTIMONIALS.

THE LATE JONATHAN PEREIRA, M.D., F.R.S.E.; F.L.S.

PROFESSOR AT THE UNIVERSITY OF LONDON, AUTHOR OF "THE ELEMENTS OF MATERIA MEDICA AND THERAPEUTICS," ETC., ETC.

"MY DEAR SIR,—I was very glad to find from you, when I had the pleasure of seeing you in London, that you were interested commercially in Cod-liver Oil. It was fitting that the author of the best analysis and investigations into the properties of this Oil should himself be the purveyor of this important medicine.

"I feel, however, some diffidence in venturing to fulfil your request, by giving you my opinion of the quality of the Oil of which you gave me a sample, because I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, whom I regard as the highest authority on the subject.

"I can, however, have no hesitation about the propriety of responding to your application. The Oil which you gave me was of the very finest quality, whether considered with reference to its colour, flavour, or chemical properties; and I AM SATISFIED THAT FOR MEDICINAL PURPOSES NO FINER OIL CAN BE PROCURED.

"With my best wishes for your success, believe me, my dear Sir, to be very faithfully yours,

(Signed) "JONATHAN PEREIRA,

"To Dr. de Jongh." "Finsbury-square, London, April 16th, 1851."

THE INTENDANT OF THE CIVIL LIST OF BELGIUM.

"SIR,—The King has charged me to return you his very particular thanks for the homage done to him, by the presentation of your most valuable researches concerning the Cod-liver Oil. As an expression of his utmost satisfaction, he has given me the order of presenting you with the accompanying large Gold Medal.

"I remain, with the highest regard, etc.,

"Brussels, Oct. 6th, 1847. "The Intendant of the Civil List,

"To Dr. de Jongh, at the Hague." (Signed) "CONWE."

THE MINISTER OF THE INTERIOR OF HOLLAND.

"The Hague, Feb. 1st, 1848.

"I HAVE the honour of bringing to your knowledge that it has pleased the King to grant you, by his decree of the 20th January, 1848, No. 101, a Silver Medal, with an appropriate honorary inscription, as a testimony of his Majesty's high approbation for your efforts in securing to this country a supply of the most efficacious Cod-liver Oil from Norway. I have given the necessary orders for the execution of this Medal.

"The Minister of the Interior,

"To Dr. de Jongh, at the Hague." (Signed) "VAN DER HEIM."

THE ROYAL SANITARY POLICE OF PRUSSIA.

"IN answer to your letter of the 2nd ult., requesting permission to sell Dr. DE JONGH'S Cod-liver Oil in bottles, accompanied with his stamp and signature, the Royal Police of Prussia (Königliches-polizei-Praesidium) has the honour of informing you that it has caused the sample which you have forwarded to be submitted to an official investigation, and that the result of such investigation has proved it to be not only the genuine Cod-liver Oil, but, still further, that it is of a kind which distinguishes itself from the Cod-liver Oil in ordinary use, alike by its taste and chemical composition. Considering, moreover, that it has come to their knowledge that physicians generally recommend the use of Dr. DE JONGH'S Oil in preference to the Cod-liver Oil in ordinary use, the Royal Police accede to your request.

"KÖNIGLICHES-POLIZEI-PRAESIDIUM.

"Berlin, Jan. 23rd, 1851. "1° Abtheilung.

"To A. M. Blume, Chemist, Berlin."

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HALF-PINTS **(10 ounces)** 2s. 6d. | PINTS **(20 ounces)** 4s. 9d. | QUARTS **(40 ounces)** 9s.
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MESSRS. E. AND H. HARRIS'S, 2, UPPER COPENHAGEN STREET, BARNSBURY ROAD, ISLINGTON, LONDON.

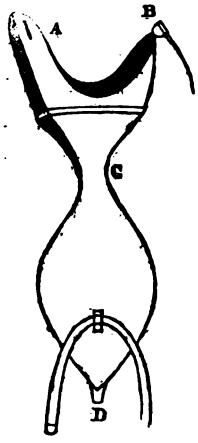
6 & 8 oz., Green, any shape, plain or graduated,	10s.	per gross.
3 & 4 oz., do. do. ..	8s. 6d.	do.
1½ oz., Moulded Phials	7s.	do.
1 oz. do.	6s. 6d.	do.

In Crates from the works, 6d. per gross less.

Country orders attended to on remittance. Full list of prices sent on application. No charge for package, if returned. Goods delivered free within seven miles.

Dr. Kahn's Museum Re-opened at

4, Coventry-street, Leicester-square, consisting now of One Thousand highly-finished Wax Models, illustrating every part of the human frame, in health and disease. Open (for gentlemen only) daily from half-past 11 till 5, and from 7 till 10. A new Series of Lectures by Dr. Sexton, F.R.G.S., etc., at 12, 2, 4, and half-past 7 in the evening. Admission, One Shilling. A new Catalogue, containing Lectures on the most interesting branches of Physiology, by Dr. Kahn, illustrated. Price 6d., (free by post 6d. extra.)



Walters' India-rubber URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

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16, MOORGATE STREET,
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New Pianofortes for Hire, with the

option of Purchase or Exchange, packed free.

G. PEACHEY (Maker to the Queen), 73, Bishopsgate-street Within, opposite the Marine Society.

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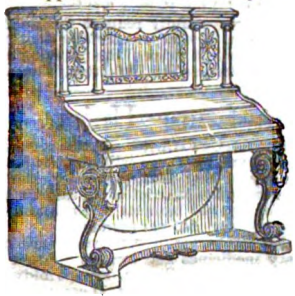

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Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.—"Mr. Dinneford's solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

This excellent remedy, in addition to its extensive sale among the public, is also very largely used in dispensing, for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the Manufacturers.

DINNEFORD and Co., Chemists, 172, Bond-street; and all respectable Wholesale Druggists and Patent Medicine Houses.

Impermeable Cloth for Hospital Sheets,

SURGEONS and NURSES' APRONS, etc.

Among the numerous Indian-rubber appliances, none have been more successful than the (deodorized) preparation of cloth for Hospital Sheets, as is shown by the following letter to S. W. Silver and Co.:—

(Copy of R. G. Whitfield, Esq.'s Letter.)

"St. Thomas's Hospital, February, 1855.

"Sirs,—Your Indian-rubber sheeting having been in use in this Hospital for some time, I can strongly recommend it, feeling confident that it possesses great advantages over everything previously introduced; it is admirably adapted for the protection of couches, beds, or for whatever other purpose such articles are usually required, not only from its great pliability and durability, but because neither the various secretions from the body nor boiling water will injure its texture; it is far more economical (from the fact of its not being liable to crack or peel off) than the Green Issue Cloth hitherto in use after operations, and more cleanly, as a wet sponge readily removes all soil or taint from its surface.

"The stump pillows made of the same material are well conceived, and will be found invaluable in the sick room either of the peer or the peasant.

"I have the honour to be, your obedient servant,
"R. G. WHITFIELD, Resident Medical Officer.

"To Messrs. Silver and Co., Nos. 3 and 4, Bishopsgate-street,
"Opposite the London Tavern."

SAMUEL, BROTHERS,

29, LUDGATE HILL,

Inventors and Sole Manufacturers of the

SYDENHAM TROUSERS,

At 17s. 6d.

Unequalled or superior Style, Fit, Quality, perfect Ease, and Gracefulness, so requisite for Gentlemanly appearance, and so rarely obtained.

Patterns Sent Free, on application.

SAMUEL, BROTHERS',

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FOR THE PRESENT SEASON,

Is worthy of your inspection.

Pure and Healthy Leeches may at

all times be obtained of HENRY POTTER, Importer of Leeches, Herbalist, Seedsman, and Dealer in Turkey Sponge, 66, Farringdon Market, and 65, Farringdon Street, London.

H. P. having just added the latter house to his premises to carry on the business of Seedsman, offers to supply Flower Seeds in packets at the following prices:—25 varieties, 3s. 6d.; 50 ditto, 6s. 6d.; and 100 ditto, 12s. Guaranteed to be New Seeds. All other Seeds at the same moderate prices.

Adnam's Improved Patent Groats

and BARLEY.—THE ONLY EXISTING PATENT, and STRONGLY RECOMMENDED BY THE MEDICAL PROFESSION.

TO INVALIDS, MOTHERS, and FAMILIES.—The important object so desirable to be obtained, has at length been secured to the Public by J. and J. C. ADNAM, Patentees, who, after much time and attention, have succeeded by their IMPROVED PROCESS, in producing preparations of the purest and finest quality ever manufactured from the Oat and Barley.

The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged.

A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined:—

"Chemical Laboratory, Guy's Hospital,
"February 19, 1855.

"I have submitted to a microscopical and chemical examination the samples of Barley-meal and Groats which you have forwarded to me, and I beg to inform you, that I find in them only those principles which are found in good Barley; there is no mineral or other impurity present, and from the result of my investigation, I believe them to be genuine, and to possess those nutritive properties assigned by the late Dr. Pereira to this description of food. (Signed) "A. S. TAYLOR.
"Messrs. J. and J. C. Adnam and Co."

To be obtained Wholesale at the Manufactory, Maiden-lane, Queen-street, London; Messrs. Barclay and Sons, Farringdon-street; and Edwards, St. Paul's-churchyard; Sutton and Co., Bow-churchyard; and other Wholesale Houses. Retail in Packets and Canisters at 6d. and 1s. each, and in Canisters for Families at 2s., 5s., and 10s. each, of all respectable Grocers, Druggists, etc., in Town and Country.

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*** Office hours from 12 till 4.

Western General Dispensary, New-ROAD, ST. MARYLEBONE.—Notice is hereby given, that a Special Meeting of the Governors of this Institution will be held on Friday, the 18th of May next, for the Election of a Physician in the room of Dr. Hale, resigned. The ballot (if necessary) will open at 3 and close at 5 o'clock.

Candidates are required by the Laws to be Fellows or Licentiates of the Royal College of Physicians, London, and are requested to forward their applications, accompanied by qualifications and testimonials, addressed to the Secretary, on or before Tuesday, May 8th.

April 25th, 1855. By order, J. MARTIN, Secretary.

Medical Assistant.—A Gentleman accustomed to extensive Union and Private Practice requires a SITUATION with a General Practitioner, either in Town or Country. The most satisfactory references as to moral character and capabilities, etc. Address, pre-paid, Medicus, Post-office, Tring, Herts.

Medical.—The Son of a Medical man connected with one of the Public Institutions, is desirous of an engagement as Dispenser to a General Practitioner. The country preferred. Address, W. G., 21, Church-street, Spitalfields.

To Surgeons.—Messrs. Baiss, Brothers, and CO. acquaint their friends in Town and Country that they have REMOVED from OXFORD-COURT, CANNON-STREET, and LOWER THAMES-STREET, to large and convenient Premises at 102, LEADENHALL-STREET, (up the gateway nearly opposite the East India House and facing Billiter-street,) where they hope to receive a continuance of their orders for Drugs, Chemicals, etc., which will have their best attention, both in quality and price.—102, Leadenhall-street. (opposite Billiter-street).

Practice for Disposal.—A Gentleman retiring from his Practice of £300 a-year, will introduce a Successor on easy terms, namely, by his paying £50 a-year until the premium is liquidated. It will only be necessary to pay down about £30 for a Pony and Surgery. Only a short introduction will be necessary. Address, M. N. O., "Medical Times" Office, 11, New Burlington-street.

To Chemists and Surgeons.—For DisPOSAL, in a respectable village, twelve miles from London, population 2000, a pure Drug Business, established Forty Years. Returns, £4 per week, rent and rates, 6s. per week. Stock, Fixtures, and Furniture, £150. A good opening for a Surgeon.

Address, R. S., Post-office, Bexley, Kent.

To Students.—Anatomy of the Human BONES taught in Thirty Practical Lessons, during the Summer Session. Fee to the Course, £2 2s. For particulars, address Anatomia, care of Messrs. Buck and Wootton, 33, Mount-street, Lambeth.

Wanted immediately, a Gentleman of steady and quiet habits, to take the entire management of an old-established Practice a few miles north of London. He must be a M.R.C.S.L. and a L.A.C., and would be expected and required to remain at least three years.

Apply to Messrs. Gale, Baker, and Co., Wholesale Druggists, Bouverie-street, Fleet-street.

April 26, 1855.

Assistant Wanted.—A Surgeon in extensive Practice is in want of an active man (not under 25 years of age) as Visiting and Dispensing Assistant, who has had some experience in the three branches of the Profession. One who has attended a union, or a practice in a manufacturing district, would be most suitable. A legal qualification would be a desirable recommendation. Terms:—Board and lodging as one of the family, and £40 or £50 per annum according to qualification. Applications must contain references, age, and all particulars, and be addressed to J. E., Surgeon, Pontypool, Monmouthshire.

Steel Biscuits.—F. Allarton begs to call the attention of the Medical Profession to his PATENT FERRUGINOUS, or STEEL BISCUITS. They are a most agreeable and efficacious tonic, perfectly destitute of medicinal flavour, prompt and certain in their action, and particularly adapted to cases in which the ordinary steel medicines have become irksome or offensive to take, as also in the ailments of children.

Sold in boxes, at 1s. 6d., 2s. 6d., and 5s. each, at the Patentees, 254, High-street, Southwark.

Medical Transfer and Partnership.

30, Bucklersbury, London.

MR. ORRIDGE, MEDICAL TRANSFER AGENT, in offering his services to the Profession, has the honour of being permitted to give reference to the testimony of Practitioners of the first respectability in town and country, between whom he has been professionally engaged in matters of TRANSFER and PARTNERSHIP.

MR. ORRIDGE'S AGENCY embraces *the Transfer and Valuation of every Description of Medical Property.*

An *Assistants' Registry* provided.

Office hours, Eleven to Four daily.

Institute for Idiots, at Lausanne, SWITZERLAND.—Dr. KILIAN devotes his whole time and attention to this class of unfortunate children; and by means of his experience and patient efforts, has awakened in several idiot children an intelligence nearly dormant. On leaving the establishment they were able to read and write and receive moral instruction. The Pupils confided to Dr. K. are the objects of his Christian devotion and earnest solicitude. Terms, £40 per annum. The establishment is in a salubrious situation, surrounded by extensive walks and gardens. Respectable references and further particulars given on application to Dr. K. Address, Institution des Idiots, Lausanne, Switzerland.

Brighthelmston Dispensary. — The Committee of Management of this Institution hereby give notice, that they will be ready, on Tuesday, May 22nd, 1855, at Ten o'Clock precisely, to receive Testimonials and Diplomas of moral character and professional qualifications from Candidates for the office of House Surgeon to this charity, at a salary of £100 per annum, with furnished apartments, coals, gas, and attendance. The Testimonials to be under seal, addressed to the "Chairman of the Committee of Management, Brighton Dispensary." The Candidates must be Members of the College of Surgeons of London, Dublin, or Edinburgh, and Licentiates of the Apothecaries' Company of London, and their Diplomas must be produced with their Testimonials. The whole time of the House Surgeon is to be dedicated to the Institution, and he is not to practise on his own account, but to conform to the rules of the Institution, and to give three months' notice previous to leaving.

The Election will take place on Tuesday, June 5th, 1855, at Twelve o'Clock at noon precisely.

Board Room, April 17th, 1855. D. M. FOLKARD, Jun., Assistant Sec.

Struve's Seltzer, Fachingen, Vichy, and other MINERAL WATERS.—Under Her Majesty's especial patronage.—ROYAL GERMAN SPA, Brighton.

STRUVE'S PUMP-ROOM AND PROMENADES, affording every facility for a course of Mineral Waters, as perfect and beneficial as at the natural springs, will re-open for the 31st Season on Monday, the 7th of May. Orders for Struve's Bottled Mineral Waters continue to be executed by George Waugh and Co., Chemists to the Queen, 177, Regent-street (West side), London, and by numerous other respectable houses in London and the provincial towns, where a prospectus may be obtained gratis.

CAUTION.—Struve and Co. are compelled, in justice to the public and themselves, to disclaim any connexion with Waters advertised under the general designation of "Brighton Seltzer," "Brighton Fachingen," etc., by various parties, and respectfully request the public, especially consumers at clubs, hotels, etc., to observe carefully that the name of Struve is on the label as well as on both sides of the red ink stamp over the cork, having the words "Royal German Spa, Brighton," beneath the royal arms.

Shipston-on-Stour Union.—Appoint-MENT OF MEDICAL OFFICERS.—Notice is hereby given that the Board of Guardians of the above Union will, at their Meeting to be holden on Saturday, the 5th day of May next, proceed to the appointment of a Medical Officer of the Campden District of the said Union, comprising the parishes of Bleckley (except the hamlets of Dorn and Aston) and Campden, population, 4490. Salary, £45 per annum.

The person appointed will be required to reside within the district, and to supply all necessary medicines and leeches for, and attendance upon, the poor in all cases of surgery and illness, (except midwifery, dislocations, and reduction of fractures, which will be paid according to the scale of fees set forth in articles 177, 182, and 183 of the General Consolidated Orders of the Poor Law Commissioners of 1847), and for all paupers who may require such medicines, leeches, and attendance, whether belonging to the parish or place in which they reside, or otherwise, for which attendance an order will be given by the Relieving Officer, or other competent authority.

A contract will be entered into with the officer appointed, for the performance of Vaccination at the following rates; that is to say, for every person successfully vaccinated at the residence of such Medical Officer, or within two miles therefrom by the nearest public road, the sum of One Shilling and Sixpence, and for every person successfully vaccinated at any place more than two miles distant from such residence, the sum of Two Shillings and Sixpence.

Medical Gentlemen desirous of becoming Candidates for the above District, are requested to make application under seal, and deliver the same to me, free of charge, on or before Friday the 4th day of May next.

By order of the Board,

Moreton-in-Marsh, April 11, 1855. EDWIN TILSLEY, Clerk.

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ORIGINAL LECTURES.

A CLINICAL LECTURE
ON THE
NON-EXISTENCE OF SUCH A DISEASE AS "AQUO-CAPSULITIS."

DELIVERED AT THE

Central London Ophthalmic Hospital,

By H. HAYNES WALTON, Esq., F.R.C.S.
Surgeon to the Hospital, etc., etc.

Gentlemen,—I purpose briefly to make a few remarks on disease of the anterior portion of the eyeball, before submitting to your observation cases that I have selected from among the out-patients, for your clinical instruction. I do so, to prepare you for certain discrepancies between my own views, and those set forth in our standard works on the diseases of the eye, to induce you to observe for yourselves, and thus to turn to the greatest advantage the time that you intend to devote to my teaching; for I can assure you that little if anything is to be learned in ophthalmic surgery, from mere routine attendance on hospital practice.

The addition that has been made from time to time to the knowledge of structural or minute anatomy, has not only added directly to the science of pathology, but has also improved this department of medicine, by detecting errors on which theories were founded. Fortunately ophthalmic surgery has benefited by this onward march, and it is my pleasure to-day to point out to you a conspicuous example, and to demonstrate the accruing advantages. I must as a teacher not forget that it becomes me to proceed with this task of revision in an humble spirit, and also to bear in mind that some of our so-called facts, upon which much stress is now laid, may, in a future age, when more extended means of inquiry have been developed, and more accurate and patient observers have succeeded us, be overthrown.

The more advanced of my hearers will perhaps be surprised to learn, that there cannot be any such disease as that described under the titles of "Inflammation of the Aqueous Membrane," "Inflammation of the Capsule of the Aqueous Humour," "Inflammation of the Aqueous Chamber," and "Aquo-capsulitis," simply because there is not any distinct sac or bag to hold the aqueous fluid.

It would seem from what is written, that the existence of a capsule has been taken for granted merely from analogy. And the admission of the existence of such a structure was certainly the easiest way to solve the physiological puzzle of the secretion and isolation of a watery fluid in the eye; for you know that the aqueous fluid is correctly named, since it is very little else than water, with a trace of common salt. Hence the known existence of the membrane of Descemet, or the elastic lamina at the back of the cornea, was used most erroneously as a proof that a complete capsule must exist.

I should at once pass to consider the true anatomy of the chambers of the eye, but I feel myself called on to examine some of the statements that have been made about this supposed capsule; and chiefly because they have emanated from those who are justly regarded as our authorities. It was Mr. Wardrop, to whom surgery is so much indebted, who first declared its existence.

Mr. Lawrence, in his work on "Diseases of the Eye," writes—

"Between the membrane of the aqueous humour and the serous membranes there is analogy of structure and disease. Both are equally prone to adhesive inflammation, that is, to the effusion, under various appearances, of the matters called albumen or coagulating lymph, and to their subsequent transformation into preternatural adhesions, or adventitious membranes; and such effusion, when it is interstitial, may cause opacity in both instances."

We must, I think, regret, and I speak with much deference, that in Dr. Mackenzie's fourth edition on "The Diseases of the Eye," there should be such expressions as the following, under the head "Aquo-capsulitis:"—

"Although it is, therefore, incorrect to speak of the anterior and posterior chambers as lined by a shut sac or serous membrane, or of the aqueous humour as contained within a proper capsule, the name aquo-capsulitis, with these explanations, may still be retained, to designate a very distinct disease."

Not the least disadvantage of the recognition of "Aquo-capsulitis" has been, that authors have tried to make what may be called a good case for the title, and therefore described a more severe state, or more extensively morbid condition, than is generally associated with corneitis. They have delineated inflammation mostly acute, of the anterior part of the eye-ball, and perhaps what should more strictly be called inflammation of the entire eye-ball. Mr. Lawrence, who has not circumscribed the symptoms in his description of "Inflammation of the Aqueous Membrane," declares—

"Mr. Wardrop, who calls the disease inflammation of the membrane of the aqueous humour, represents that the opacity is seated on the internal surface of the cornea, and that it consists chiefly of small roundish specks, which give the part a mottled appearance. I do not know whether this affection, as I have described it in children, ought to be considered as included in his account of the subject, which seems to have been drawn from the adult, and to include many of the cases usually called iritis."

I have yet to quote from a great ophthalmic surgeon, whose name, as being among those of the discoverers of minute parts in the human eye, is familiar to all students, and I could wish that his surgical writings were more read in this island. Dr. Jacob, in his very valuable work on "Inflammation of the Eye-ball," thus expresses himself:—

"When treating of specific inflammation of the cornea, I endeavoured to prove that the chambers of the aqueous humour are lined by a delicate membrane, and that this membrane is probably of the same nature as those lining the serous cavities. As it is of importance, with a view to a correct knowledge of the nature of the disease and its successful treatment, that this should be well understood, I have to repeat that the existence of such a lining membrane, even without an absolute demonstration of it, may with safety be admitted, from the fact that the surfaces in all the serous cavities are provided with a covering of this description to facilitate motion, and secrete a lubricating fluid. A cavity having such structures as the elastic cornea, the capsule of the crystalline lens, the iris, and the extremities of the ciliary processes exposed to the contact of the fluid aqueous humour without any serous covering, would present an anomalous example of organization contrary to all analogy; and the secretion of such a fluid as the aqueous humour from such structures, without the usual provision of a membranous envelopment, would be equally unusual, and contrary to the laws which govern organization."

I shall not offer any remark on these passages, as I think that the best answer is to be found in reverting to the anatomy of the parietes of the aqueous chambers.

On the membrane of Descemet, that is behind it, is a single layer of tessellated epithelium, which is limited to the cornea, and is the only true epithelium found on these walls. The front of the iris has not any, nor has the front of the capsule of the lens. On the posterior part of the iris, the uvea, there are, it is true, pigment cells of the nature of an epithelium, but this evidently does not concern the present question. What then, you will ask, is the disease to which authors refer when they speak of aquo-capsulitis? What is the subjective symptom concerning the morbid anatomy of which they have erred? It is the object of this Lecture to prove that it is merely corneitis.

You will find that the symptoms said to be pathognomonic of "Aquo-capsulitis," are a mottled appearance, or peculiar kind of opacity on the back of the cornea, (considered most characteristic,) muddiness of the aqueous humour, more or less disease of the iris, with occasionally closure of the pupil, increased vascularity of the sclerotica and conjunctiva. Let me analyze these.

In inflammation of the eye-ball we do meet with opacities at the posterior part of the cornea, arranged in a peculiar manner. We see milky spots, varying in size from that of a pin's head to a degree of minuteness that evades detection by the naked eye, and, please to notice particularly, of the nature and precise seat of which we have no certain knowledge; one theory ascribing them to punctiform depositions of lymph in the posterior elastic lamina, or between it and the true cornea, either of which is likely; another that is truly very extravagant, to tuberculous deposit in the epithelium behind the elastic lamina. But spots or opacities invade also other

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parts of the cornea, and occur at all depths, and therefore in all its textures, although the more anterior of them are less definite in outline, and generally less white. Can there, however, be any difficulty in attributing this slight dissimilarity to the anatomical arrangement of the part? You know that the membrane of Descemet, and its epithelium, differ from the anterior elastic lamina and the epithelium over the cornea. Surely we do not require to admit the existence of a serous membrane to account for this difference.

I find that those who dwell most on "Aquo-capsulitis" lay great stress on the back of the cornea being often alone diseased. But this is only partly true, since the disease when so situated is generally only in its commencement, and a close examination will, in most instances, detect more disease in and about the eye, than was at first suspected. Again, we as frequently, or more so, find vascular opacities and ulcer on other parts of the cornea, remaining long isolated. Unquestionably the most common state of things is for the greater part of the cornea to become more or less diseased after the posterior part has been thus invaded. Minute ulcerations on the surface, general opacity or vascularity, or all these, with different degrees of vascularity of the conjunctiva and sclerotica, supervene. It follows, I think, of necessity, that in all cases of corneitis implicating the entire thickness of the cornea, that there must be posteriorly the punctiform patches. The anterior opacity necessarily obscures them more or less. I have often, under such circumstances, looked in vain for them with the naked eye and even with a condensed light, when with a lens of high power I have distinguished numbers of them from the more anterior spots. I must beg you, however, to observe the fact, that the front of the cornea may be diseased and ulcerated for months, without the back being affected.

Let me pass next to the "muddiness of the aqueous tumour, and the implication of the iris."

There is no more common error in the diagnosis of ophthalmic diseases than when there is inflammation of the cornea, for it to be supposed that the aqueous humour is turbid, and the iris dull and diseased. This is in no slight degree due to the theory abroad, about the chambers of the eye being lined by a serous membrane, but chiefly to the fact, that all objects viewed through a cornea more or less opaque must necessarily be more or less obscured. I assure you, after no inconsiderable acquaintance with diseases of the eye, I am not familiar with turbidness of the aqueous humour, coexistent with transparency of the smallest portion of the cornea, except where a degenerated lens that has become fluid has escaped, after an operation, from its capsule, and admixing with the humour produced discoloration.

In slight primary attacks of corneitis of a subacute or chronic form, where it has been possible to ascertain the actual state of the iris, I have never known this structure to be diseased. Numerous are the instances in which I have pointed out the immunity to students, when at a first glance it seemed very dull, and the pupil adherent, a spot less opaque than the rest, or a clear spot near the margin of the cornea having enabled me to correct the deception. Many times when the cornea has been generally too dull to permit a clear view of its state, and to all appearance it has been diseased, the quick and complete dilatation of the pupil under the employment of atropine has proved that the cornea alone was in an abnormal condition. I have even seen deposits of what I supposed to be lymph at the margin of the cornea, in tubercles at four points corresponding to the vertical and transverse axes, and the iris remain healthy. Bear in mind, however, that disease of any part of the eye may be consecutive to chronic corneitis; the unhealthy action may, so to speak, travel backwards; but I believe that this is rare.

When, however, there is acute inflammation of the cornea, and this for the most part is due to traumatic causes, the iris is frequently involved. There is then inflammation of the eye-ball, certainly of its anterior part, and now any inflammatory product may be thrown out in the anterior chamber. Conversely, the cornea is frequently affected in iritis of constitutional origin, and in all degrees, from a few spots on its posterior part, to disorganizing inflammation; and consecutively also in other diseases of the eye-ball. I suspect that very frequently, when, among the remains of inflammation of the eye-ball, there exist punctiform opacities at the back of the cornea, it is inferred that the primary affection has been "Aquo-capsulitis." I have very recently had sent to me for an opinion, by Mr. Shaul, of Docking, a young lady, whose eyes would likely enough be thought to exhibit an excellent example of this. In the right eye, which was affected nearly three years ago, all activity of disease has passed away, and there remain at the back of the cornea the well-marked opaque characteristic spots: adhesion of the entire pupil to the capsule of the lens; a lead-coloured iris, and a discoloured sclerotica. In the left eye, which was diseased at a later date, there is similar implication, but to a very much less degree. Here the first symptoms were those of choroiditis.

I need not detain you long in alluding to the vascularity of the eye that is described in connexion with "Aquo-capsulitis," as it is the usual injection of the conjunctiva and sclerotica that exists in corneitis, varying, of course, in intensity in different cases.

In conclusion, let me beg you to reflect on the analysis that I have made, and endeavour to deduce some practical gain.

I hope that you will discern the immense importance of obtaining a correct idea of the diseased states of the eye; of seeing things as they really are; for this is the great step towards efficient treatment. I trust that you are sufficiently forewarned against supposing that iritis necessarily exists, because the brightness of the iris cannot be recognized. Being on your guard, you are not, I hope, likely, by bleeding or mercury, to depress a patient, when a tonic treatment is that required; for I must tell you that chronic corneitis is a great manifestation of deficient vitality, or what is called want of general power.

Lastly, remember that the obtaining correct ideas of one diseased state of an organ is a very direct road towards unravelling other morbid conditions.

ORIGINAL COMMUNICATIONS.

SMYRNA HOSPITAL.

INTRODUCTORY ADDRESS;

DELIVERED AT THE FIRST MEETING OF

The Smyrna Hospital Medico-Chirurgical Society,

By T. SPENCER WELLS, Esq., F.R.C.S.
Vice-President of the Society; Surgeon to the Hospital, etc.

Mr. President and Gentlemen,—As it has fallen to my lot to deliver the Introductory Address at this the first meeting of our Society, I will, with your permission, make a few remarks, which I hope will lead to a general discussion upon two points—The Civil Hospital System as distinguished from the Military—and the necessity or impropriety of segregating cases of the Fever which has proved so fatal here. I will refer shortly to certain questions under each of these heads, upon which I am most anxious to elicit some expression of the general feeling of the Society, and will then enumerate a few of the subjects for investigation, which I trust will be elucidated by the labours of some of our members.

First, then, as to the Civil Hospital System—I think, as we are here to carry out this system in a military hospital, our time will not be lost if we attempt to define the points in which it differs from the system pursued until very lately, and still pursued in some particulars, in all our British Military Hospitals at home and abroad. I think all these points may be grouped under the two following heads:—1st. The separation in civil hospitals of the administrative from the medical duties—their amalgamation under the military system: and, 2ndly. The provision in civil hospitals of a staff of trained nurses, cooks, and attendants—the substitution of soldiers for these trained servants in the military hospitals.

I use the term Hospital Administration in the French sense. In our civil hospitals, supported as they are by the donations and bequests of the charitable, the governors elect a treasurer and house-committee, who, by means of a steward and clerks, relieve the medical officers of all but their strictly

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professional duties. The beds, bedding, and all necessary hospital furniture and clothing are provided, kept clean, and in good order; the patients are fed and supplied with medicine; and all financial matters are arranged in such a manner, that while the medical officers are spared from any of the anxiety or loss of time connected with these administrative details, their suggestions upon all sanitary matters meet with due attention, and their directions as to the treatment of the patients are carried into effect. In the French military hospitals a system somewhat similar is adopted, intendants and sub-intendants being appointed by government to fulfil the duties performed in our civil hospitals by the treasurer, house-committee, steward, etc. But our allies have committed what appears to be a great mistake by making the medical men subject to the control of these officers of administration. In our own military hospitals the principle has been established that the medical officer should be paramount, and for this principle I trust we shall ever contend, and resist the introduction of any authority whatever into our hospitals superior to that of the principal medical officer. Let us have a full and efficient administrative staff, but let this staff be under the direction of those who alone know what are the necessities of the sick. In our military hospitals the principal medical officer is responsible for the whole of the administrative duty, and his staff of lay subordinates is very insufficient. The consequence is that his time is so taken up by the details of hospital arrangements and the completion of the various forms and checks required by the military authorities—duties which ought to fall entirely upon a proper staff of purveyors, clerks, and stewards—that he really has no time left for medical duty whatever. Now we know that some very distinguished Physicians or Surgeons would make very miserable accountants, very poor purveyors, and very bad disciplinarians. In a word, the duties of hospital administration ought not to be added to the duties of those who have the care of the sick. They are in the military, they are not in the civil hospitals. Hence many of the evils under which our poor soldiers have suffered—evils which can never be repeated under the system adopted here, for we have an efficient staff of purveyors and clerks entirely under the control of the medical superintendent, and we thus avoid the great error of our own military hospital system—oppressing the medical officer with unprofessional duties; and that of the French—making him subordinate to officers who are ignorant of what is required to preserve health or cure disease.

Next as to the Hospital Attendants. Those of us who arrived here early, and had charge of patients before our nurses came out, will, I have no doubt, agree with me in saying that incalculable evils have arisen from the practice adopted in Military Hospitals of making soldiers nurse their sick comrades. To those who have only had charge of patients here under present arrangements and in other Hospitals where their directions are carried into effect by skilled nurses, I may say—although it must be quite unnecessary to enlarge upon so self-evident a proposition—that, however kind a soldier may be, however attentive he may be to his comrades (and over and over again have we seen instances of self-denial and devotion in our soldiers which have proved that their humanity is equal to their valour), yet that men who have shown themselves invaluable at the Alma, at Balaklava, and Inkermann—impetuous in the fiery charge, steady against the almost overwhelming attack—men who have maintained their discipline under unexampled privations in the muddy trench or on the bleak hill-side, half-fed, half-clothed, unsheltered, and overworked—these men, I say, admirable, unequalled soldiers, have proved, with some few honourable exceptions, most miserable nurses—uneducated in the duty of ministering to the sick, incapable of patient watching; the kindest and best have appeared rough and inefficient, while others have proved worse than useless. We could quote numerous instances where stimulants ordered for dying patients have been swallowed by drunken orderlies, and the only mode of punishment—confinement in the black hole—has left the wards without attendants. The trained body of *infirmiers* attached to each French military Hospital and to each ambulance corps is being at last adopted in our own service, and I happen to know that it is not the fault of Dr. A. Smith, the Director-General of the Army Medical Department, that such a corps was not organized before the commencement of the campaign in the Crimea. His representations, however, were neglected by the War Minister; and this is not the only instance in which the Medical Department has been blamed for the faults of those holding higher official positions than have as yet been filled by members of our Profession in Great Britain. It may be very well for Lord Palmerston to get up in the House of Commons, and say that the departments officered by the aristocracy have not failed in the recent trial, but that the Medical Department and Commissariat have failed because their officers are taken from the middle classes. We can retort—and prove the truth of what we say—that had we been left to ourselves, unchecked by the incapacity of those who have risen rather by family influence than by merit, it would not have been under the pressure of a great war that reforms long since effected in our Civil Hospitals—long since imitated in some degree by our Allies—would have been carried out by our Military Medical brethren. Gentlemen, had proper attention been paid at the Horse-Guards to the requirements of our sick soldiers and the representations of the Medical Officers in time of peace, the necessity never would have arisen for establishing a Civil Hospital at Smyrna in time of war.

I think, however, it is only under some such pressure as the present that one part of the experiment we are now making could have been carried out. I mean the introduction of Female Nurses into Military Hospitals. You remember the outcry with which the proposition was received. You know we were told that it had been tried before and signally failed. You know also that it failed because the females employed were soldiers' wives, not trained nurses. You know, further, although it must be premature to consider the question as settled by our own short experience, that the improvement already effected in the comfort and general condition of the men by our Nurses is manifestly very great. So far we are indebted to the Civil Hospital System, but we have gone a step further—we have participated in another, a more hazardous, and a more important experiment. I must confess that before the arrival of our Lady Nurses or Nursing Sisters I entertained very considerable misgiving as to the propriety or probable success of the experiment. But a very few days served to dispel all forebodings of evil, and to raise my most sanguine hopes of good. In my own division the experiment has been put to the severest test. The chief Sister is a lady of good family, young, almost untrained as a nurse, yet she has proved of inestimable service to the sick, and to me, and I hear from my colleagues nothing but reports of similar devotion. Just as the true English gentleman is appreciated for his honour, his bravery, his uprightness, and his modest self-respect, so is the true English *lady* regarded as the type of delicacy and kindness—the impersonation of all that is gentle in manner and good in intent. All men of education appreciate her. The great question was, would she be appreciated by our soldiers? Would her delicacy be respected in an hospital ward? Would not her kindness be imposed upon? Might not her goodness border on enthusiasm and tempt her to thwart the direction of the careful surgeon, who must be "cruel only to be kind"? These questions have been answered already in a manner which not only adds additional honour to the character of the English lady, but to that of the English soldier. If we but continue as we have begun I feel convinced that we shall not only carry the Civil Hospital System, so far as regards the substitution of female nurses for orderlies, into our Military Hospitals, but that we shall have them placed under the superintendence of ladies of education, in whom implicit confidence may be placed, and that our example being followed even at home, a new impulse may be given to the exertions of the charitable, and a wider field opened for the labours of the women of England.

So much for the two great points of distinction between the Civil and Military Hospital Systems. I had something to say upon some details of hospital management, in which the two systems differ, especially as to the Diet Scales and Diet Rolls, in which I am sure we *ought* to make, and I believe are about to make, very important alterations; but so much interest is excited just now by the one question, Should we, or should we not, segregate cases of this fever which still prevails here? that I will proceed at once to state my own views on this subject, in order that the opinions of the whole Staff may be, if possible, elicited. You will observe, I hope, that I use the word *segregation*, not *isolation*, not *congregation*.

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Let us not, then, have the oft-repeated arguments against isolation—the impossibility of finding space or attendants—or those against congregation—the danger to nurses and medical men from the concentration of the emanations from the sick—urged against the system of segregation, which I wish to uphold most strenuously—a system by which all cases of fever are kept in one part of the building, and that the loftiest and most airy; the patients not crowded together, but so thinly scattered through the wards, that with a proper attention to ventilation and cleanliness, concentration of the fever-poison must be impossible. This is what I mean by segregation. This is the system which I believe we ought to follow, and I will tell you why, as shortly as I can, leaving to others the task of commenting on experience elsewhere, and confining myself to the result of our observations here. When I first arrived here fever was very prevalent. Of seventy-two cases of which I took immediate charge—thirty-three were cases of severe fever, one intermittent, three or four remittent, the remainder a continued fever of a very contagious character. The deaths from fever in the whole hospital varied from five to eight daily. Many patients who had been sent down with other diseases, frost-bites, diarrhœa, and so on, took fever in the wards. Many of the orderlies also became affected, and some died; and I felt it to be a duty, two days after my arrival, to suggest to Dr. Humphrey the propriety of establishing fever-wards. I was quite aware of the danger arising from the concentration of the emanations from fever-patients, and the good effects of the rule generally observed in England, of scattering fever cases at considerable intervals throughout our hospitals, but I considered that when in a ward of eighteen patients, six or eight were affected with fever, the remainder ran a great risk to which it was not fair to expose them; and that the whole of the attendants in the hospital were laid open to a danger which need be incurred by only a third of them, or even less, if all the fever cases were placed together. I recommended, of course, that the fever cases should be less crowded than the others, and that they should have a larger number of attendants, and these the most experienced and best we could find. Dr. Humphrey, however, believed that the danger to the medical men and attendants would be increased by segregation, and the old plan was persisted in. The fever continued to spread. I had four orderlies struck down by it in my division in one week. One of them died. The fever also clearly spread from bed to bed. In two instances I predicted that certain men would have fever, and they did. At length, after Dr. Humphrey had given up charge to Mr. Macleod, who acted for Dr. Meyer until his arrival, all the fever cases were placed in the upper storey of the South Central Division. The segregation was effected, and strictly carried out for a few days; but after the arrival of our respected Superintendent, it was not adhered to. Fever cases were again allowed to remain in the different divisions of the building; and then, when we had fresh cases appearing, when six of our nurses were laid up, and one of our lady nurses dangerously ill with fever, the Senior Medical Officers were called together by Dr. Meyer to deliberate upon the question. You know that their unanimous opinion was, that segregation should be recommended. It has not yet been rigidly enforced, possibly because the discussion of to-day might throw some new light upon the subject; but, as one of the Council who recommended the adoption of this system, I trust that others will repeat here the very striking facts which influenced their own determination to endeavour to establish what we believed to be a salutary rule of hospital management.

Allow me to add a few words as to the result of the two systems upon medical men and attendants. You know that although the system has not been thoroughly carried out, yet that the wards under Dr. Gibbon's care have been principally occupied by fever cases. I and others have sent cases of fever there when admitted to our wards. While he has had a larger number of nurses than any of the rest of us, several being required for night watching, yet not one has been attacked with fever. In the other divisions, eight nurses, Dr. Barclay informs me, have been under his care with fever. Four of them had not been in the fever wards at all, but the disease was clearly traceable to contagion, either from patients in the general wards or from other nurses. Three, though employed in the general wards, had sat up in the fever wards, and also slept in the same room with other nurses ill of fever. Only one had been employed as regular nurse in the fever wards. Dr. Gibbon has had twelve orderlies employed in his wards. Only one of them has been attacked, and that one with fever in the form of a very slight remittent. Neither he nor his assistants have suffered, nor have the rest of us, fortunately; but under the scattering system when I arrived, I found one of the medical officers and a dispenser suffering from fever. I do say, then, that our experience here, so far as it has gone, is in favour of segregation—if we adopted the system simply to spare ourselves and the nurses; for you must remember that when only one-sixth part of the building is devoted to fever cases, a very large proportion of the attendants are not exposed at all to contagion. Some may suppose that those in the fever wards are exposed to increased danger; but I think we can show that a well-aired, thinly-peopled fever ward is a safer place for a medical man or a nurse, than another ward filled with ordinary cases, but containing also a small proportion of cases of fever. We have the choice of two evils. Let us examine calmly and carefully which is the lesser, and adopt it.

And now, Gentlemen, before I conclude, allow me to occupy a few minutes of your time by a very hasty sketch of some of the interesting questions which I cannot help hoping may be answered, in some degree at least, by the labours of those I see around me to-day. We are here in an exceptional position. We have large opportunities for observation in a new field. Subjects for investigation, then, cannot be wanting. With regard to fevers, for example, we have had but too many opportunities for tracing the progress and termination of this mysterious class of diseases. Most of us have become impressed with the contagious nature of the prevailing type. Let us not then lose sight of the necessity for recording such observations as may demonstrate the truth of the doctrine of propagation by contagion to others. This Society affords us a ready means of doing this. Again, as to Crisis and Critical Days, how much have we not still to learn? Have we learned anything since our arrival in Smyrna? Have the abundant perspirations, the alvine evacuations, the copious urinary discharges, been *critical* in the sense of relieving the blood from any noxious element? Has there been any determined period for the course of these fevers? or for the date of relapsing attacks? Let the records of this Society contain the results of our observations, whether negative or positive. Then, as to the Heat of the Blood, what has its temperature been? Have we verified the curious fact, that in the cold stage of intermittents, with chattering teeth and bloodless skin, the heat of the blood is increased? Have we found lowered temperature of the blood to coincide with so-called critical discharges; and if so, have we endeavoured to determine if this must be more than a coincidence? Have we used the thermometer in the mouth, the rectum, or the axillæ, and marked the extent of increased and diminished temperature? If so, let not the results be lost. If not—if from the pressure of the duty of actual ministration to the wants of the sick, or from the lack of instruments, such observations have not yet been made, let us determine at length that the members of the Smyrna Hospital Medico-Chirurgical Society will contribute something to the existing stock of the positive facts in medicine. Perhaps we may go on yet further, and do something towards discovering in what the blood-changes which characterize these fevers consist. What are the relations between the abnormal heat and the chemical changes in the blood? Is there any peculiar principle present not yet detected? Is metamorphosis of tissue more rapid under fever than in a state of health? If so, what are the proofs of the increased rapidity? what its amount? What is the daily loss of weight in the body? What are the relations between more rapid metamorphosis and increased heat of blood? How are the pulmonary, cutaneous, intestinal, and urinary excretions modified by fever in its various stages? Are these various excretions vicarious? What are the relations between increase and decrease of temperature, and increase and decrease of elimination? Is decreased elimination connected with the occurrence of cerebral, thoracic, or abdominal complications?—in other words, is local disease developed simultaneously with a diminution in the action of excreting organs? If so, what are the relations of the two series of phenomena?

All these, gentlemen, are most interesting questions—questions, too, which the *careful* observation of a very few cases may enable some of you to answer. By endeavouring to solve them we not only render our daily visits to the wards interesting to ourselves, but may perchance add some-

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thing positive to the few thoroughly well-established principles of medicine. They fall within the province of the Physician; but as we Surgeons have but little opportunity at present of practising our art, surely we might employ our time less profitably than by assisting our Medical brethren in some of these investigations.

Then as to the treatment of the Fevers, ought we not to seek for some substitute for Quinine? For some time after my arrival here we used upwards of a pound of quinine daily. Consider what an expense this would be if equalled by other hospitals. The French pay £8000 per annum for the quinine used by their troops in Algeria alone. How many poor in our own country are deprived of quinine, solely on account of its cost, by the parsimony of the Poor Law Guardians? Well, I saw last week in the *Medical Times and Gazette*—which here in Asia weekly makes us acquainted with what is going on in the European Medical world we have so recently left—that a decoction of parsley seeds, of the strength of three or four ounces to a quart of water, or their active principle *apiol*, has been successfully used in France, 66 cases having been cured of 116 in which it was tried. Let us put it to the test here, I need hardly say, with the obvious precaution of selecting such cases as are not likely to be prejudiced by the temporary omission of quinine. I think we should also try what we can do with a decoction of olive leaves. Mr. Sidney Maltass, an intelligent gentleman who resides here, tells me that in 1843, when a very bad form of intermittent was raging in Mitylene, and no quinine could be procured, he gave a strong decoction of olive leaves in doses of a wine-glassful every three or four hours. He says, that very obstinate cases of fever gave way before it, and that ever since he has found it even more effectual than quinine. It appears that in 1808 and 1813 in Spain, and in 1811 and 1828 in France, olive-leaves have also been administered with satisfactory results. All this should encourage us to investigate the matter at once. We have an unlimited supply of olive leaves about Smyrna, and at a nominal cost. Let us then at least be able to say before our labours here are concluded, whether a decoction of olive leaves is or is not a substitute for quinine. Might we not also try what could be done with the bark of the olive. Might not our indefatigable dispenser, Mr. Fewtrell, be able to assist us in this inquiry by extracting a bitter principle, as an alkaloid, from leaves or bark? At any rate, let the trial be made. If unsuccessful—if we demonstrate that the olive leaf is worthless in the treatment of fever—our labours will not have been lost. We shall have established a fact—have thrown open the field to other investigators, and shown that no more time should be wasted on the olive. But think of the great results if success follow upon our trials. Suppose we find the long-sought cheap substitute for quinine? Why, in that case our short sojourn here would result in the development of a branch of industry which would add to the resources of this fertile and beautiful, but poor and neglected country. It would place a cheap remedy within reach of the poor and helpless, in the haunts of fever in the most distant quarters of the world. Is there not something grand in this anticipation? something exciting in the conviction, that by simply proving the truth of what some already believe, we may influence for good the destinies of the country for which our soldiers have fought and died. The tree already growing so luxuriantly would be brought into still more general cultivation. There would be increased employment for the poor in agricultural districts, chemical factories would be established, and skilled workmen settled, in different parts of the country. These would become centres of an intelligent circle of civilization, and the benefits thus conferred upon the Turk would be reflected upon our own country, a new branch of commerce adding to the means both of our mercantile and seafaring communities.

Gentlemen, I have occupied far too much of your time, and I will conclude by expressing the hope that it is in some such original line of research as those I have indicated that the members of this Society will occupy their leisure hours, and that the results of their investigations may prove not only interesting to ourselves at these meetings, but that they may lead to discoveries which, while honourable to the workman, will benefit medicine and mankind. I say our *leisure* hours, because I am sure we all feel that our first duties are those we owe to our poor patients, and that we are not to look upon them merely as subjects for scientific experiments, but as Englishmen, who have every claim upon the best assistance of their countrymen. Let science and humanity go on hand in hand in friendly emulation. The one may fail to save, the other never fails to soothe.

"It is a little thing to speak a phrase
Of common comfort, which by daily use
Has almost lost its sense; yet, on the ear
Of him who thought to die unmourn'd, 'twill fall
Like choicest music: fill the eye
With gentle tears: relax the knotted hand
To know the bonds of fellowship again:
And shed on the departing soul a sense
More precious than the benison of friends
About the honour'd death-bed of the rich,
To him who else were lonely, that another
Of the great family is near and feels."

ON THE FORM OF DYSPEPSIA WHICH OFTEN PRECEDES AND ATTENDS PHTHISIS.

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(Continued from page 385.)

Having thus briefly stated the facts upon which, mainly, the arguments of the present paper are founded, a few further remarks may be permitted on the conclusions therefrom deduced. It is no new doctrine to connect phthisis with dyspepsia. The account, indeed, of the gradual development of opinion, by which at length the relation between tuberculosis and mal-assimilation has come to be generally recognized, might be made to constitute a most instructive chapter in the history of medicine.

To Dr. Wilson Philip the Profession is indebted for the first assertion of the dyspeptic origin of some forms of phthisis, and, about the same time, Abernethy, in his famous work, drew attention to the great laws under which many so-called local diseases acknowledge constitutional causes. This was about 1823. Previous to this time, consumption had generally been considered to be a disease of the lungs only; and, although it was known to be hereditary, and peculiarly apt to occur in certain temperaments, yet, in the list of its so-called causes, we meet with but the slightest mention of those involving the idea of depraved nutrition. Authors talk of colds, "defluxions from the head," coughs, hæmoptysis, etc. as the causes of phthisis; and even the great Cullen is so far wrong as to define the disease by its latest symptoms, and to consider the expectoration of chalk as one of its occasional *causes*. An expression used by Dr. Thomas Marryatt (1792), "acridity of the blood" is perhaps, as recognizing a correct humoral doctrine, one of the closest guesses at truth. To Dr. Wilson Philip the greatest praise is due; he boldly places phthisis as the third stage of dyspepsia, and devotes a chapter of excellent practical observation to the consideration of the symptoms and treatment of the phthisical form of the latter. He fails, however, to make his generalization sufficiently comprehensive to grasp the whole truth; and states only, that some forms of indigestion end in phthisis, not that all or almost all phthisis begins in indigestion. Some years later, Lepelletier, in his "Treatise on Scrofulous Disease," made a strong and very clear statement as to the connexion of struma with disease of the nutritive system. He arranged its causes under three heads, according to the relation which each bore to the process of nutrition:—1st. Those which impair the assimilating action. 2ndly. Those which present insufficient elements of nutrition, such as bad diet and impure air; and 3rdly. Those which impede healthy excretion. In 1833, Dr. T. J. Todd, in his article on indigestion, in the "Cyclopædia of Practical Medicine," described a "strumous dyspepsia," and insisted that it was constantly present in the scrofulous habit. Immediately prior to this, by Sir James Clark, Dr. Ayre, and Dr. Marshall Hall, in our own country, and by Malfatti, in Vienna, the constitutional cachexia, which generally attends tubercular disease, had been brought in a prominent light before the attention of the Profession. None of them had, however, connected it with any special form of indigestion; and the latter step was reserved for Dr. Todd. Dr. Todd, with great ability, sketches out the group of symptoms of disordered abdominal functions, which are almost always present in diseases called strumous. Every one is

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aware how much, during the last twenty years, the treatment consumption has altered; how, formerly, it was addressed of to the local disease, and how, at the present time, the constitutional malady claims almost sole attention. It is to Sir James Clark principally that we are indebted for this improvement. That physician, however, recognizes enfeebled health as the cause of tubercle rather than any particular form of cachexia, dyspeptic or otherwise; and his recommendations as to treatment are, therefore, of the most general kind,—fresh air, exercise, good food. If we turn to Louis' renowned work, we find this part of the subject treated of in a most meagre manner. Mal-assimilation is scarcely alluded to, dyspepsia is never mentioned, and hæmoptysis and cough are spoken of as the first symptoms of phthisis.

Dr. Wilson Philip describes the symptoms of what he terms "dyspeptic phthisis" as being dependent on "disorder in the secretion of bile" (I quote his words), and as consisting in low spirits, sallow countenance, dry, and often paroxysmal cough, liability to headache, and to darting pains in the back and shoulders. He observes that it differs from the ordinary forms of phthisis, in that there is little or no dyspnœa, very little pain, and that the stage of extreme emaciation and hectic is often much delayed. He states further that the right hypochondriac region is often a little harder, and more full, than the left, whilst the patient often complains of flatulence, acidity, and irregular bowels, the fæces being mostly rather deficient in colour. He believes that this affection almost invariably leads to phthisis, if not cured by mercurial treatment. With regard to the relation as to precedence of phthisis and dyspepsia, he states:—"In by far the majority of cases, in which both the lungs and digestive organs are affected, the affection of the digestive organs precedes that of the lungs."

Mr. Abernethy's views as to the pathology and treatment of scrofula are too well known to need mention here. Dr. Philip alludes with much satisfaction to the circumstance, that Mr. Abernethy, in the surgical forms of scrofula, and himself in the medical ones had, by independent observations, arrived at almost precisely the same methods of treatment.

Dr. Todd, in his description of "strumous dyspepsia," although treating of the diseases usually classed as struma, and occurring in children, rather than of phthisis, has some observations which may, without must risk of error, be transferred to the latter disease. Indeed, he includes, under the term struma, an idea of its being of tuberculous nature, and there are probably no good reasons for supposing that the constitutional symptoms would differ materially in the case of tubercle in the lungs, from what they would be in tubercle of the lymphatic glands.

After a detailed enumeration of symptoms, he sums up as follows:—"The phenomena of this disease, its whole complexion and character, sufficiently indicate a congestive state of the hepatic system. Were we allowed to assume, as the proximate cause of the disease, derangement of the function of the liver, all the other consequences would follow; for, though we may not know precisely what share the function of the liver may have in the process of sanguification, we may easily understand how it may interrupt and interfere with this process, leading to a cachectic state of the fluids, from which result tubercles, and other semi-vital and semi-organic productions."

Dr. Hughes Bennett, one of the last writers on the subject, has, in his work on Pulmonary Tuberculosis, the following statements:—"From facts of a certain kind it has been supposed that hereditary predisposition, a vitiated atmosphere, changeable temperature, certain occupations, humidity, particular localities, absence of light, and so on, predispose to phthisis. Very frequently several of these are found united, so that it is difficult to ascertain the influence of each. When they so operate, however, they invariably produce in the first place more or less disorder of the nutritive functions, and are associated with dyspepsia or other signs of mal-assimilation of food. In another part he says, "The peculiarity of phthisis, however, is that an excess of acidity exists in the alimentary canal, whereby the albuminous constituents of the food are rendered easily soluble, whilst the alkaline secretions of the saliva and of the pancreatic juice are more than neutralized and rendered incapable either of transforming the carbonaceous constituents of vegetable food into oil, or of so preparing fatty matters introduced into the system as will render them easily assimilable." He believes that the absorption of fat is effected by a mechanical process of emulsification, each molecule of oil being surrounded by a pellicle of albumen, and in that condition readily entering the intestinal villi. In phthisis he believes that very little fat is taken up on account of the removal of the albumen dissolved in the excess of acid. No mention is made of disorders of the functions of the liver or pancreas. Now there are several serious objections to this theory. First, granting that there is excess of acidity, how is that excess produced? Is it not in itself indicative of functional disorder of some of the secerning viscera? And, on the other hand, I find no clinical evidence that such acidity is always present. I freely admit that it is a frequent symptom, but not by any means an essential one in the dyspepsia of phthisis. The evidence adduced by Dr. Bennett himself on this point is loose and vague. Again, if the faulty assimilation of fat be merely mechanical, and caused by the presence of an acid fluid in the duodenum, a neutralizing dose of alkali before or with the meal should strike at what Dr. Bennett deems the very essence of phthisis. But we know that alkalies possess no such power. Whilst, therefore, I accept as valuable Dr. Bennett's opinion as to the frequency of the dyspeptic stage in phthisis, I cannot agree with his pathological views as to the nature of that dyspepsia.

Mr. Ancell, whose recent and voluminous Essay on Tuberculosis manifests great research, accepts to the full Dr. Todd's views as to strumous dyspepsia. He does not, however, develope them, or add much to their precision.

Here it may be well to state clearly, that the argument held is not that all indigestion leads to phthisis, but that there is a peculiar form of it which has a natural tendency to end in that disease. The symptoms denoting that form have already been stated, but the question yet remains to be answered, Are they not also common to many other conditions distinct from the tuberculous? The comparative neglect with which the various forms of dyspepsia have unfortunately been treated, renders it impossible to answer this question definitely. We have no accurate observations as to the especial symptoms most frequent in the dyspepsia which attends scurvy, that of chlorosis, that of gout, that frequent in cancer, etc. My own inquiries have been far too limited to permit of the production of anything like statistical evidence on these points. From some facts, however, it seems highly probable that the form described is *not* common to other conditions of the system. The subjects of emphysema of the lungs, who almost always suffer severely from indigestion, are generally very fond of fat; and their inconveniences more usually concern flatulence, water-brash, etc., than heartburn, or any of the states dependent on undue acidity. The gouty alderman suffers from his own form of indigestion, but it is not the one above described; and he remains to the last a lover of turtle fat and of alcohol. The chlorotic patient has peculiar dislikes, but not either in her case is there, as far as I have been able to observe, any distaste for fatty aliment in particular, nor unless as a complication tuberculosis be imminent, any marked development of acid dyspepsia. The observation respecting the general fondness for fat in the subjects of emphysema, is one in the correctness of which I have much confidence, and which assumes great importance when it is remembered that the disease is one, to some extent, antagonistic to phthisis, and that the condition of the blood, as to oxygenation, is opposite in the two.

With regard to the difficult assimilation of fatty matters, I am inclined to believe that this symptom may be made great use of for purposes of prognosis. Exceptions undoubtedly occur; but, as a general rule, it might probably be safely laid down that the severity of the tubercular dyscrasia is measured by the difficulty with which cod-liver oil is borne. The need for that remedy is mostly in exactly inverse ratio to the facility with which it is digested. In the worst and most hopeless cases of phthisis, the patient's countenance will contort itself into an expression of greater disgust than words could convey at the very mention of fat, or oil; and butter, sugar, etc., and even alcohol, are often included among the articles for which there is an intense disrelish. On the contrary, if a patient have once got to really like the oil, to be able, as he would say, "to drink it," and more especially if at the same time he have acquired a liking for other varieties of fat, there is every hope that the tubercular constitution is in abeyance,

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and that, provided the local lesions have not too far advanced, a recovery may ensue. The constancy with which this change in taste is observed in cases of recovering phthisis is very remarkable; and the observation will, I have no doubt, be confirmed by any one who will make inquiries on the subject.

With regard to the opinion which has been expressed respecting the proneness of those who have an habitual disrelish for fat to become, sooner or later, the subjects of tuberculous disorder, a little explanation may be needed. It is not intended to imply that such is always the case. Undoubtedly a considerable number of such go through life in the enjoyment of good health. I believe, however, that it would generally be found, on inquiry, that these exceptions are more apparent than real; and that if there is an instinctive dislike for adipose matter, there is, to compensate it, a fondness for some other hydro-carbon, such as butter, sugar, or alcohol. As to the frequency with which, amongst a family of others, a child of scrofulous constitution is marked by his peculiar dislike to fat, I feel well convinced; and am not less strongly so, that, comparatively speaking, such a child is more prone than others to become the subject of pulmonary phthisis. The most ominous form of all, however, in which this symptom can show itself, is when a person previously fond of fat rather quickly loses relish for it. Such an occurrence should be regarded with the most serious suspicion, more especially if attended by any of the other symptoms of acid dyspepsia. The tubercular dyscrasia is not far off when these are developed.

Passing now to speak of the treatment of the dyspepsia of phthisis, it can scarcely be necessary to say that it must not be assumed, from what has been laid down as to its essential characteristic being the non-assimilation of hydro-carbonaceous matters, that the forcible administration of such is the measure indicated. It would be perfectly useless to order the subject of confirmed dyspepsia of this kind to take fat, in the first place his palate would refuse it; and, secondly, if swallowed, his stomach, pancreas, and liver are quite incompetent to its digestion. It is not, however, by any means so with cod-liver oil. Whether it be that the biliary principles it contains furnish the necessary material for the assimilation of the oily ones, or whether these biliary principles, or the minute proportion of iodine, bromine, etc. present exert a beneficial influence on the viscera at fault, and excite their latent functions, cannot be positively answered, but the fact is nevertheless certain that the fish oils can be endured by the subjects of most aggravated dyspepsia, and will relieve symptoms which all *à priori* reasoning would have expected them to aggravate. I have seen the liability to frequent sick headaches and to attacks of acidity disappear under the exhibition of cod-liver oil, and I have seen, over and over again, the same remedy agree well in cases in which a red abraded tongue, with prominent papillæ, etc. had seemed to forbid its use. As the result of extended and careful observation on this point, I am obliged to confess that I know of no single symptom which would have any weight whatever in inducing me to defer the trial of this oil in a case of phthisis. This opinion is probably at variance with that of many of more experience than myself, but I yet cannot help entertaining it. That in a great many cases an introductory treatment is required cannot be doubted, but to recognize such cases before trying the oil is a matter, as far as my knowledge extends, of impossibility. In all cases of phthisis I should, therefore, begin with the oil, and if it would agree persevere with it, and gradually pass to the use of other fats in addition. If, however, the oil cannot be taken, there will then be called for on the part of the physician the greatest exercise of skill and prudence in the treatment of the dyspepsia by other remedies. A stomachic mixture, which is much employed by Dr. Peacock at the Hospital for Chest Diseases, and which consists of a cold infusion of rhubarb, calumba, and ginger, with the addition of an alkali, will often serve an admirable purpose. There are certain cases, however, if I am not mistaken, in which no remedy will so certainly achieve the end in view as mercury in small and repeated doses. Its administration requires the greatest caution on the part of the prescriber, but if that be duly exercised the resulting benefit will often be surprisingly great. And here it may be permitted to digress a little in order to ask attention to the circumstance, that all who have investigated the dyspepsia of tuberculosis have arrived at nearly the same conclusions as to its treatment, and that the conclusions of all are in active support of the theory of impaired hepatico-pancreatic functions. Mr. Abernethy's treatment is too well known to need allusion; the same, also, might be said of Dr. Wilson Philip's;—both used mercury freely. The latter, indeed, records an extraordinary case, in which there was every reason to believe the mesenteric glands far advanced in tubercular disorganization, and in which restoration to perfect health ensued under a course of mercury, extended without intermission over more than a year. Among the advocates of mercury in phthisis we have four of the ablest practical physicians that have ever adorned our profession, Dr. Marsh, Dr. Graves, Dr. Stokes, and Dr. Munk. It is true, that between the practice of these and of Dr. Wilson Philip there was the important difference, that the one gave a short course of full doses, and the other a prolonged one of very small doses; but notwithstanding this, both may be quoted as pointing to the same pathology of the disease. Dr. Todd, whose excellent article has already been alluded to, advocates a nearly similar plan. Those, also, who do not employ mercury, generally use nitro-muriatic acid, the vegetable alteratives, the alkalies, etc., the effect of which upon the functions of the viscera referred to is to some extent the same in nature.

As soon as, by treatment, the relish for the hydrocarbons has been restored they should at once be supplied. Pork chops, bacon, butter, cream, sugar, dried fruits, and alcohol in its various combinations should be recommended. The comparative immunity enjoyed by the intemperate from tuberculous disorders has long been matter of remark, and has recently been made the subject of some interesting though not very conclusive statistical calculations by Dr. Atkinson, of Wakefield(a). A case came under my notice two years ago in which the patient, who had suffered all the symptoms of confirmed phthisis, and had been told by an experienced stethoscopist that such was the case, regained his health, as he believed, solely from the immoderate use of beer. He had engaged himself as pot-boy, and had, in that situation, drunk almost *ad libitum*. I made a careful examination of his chest, and had every reason to believe that the case was one in which large vomicæ were in process of cure. It should be stated that the improvement had begun under the use of cod-liver oil prescribed by Dr. Cotton, at the Brompton Hospital, but it had continued, and even progressed more rapidly since it was left off.

And now, in fear that I may have, through this paper, seemed to have been riding a hobby, and displaying a manifest determination to bring in a verdict of Guilty against the liver and pancreas as to their part in the production of phthisis, the reader must permit me to briefly resume the arguments which have been adduced in favour of that conclusion. Clinical observation has been shown to prove that there is generally, in this disease, a dislike for a certain kind of aliment, which physiology asserts it is the duty of those viscera to digest. The phenomenon of emaciation makes it further certain that the kind of aliment in question is not assimilated in sufficient quantity to supply the wants of the system. Clinical observation again shows that as complications, there are also generally present other symptoms to be explained only by reference to deranged functions on the part of those organs; and lastly, physicians with their experiments in therapeutics come in and tell us, that by the use of certain remedies likely to act on those organs, and to restore their activity, the whole morbid condition may be removed. The chain of evidence appears to be complete.

To conclude, then, with a few words on the causes of phthisis. If the question be put, Is dyspepsia to rank as such? it must, undoubtedly, be answered in the negative. Dyspepsia is only a link in the chain, and simply the name for an effect which has itself a cause. That tubercular dyscrasia may be produced without any intervening stage of indigestion, must also be freely admitted. That dyscrasia consists essentially in a morbid state of the nutritive fluid, which state might be just as efficiently produced by withholding of the proper articles of food, as by a refusal on the part of the organs of digestion to assimilate them. To one or the other of these two classes, however, I suspect that all influences tending to produce phthisis might easily be referred, namely, to errors in diet, or to the incompetency of the chylopoietic

(a) Lancet, Feb. 1854, page 207.

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viscera. The latter phrase is acknowledged to be vague and not comprehensive of the results arising from many different classes of influencing circumstances, but it is, nevertheless, useful. To it would have to be referred the effect produced by hereditary predisposition, and some similar influences; to explain the mode of action of which, however, if pressed, one would probably be forced to take refuge in the mysteries which appertain to the organic nervous system. It is not, however, the intention of this paper to descend too deeply into these obscure points in physiology, but simply to ask attention to a few practical conclusions, of which, if true, the importance must be great.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING MARCH (a).

The subjoined Report, as usual, includes the following Hospitals:—University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing Cross, St. Mary's, the Metropolitan Free, the Marylebone, and the Hospital for Sick Children.

LITHOTOMY.

The little boy who, under the care of Mr. Cock in Guy's Hospital, had suffered from abscesses (pyæmic?) in various parts of the body after lithotomy, has since the last report quite recovered. A case remains under Mr. Erichsen's care in University College Hospital on account of the perineal wound being very slow to heal.

Number of cases, 6. Recovered, 3. Died, 3.

Recoveries.—*Case* 1.—A strumous boy, aged 10, under the care of Mr. Fergusson, in King's College Hospital. A year before admission he had for a period of seven months suffered from intense pain in the loins which had at length suddenly ceased. Since its cessation the symptoms of calculus in the bladder had been present. Mr. Fergusson removed a small lithic acid stone, and he recovered without a bad symptom. *Case* 2.—A fairly healthy child, aged 3, under the care of Mr. Poland, in Guy's Hospital. The usual operation was performed and no bad symptoms followed. *Case* 3.—A boy, aged 5, under the care of Mr. Poland, in Guy's Hospital. He had suffered from stone for eighteen months. A slight bronchitis occurred after the operation, notwithstanding which he made a good recovery.——Deaths.—*Case* 4.—A very healthy child, aged 2½ years, under the care of Mr. Birkett, in Guy's Hospital. Death from acute bronchitis followed forty hours after the operation. (For details see last week's *Medical Times and Gazette*, p. 411.) *Case* 5.—A man, aged 58, under the care of Mr. Hilton, in Guy's Hospital. He had suffered from stone for ten years and was in extremely reduced health. A year ago he was under Mr. Hilton's care, but was so ill that it was not deemed prudent to operate. An arrangement was made by which he was sent for some months into the country, and there he so far recovered his health that during the whole of the summer of 1854 he worked as a railway labourer. After a time, however, the symptoms returned with increased severity, and he was reduced to a state which was even less promising for an operation than his preceding one had been. As a matter of necessity, however, Mr. Hilton determined to perform the extraction. A stone the size of a hen's egg was with some difficulty, on account of the unyielding and indurated state of the prostate, removed. Considerable venous bleeding occurred at the time, but it was completely arrested by plugging the wound (b). The man went on for six days better than could have been expected, but subsequently sank and died about the fifteenth. At the autopsy the bladder and wound were found incrusted by phosphates; there was an abscess between the bladder and rectum, and extensive degeneration of both kidneys. *Case* 6.—A lad, aged 18, under the care of Mr. Solly, in St. Thomas's Hospital. The usual operation was performed, and a stone of considerable size removed. Death occurred one month after the operation. At the autopsy suppuration was found to have taken place between the bladder and rectum on both sides the bladder, and also behind the rectum; the mucous membrane of the bladder was much inflamed and coated with croupy lymph.

LITHOTRITY.

Mr. Stanley's patient, in whom gangrene of the testis had occurred, has left the Hospital well. It is not, however, quite certain that he is free from stone.

A man, aged 41, was admitted in January, under Mr. Fergusson's care, into King's College Hospital, suffering from stone in the bladder. His symptoms had existed for some years, and the presence of stone had been ascertained by a surgeon six months] before his admission. Mr. Fergusson performed the first lithotrity on the 6th, and a second on the 12th. After the last the man sank into a condition of irritative fever, and death occurred on the 22nd.

HERNIOTOMY.

The case (No. 4) left under treatment by last month's report, has resulted in recovery.

Number of cases 19. Recovered 3. Under treatment 7. Died 9.

Recoveries.—*Case* 1.—A man, aged 43, under the care of Mr. Birkett, in Guy's Hospital. Hernia congenital, and for a long period irreducible. Strangulation, eighty-three hours. Mr. Birkett opened the sac, and returned a knuckle of much congested bowel, leaving a portion of adherent omentum. The wound was subsequently affected by gangrene, but it subsided under treatment, and the man ultimately made a good recovery. *Case* 2.—A man, aged 48, under the care of Mr. Partridge, in King's College Hospital. Hernia femoral; strangulated four days; sac not opened. Recovered without a bad symptom. *Case* 3.—A woman, aged 42, under the care of Mr. Fergusson, in King's College Hospital. Hernia femoral; sac not opened (Gay's operation). Recovered. *Case* 4.—A man, aged 20, under the care of Mr. Marshall, in University College Hospital. Hernia inguinal; strangulated eight hours. The sac was opened, but only to a very slight extent, and just over the strictured part; its contents were not seen. Recovered. *Case* 5.—A woman, aged 40, under the care of Mr. Hewett in St. George's Hospital. Hernia femoral; strangulated five days; sac opened. The hernia was small; it contained a knuckle of much congested bowel. Recovered. *Case* 7.—A woman, aged 50, under the care of Mr. Simon in St. Thomas's Hospital. Hernia femoral, strangulated three days; sac not opened. Recovered.——Under treatment.—*Case* 8.—A man, aged 63, under the care of Mr. Gowland in the London Hospital. Hernia inguinal; strangulated six hours; sac opened. Doing well. *Case* 9.—A woman, aged 56, under the care of Mr. Hillman in the Westminster Hospital. Hernia femoral; strangulated twenty-eight hours; sac opened. The sac contained intestine only. *Case* 10.—A woman, aged 33, under the care of Mr. Erichsen in University College Hospital. Hernia femoral; strangulated 9 hours; sac not opened.——Deaths.—*Case* 11.—A woman, aged 63, under the care of Mr. Luke, in the London Hospital. Hernia femoral; of two years' duration, and partly irreducible; strangulated 80 hours; sac not opened. The patient sank, and died on the third day. At the autopsy no evidences of peritonitis were found. The strangulated portion of bowel had not recovered itself; its coats being thickened and œdematous, like moist wash-leather. Some adhesions connected the bowel to the neck of the sac, but there was no constriction. The bowel above the seat of strangulation was distended with flatus. *Case* 12.—A woman, aged 73, under the care of Mr. Luke, in the London Hospital. Hernia femoral; strangulated 51 hours; sac not opened. The patient was paralytic, and very feeble. Death from exhaustion followed on the third day. It was found at the autopsy that only a portion of the calibre of the bowel had been strangulated. A patch about the size of a florin was abruptly circumscribed, and was intensely congested externally; the mucous membrane of the interior being ulcerated and covered with lymph to a like extent. *Case* 13.—A man, aged 76, under the care of Mr. Curling, in the London Hospital. Hernia inguinal; strangulated 24 hours; sac not opened. Death occurred two weeks after the operation. Its

(a) In this report are included from King's College Hospital the cases which occurred in January, and from Charing Cross Hospital those both of January and February, these having been unavoidably omitted from previous reports.

(b) For this purpose a novel and very efficient expedient was adopted which we shall describe next week.

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cause seemed to be exhaustion, as the bowels had acted well, and the wound was proceeding favourably. *Case* 14.—A woman, aged 50, under the care of Mr. Holt, in the Westminster Hospital. Hernia ventral; strangulated two days; without a sac. Death from peritonitis. (See detailed report in the *Medical Times and Gazette*, for April 21.) *Case* 15.—A woman, aged 56, under the care of Mr. Pollock, in St. George's Hospital. Hernia femoral; strangulated 30 hours; sac opened. The patient was a very fat woman, and was at the time of the operation in an unusually depressed condition. Death from peritonitis resulted. No post-mortem. *Case* 16.—A woman, aged 44, in Bartholomew's Hospital, under the care of Mr. Stanley. Hernia femoral, strangulated six days; sac opened, and gut found gangrenous. Death on third day. *Case* 17.—A woman, aged 65, under the care of Mr. Partridge, in King's College Hospital. Hernia femoral, strangulated five days; sac opened. Death from peritonitis on the third day. *Case* 18.—A woman, aged 40, under the care of Mr. M'Whinnie, in St. Thomas's Hospital. Hernia femoral, of eight years' duration; strangulated twenty hours. On account of the tightness of the stricture, it was necessary to open the sac. The patient did well for three days; she then began to complain of intense pain in the course of the femoral vessels, the thigh became swollen, and of a dusky-red colour. In spite of stimulants, freely used, she sank rapidly, and died on the sixth day. There had been no rigors. At the autopsy, the bowel was found quite free from stricture; it adhered, however, to the femoral ring. There was only a very local extent of peritonitis. The femoral vein appeared healthy; the thigh was œdematous. The lungs were congested posteriorly, and emphysematous in front. The cause of death was not evident. *Case* 19.—A man, aged 45, under the care of Mr. Moore, in the Middlesex Hospital. Hernia inguinal, of ten years' duration, irreducible; strangulation eight hours; sac opened. Death thirty-four hours afterwards.

TREPHINING OF THE SKULL.

Mr. Partridge's case in King's College Hospital, reported last month, has done well. No operations of this class have been performed during March.

LIGATURE OF ARTERIES.

In Mr. Critchett's case of ligature of the carotid for anastomotic aneurism in the orbit death has at length occurred. The man had for several months been in a critical state from the effects of repeated hæmorrhages from the orbital vessels. The wound of the ligature had long since quite healed, and there had been no symptoms of disease of the brain. Mr. Stanley's case in St. Bartholomew's, and Mr. Cock's in Guy's, in which the femoral had been tied on account of aneurism, both remain under care.

Case 1.—A girl, aged 16, admitted into University College Hospital, under the care of Mr. Erichsen, having sustained an injury to the palmar arch. The bleeding was arrested at first by pressure, but recurring in the course of a few days it became necessary to tie the radial and ulnar arteries. Recovered. *Case* 2.—A boy, aged about 14, was under care in the Charing Cross Hospital, having had the fore and middle fingers of his right hand amputated on account of a severe crush. Arterial bleeding having repeatedly occurred to a considerable extent, and its source not being discoverable, Mr. Holland, the House Surgeon, placed a ligature on the radial in the upper third of its course. This measure was successful as far as arterial bleeding was concerned, but a few days later there was a general oozing, to arrest which the gallic acid internally was employed with the desired effect.

Case 3.—A young man was admitted into St. Mary's Hospital, having wounded his radial artery near the wrist. Mr. Gascoyen, the House-Surgeon, placed ligatures on the vessel above and below the wound. Recovered.

AMPUTATIONS.

Case 5 of last month, then under treatment, has since recovered.

Number of cases, 24; recovered, 9; under treatment, 12; died, 3.

At the Hip joint.—*Case* 1.—A man, aged 26, was admitted into University College Hospital, under the care of Mr. Erichsen, having sustained a compound fracture of the femur, high up with much crushing of the soft parts of the thigh. Primary amputation at the hip-joint was performed about two hours after the accident. The man was extremely sunken; chloroform was administered to partial insensibility, and seemed to have the effect rather of sustaining than of depressing. Death from collapse occurred about an hour after the operation. *Of the Thigh.*——Recoveries.—*Case* 2.—A man, aged 27, extremely ill, under the care of Mr. Hancock, in the Charing Cross Hospital, on account of diseased knee-joint. Amputation was performed, and he made a good recovery, being able, within two months, to walk with an artificial leg. *Case* 3.—A woman, aged 45, under the care of Mr. Birkett, in Guy's Hospital. The leg had been run over by a cart, and most severely crushed as high up as the knee-joint. Primary amputation in the lower third was performed, the plan adopted being that of semicircular flap of the skin, and a circular incision through the muscles. The popliteal artery alone required ligature. The woman was very stout, and the stump was consequently large. The healing process went on most unusually well, a large part united by primary adhesion, and the whole was quite sound within a month. The patient was robust, and confessed to having been in the regular habit of eating upwards of two pounds of fresh meat daily, and drinking a quart or more of porter. *Case* 4.—A boy aged 8, in very feeble health, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased knee-joint of six years' duration. Recovered. *Case* 5.—A boy, aged 9, under the care of Mr. Poland, in Guy's Hospital, on account of diseased knee-joint. The flaps partially sloughed, but under the free use of stimulants and quinine, a good recovery ensued. *Case* 6.—A man, aged 33, a sailor from the Falkland Islands, in a miserably cachectic state, under the care of Mr. Canton, in Charing Cross Hospital. He suffered from diseased knee-joint, consequent on an injury. After the amputation, he sank into a very critical state, and it was only by the most sedulous attention in administering stimulants, etc. that he was got through. A ring of bone exfoliated from the extremity of the femur. The stump is now sound. *Case* 7.—A man, aged 59, under the care of Mr. Hancock, in Charing Cross Hospital, on account of conical stump, after amputation in the lower third of the thigh. The operation had been performed more than a year ago, in the country; the stump had since occasioned the man much trouble, on account of ulceration, etc. over the projecting end of the bone. Mr. Hancock's operation consisted merely in cutting away the cicatrix, and sawing through the femur 2 inches higher up. Recovered, without any bad symptoms.——Under treatment.—*Case* 8.—A man, aged 24, was admitted into St. Bartholomew's Hospital, under the care of Mr. Stanley, on account of a simple fracture of both bones of the leg. In about five weeks firm union had resulted, and the limb was released from splints, and laid on a pillow. An attack of phlegmonous erysipelas now occurred, the bones again separated, and the limb became so much disorganized that amputation was necessary. Doing well. *Case* 9.—A girl, aged 12, under the care of Mr. Erichsen, in University College Hospital. She was in good health, but of strumous constitution; her disease was false anchylosis of the knee-joint, consequent on by-gone mischief; the leg had been imperfectly developed, and was useless. Amputation through the condyles of the femur was performed. Doing well. *Case* 10.—A boy, aged 14, under the care of Mr. Brooke, in the Westminster Hospital. He had been admitted about three months before it became necessary to amputate, with acute periostitis of the femur, and a large abscess around the diseased part. Spontaneous fracture of the bone occurred, the upper end subsequently protruded, and recovery being otherwise hopeless, the limb was removed by amputation through its upper third. Doing well. *Case* 11.—A boy, aged 15, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased knee-joint, with necrosis of the tibia. He was very ill at the time of the operation. Under care.——Deaths.—*Case* 12.—A man, aged 60, admitted into the Middlesex Hospital, under the care of Mr. Moore, having sustained a compound fracture of the leg, with injury to the artery. He would not at first consent to the operation, but subsequently, about twelve hours after the accident, and when in an almost hopeless state of collapse, he became willing to submit to it. Death followed very soon after the amputation of the leg.

Of the Leg.—Recoveries.—*Case* 13.—A man, aged 19, under the care of Mr. Hancock, in Charing-cross Hospital, on account of diseased ankle. He was of strumous habit and

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the subject of extensive disease of the cervical glands. He recovered well, and under the free use of cod-liver oil, quinine, etc. the ulcerations in the neck healed during the treatment.——UNDER TREATMENT.—*Case* 14.—A man, aged 63, admitted into St. Thomas's Hospital, under the care of Mr. Solly, on account of compound fracture of the leg with much laceration. His health, considering his age, was good. Amputation was performed on the third day, the man having at first refused it. There had been a good deal of bleeding from the peroneal artery. *Case* 15.—A boy, aged 14, under the care of Mr. Erichsen, in University College Hospital, on account of diseased ankle and tarsus. The great toe had been amputated two years before on account of strumous disease. Doing well. DEATHS.—*Case* 16.—A man, aged 22, but very puny, and scarcely looking like 15, under the care of Mr. Hancock, in the Charing-cross Hospital, on account of diseased ankle and tarsus. It was proposed to excise the ankle joint only, and that operation was indeed first performed, but the tibia and os calcis having been found on examination to be too extensively diseased to permit of the limb being saved it was removed in the lower third. The patient lived three months after the operation, having sunk gradually. He had expectorated much pus, and a large abscess had formed in one elbow-joint about six weeks after the amputation. There had also been much suppuration up the leg. No rigors had occurred, but from the occurrence of pulmonary and articular deposits, a chronic form of pyæmia was suspected.

Of the Foot.—RECOVERIES.—*Case* 17.—A man, in fair health, aged 22, under the care of Mr. Hancock, in the Charing-cross Hospital, on account of diseased tarsus. The scaphoid bone had been excised about a year ago, but the disease had since extended. Mr. Hancock performed Chopart's amputation, and to prevent retraction of the foot divided the tendo Achillis at the time. The expedient was quite successful, the stump healed well, and now, at the end of three months, the patient having been walking about for some time there is not any tendency to displacement backwards. *Case* 18.—A woman, aged 37, in the Middlesex Hospital, under the care of Mr. Moore, on account of gangrene of the toes, &c. from cold. Hey's amputation was performed. Recovered.——UNDER TREATMENT.—*Case* 19.—A man, aged 25, under the care of Mr. gusson, in King's College Hospital, on account of a growth of medullary cancer infiltrating the sole of the foot. Amputation at the ankle-joint. Under treatment. *Case* 20.—A woman, aged 28, in fair health, under the care of Mr. Moore, in the Middlesex Hospital, on account of diseased tarsus. A portion of the first metatarsal bone had been removed on a former occasion, but other bones had subsequently become affected. Chopart's amputation was performed. Doing well.

Of the Upper Extremity.——UNDER TREATMENT.—*Case* 21.—A man, aged 31, under the care of Mr. M'Murdo, in St. Thomas's Hospital. The whole forearm and two-thirds of the upper arm had been most severely torn. Primary amputation, a little below the shoulder-joint, was performed. Doing well. *Case* 22.—A man, aged 40, in the London Hospital, under the care of Mr. Adams, on account of compound dislocation of the elbow with much contusion. Amputation through upper part of arm. *Case* 23.—A boy, aged 10, under the care of Mr. M'Whinnie, in St. Bartholomew's Hospital, on account of crushed hand and forearm. Amputation through the forearm. *Case* 24.—A man, aged 24, under the care of Mr. Shaw, in the Middlesex Hospital, on account of necrosis of the humerus consequent on fracture. The amputation was done five weeks after the accident. Doing well.

VACCINATION.—The Registrar of the Bexley district in Kent reports that "the only deaths from small-pox have occurred to persons not vaccinated. Not more than one-third of the children born are vaccinated by the public vaccinator, and the other Surgeons refuse to give certificates of successful vaccination. It cannot, therefore, be ascertained what proportion of the children born are vaccinated." And the Registrar of Oxford says that the Medical Practitioners "consider the Act improper and defective; and that at this time most of the Medical Profession have no sufficient supply of matter. The Act is now perfectly useless."

MEASLES is very prevalent in Portugal. The young King and his brother have both been attacked.

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Medical Times & Gazette.

SATURDAY, MAY 5.

THE FOLEY PLACE MURDER.

THE extreme sentence of the law has been carried into execution on Luigi Buranelli. Still the question remains on many minds, Was he morally guilty of the crime imputed to him? If there be a reasonable doubt of his sanity, then ought the unfortunate man to have had the benefit of that doubt. It seems, however, that while Drs. Conolly, Baly, Forbes Winslow, and Messrs. Shaw and Henry, were well satisfied of his insanity; the Home Secretary and Mr. Justice Erle, with whom the question of the life or death of Buranelli rested, were equally well satisfied of his moral responsibility, and so the man was hanged.

Now as we have before us full notes of the Medical evidence adduced by the Prisoner's counsel to prove his insanity, and of that brought forward by the Crown to prove his sanity, we propose to examine the chief arguments brought forward on either side, for the benefit especially of such of our readers as may be called on to give evidence in similar cases.

Dr. Baller stated that Buranelli had three years since been under his care for congestion of the liver, and piles; that in January, 1854, he lost his wife, and at once became extremely depressed and dejected, wandering about very much by himself in a very low and desponding state. For the previous two years he had considered him a mild, inoffensive, respectable man. In the following April an abscess formed at the verge of the anus, which eventually terminated in a fistula of a very trivial nature. At this time he was very anxious about himself, exaggerating everything. With much persuasion, he allowed Dr. Baller to operate. After the operation he became very violent and very irritable, and really, eventually, unmanageable, tearing off the dressings, and pulling the wound about. Before Dr. Baller ceased his attendance, Buranelli became convinced that his urine passed through the wound. No arguments of Dr. Baller could satisfy him of the erroneousness of this idea.

In August, Luigi Buranelli was admitted an in-patient of Middlesex Hospital, under the care of Mr. Mitchell Henry. At that time, according to Mr. Henry, he was in a state of "great irritability, great excitability, and extreme depression." When a proposal was made to examine the seat of the old fistula, he became "exceedingly excited." An ex-

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amination was however made, and "a very, very small sore, which had not healed," was found. At Mr. Henry's next visit, Buranelli told him that his urine was in the habit of passing through the fistula. On this, and many subsequent occasions, during the four months he was under his care as in- or out-patient, down in fact to the very time of the murder, Mr. Henry endeavoured to show him that the idea was absurd; but, to use his own strong expression, he "might as well have talked to a stone wall." Mr. Henry said, that he judged him to be not of sound mind, not only because of this erroneous idea, but also "from his exceeding depression and melancholy, and from the circumstance that I never could get any connected story from him. I never could get from him any account of how he came to suffer from fistula, who had operated upon him, or any intelligible account at any time; *his mind seemed incapable of connecting his ideas together.*"

Mr. Henry also *affirmed positively* that for a period of many weeks before the murder there was not the slightest trace of sore of any kind at the anus.

Mr. Shaw, the senior Surgeon of the Middlesex Hospital, who had attended the Prisoner with Mr. Henry in August, four months before the perpetration of the murder, and subsequently in January for some weeks after it, was summoned by the Prosecution, apparently under the idea that his opinion disagreed with that of his colleague. Whilst the trial was proceeding, however, the Prosecutors ascertained that such was not the case, and consequently Mr. Shaw was not placed in the witness-box. Subsequently that gentleman forwarded a statement to the Home Secretary, in which, after going into the case with great care and minuteness, he thus sums up—"In conclusion I repeat that had I been called upon the trial to which I was summoned as a witness by the agent for the Treasury, to give my opinion of the state of the Prisoner's mind when he committed the murder, I should have said that I considered him insane, and incapable of distinguishing right from wrong."

Dr. Conolly, having heard the evidence of the other witnesses, was requested to give an opinion, founded on that evidence, as to the Prisoner's state of mind. Having stated his agreement in opinion with Mr. Henry, *i.e.*, that Buranelli was not in a sound state of mind—

Mr. Justice Erle said: You agree that the Prisoner was not of sound mind, in respect of the delusion of his water passing through the place where the fistula had been?

Dr. Conolly: I conceive that is a delusion utterly inconsistent with soundness of mind.

Mr. Justice Erle: Are there any other grounds upon which you found that opinion?

Dr. Conolly: An apparent change of character, from being a very mild and inoffensive person to becoming sometimes excited, and sometimes melancholy; his thoughts often dwelling upon suicide; and eventually, from inadequate causes, committing a great crime.

Mr. Justice Erle then questioned Dr. Conolly for some time on the meaning he attached to the expression, an "inadequate cause;" and from the tenor of his questions we infer that the Judge considered that thwarted love was not an "inadequate cause" for the committal of a great crime.

The Medical witnesses called in reply were—Mr. M'Murdo, who has held the office of Surgeon of Newgate for 25 years, and Drs. Mayo and Sutherland.

From Mr. M'Murdo's evidence we learn that on the Prisoner's entrance into Newgate there was a small abrasion in the vicinity of the anus, from which issued a little watery discharge. *On the morning of the trial*, Mr. M'Murdo having been informed that Buranelli, before the commission of the crime, laboured under the idea that he passed urine in large quantities, in fact, sufficient to swamp his bed, through this orifice, went to the gaol for the purpose of determining whether he then had any erroneous idea on the subject.

The following is Mr. M'Murdo's evidence on this point:—

Mr. Bodkin (Counsel for the Crown): What question did you ask him?

Mr. M'Murdo: "Did you say anything to me about water having passed from behind?" He then said, "My fistula," or "fistule," as he calls it, "of course."

Mr. Bodkin: Was that all he said in answer?

Mr. M'Murdo: That was all he said in answer at that moment. I said to him, "But did you ever think that you made water from behind?" and he answered, "I do not know that I ever did."

Mr. Bodkin: Was that all that passed this morning?

Mr. M'Murdo: To the best of my recollection it was.

In the cross-examination of Mr. M'Murdo, the Counsel for the Prisoner endeavoured to elicit from the witness an acknowledgment that, even granting Buranelli to have been of sound mind while in prison, still that he might have been of unsound mind before and at the time of the committal of the crime for which he was being tried, and that the loss of blood he suffered from the injuries he inflicted on himself might have been the means of restoring his reason. Mr. M'Murdo seemed very unwilling to admit this to be even possible—why, we cannot comprehend; we should have supposed it highly probable. The whole of Mr. M'Murdo's evidence is most unsatisfactory, and on this particular point contrasts strongly with the straightforward replies of Drs. Mayo and Sutherland. The day before the trial, Drs. Mayo and Sutherland visited the Prisoner, at the request of the Government, for the purpose of forming an opinion on the state of his mind. They coincided in the opinion that at that time he was not of unsound mind; and they agreed, further, that it was incorrect to term Buranelli's idea on the subject of the passing of large quantities of urine from the vicinity of the anus a delusion: it was merely, they considered, an hypochondriacal fancy. A delusion, they maintained, has no foundation in fact; while Buranelli's idea that urine escaped in a quantity sufficient to swamp his bed from the little abraded surface near to the anus, had this fact for its foundation, viz., that a little serous fluid did ooze from the sore. But these gentlemen apparently forgot that it had already been sworn by Mr. Henry, that when the delusion existed in greatest force, there was no abrasion whatever. Mr. M'Murdo's statement that a little fluid did ooze from a little orifice, was based on an examination instituted long after Buranelli had been seen by Mr. Henry, when, from his own statement, the Prisoner had recently suffered from external and internal bleeding piles,—the very conditions most likely to cause such an abrasion.

It is most remarkable, however, that, at the period when there might possibly have been some foundation for the delusion about the water, Mr. M'Murdo's evidence showed that the idea had vanished from the patient's mind.

Reasoning, however, on the existence of this watery discharge, Drs. Mayo and Sutherland contended that Buranelli only exaggerated a fact, and did not express belief in a transparently unfounded idea. In reference to this point Dr. Mayo said: "If a patient held language to the effect that his bed was swamped,—if it began from the slight ground which this person seems to have had,—I conceive it quite natural, quite conformable with the laws of hypochondriasis, that he should go on exaggerating to any extent." Dr. Sutherland contended that for him to admit a person to be insane it must be shown that the person labours under a delusion. Buranelli suffered from an illusion, not a delusion.

Mr. Le Breton (Counsel for the Prisoner): What is the difference?

Dr. Sutherland: An illusion is objective.

Mr. Le Breton: Is a delusion subjective?

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Dr. Sutherland: It *may* be, but the judgment must be involved.

Mr. Le Breton: When a man was argued with, and shown to demonstration that no such illusion existed, would not the judgment come into play and be called on to decide?

Dr. Sutherland: Yes.

Mr. Le Breton: If after that the illusion was persisted in, would you not conceive the judgment to be in fault?

Dr. Sutherland: Yes.

Mr. Le Breton: If the judgment be at fault, is there not something wrong in the mind?

Dr. Sutherland: No.

Mr. Le Breton: Would you consider the mind to be a sound mind that would come to such a judgment?

Dr. Sutherland: It might be.

Mr. Le Breton: *It might be perfectly sound?*

Dr. Sutherland: Yes.

Mr. Le Breton: If a man believes that his legs are made of glass, and it is shown that they are not, would that man have a sound mind?

Dr. Sutherland: No.

Mr. Le Breton: What is the difference between the bed swamped with water, and the glass legs?

Dr. Sutherland: The one is so palpably absurd, that, upon the face of it, it is a delusion.

It is evident that Drs. Mayo and Sutherland got altogether out of their depth. Dr. Mayo's conclusion that no man is insane who simply exaggerates facts, no matter to what extent he exaggerates them, is a very curious one. Dr. Mayo would be, according to his own theory, obliged to find a man to be of sound mind, who, living only in a wretched room, provided there was a marble shelf over its fire-place, fancied that he was living in a marble palace; who, having only a silver threepence in his pocket, imagined himself possessed of all the wealth of all the Indies; who, when a few dying embers lay on the hearth, vowed that the world was in flames; and who declined to eat because he so exaggerated the quantity that he swallowed at each mouthful, as to believe that if he took his meals, he should cause a famine in the land. We hope the Government will not trust the keys of the Royal Hospitals to Dr. Mayo, or that Dr. Mayo will modify his theory before he proceeds to clear the wards of Bethlem. As to Dr. Sutherland, it seems to us that Mr. Le Breton must have proved to him, even to his own satisfaction, that he was under an illusion, when he thought he knew the difference between an illusion and a delusion.

An illusion is objective, says Dr. Sutherland; but then a delusion also may, he grants, be objective. Oh! but then he adds, a delusion involves an error in judgment. Buranelli, Dr. Sutherland maintains, laboured under an illusion and not a delusion, yet he admits that Buranelli's illusion involved an error in judgment.

That Luigi Buranelli was insane when he committed the act for which he was hanged last Monday, we are not prepared to prove; but the following points, brought out on his trial, seem to us to render it highly probable that his mental condition was so far from sound that he was not a responsible agent:—

1. His character had undergone a great change within the previous twelve months. For twelve years before the death of his wife he had been a man of gentle character and unusual intelligence—a valued servant in many highly respectable families. After his wife's death he was desponding, gloomy, threatening suicide, and at times violent and intractable.

2. For several months previous to the murder he laboured under a fixed delusion, and exhibited at the same time a marked deficiency of intelligence, together with a childish timidity, and an extreme depression of spirits, which was obviously morbid.

3. The delusion was not one that could be referred to hypochondriasis. The delusions of the hypochondriac relate to fancied changes within his own body or to apprehended dangers, and are not such as can be corrected by the information of his own senses. Buranelli's delusion involved a fancied change in objects external to his own body, viz., that his bed was wet and swimming with water, which his own senses would have told him had no existence if his reason had been sound. A criminal lunatic, now in confinement in Bedlam for the murder of his wife, labours under a delusion of almost identical character. Letters and other documents written by Buranelli in the course of the week previous to the murder refer to matters connected with this delusion, and show that he was at that time insane.

4. During the same week the landlady of the house where he lodged, and the keeper of the coffee-house which he frequented, and other persons, were struck by the wildness of his manner and incoherence of his language, heard him complain of his head, and believed him to be mad.

5. Even in his statement of the motives which impelled him to the murderous act, he expressed a stronger feeling of resentment against Dr. Baller, the surgeon whom he connected with his delusion, than against the man he murdered. He wrote as follows:—"If I have done wrong it is the law that must punish me, and not the doctors nor the priest;" and, again, "I pray you all to pardon me as I pardon Dr. Baller, as my executioner," and much more, even more extravagant.

It further appears that so strong was the opinion entertained by some of the Medical Witnesses respecting Buranelli's insanity, that, after the trial, the whole of the evidence was collected and laid before Drs. Conolly and Forbes Winslow, Dr. Baly, the Physician to the Millbank Prison, and two other gentlemen, whose names, from their official position, we are not at liberty to mention, who, with Mr. Shaw and Mr. Henry, signed a Memorial to the Home Secretary, urging in the strongest terms the following points:—

1st. That they were entirely convinced of the insanity of the Prisoner at the time he committed the murder.

2nd. That had they been consulted with reference to his previous conduct then disclosed to them, they would have had no hesitation in treating him as a lunatic.

3rd. That, according to their confident belief, such conduct in a person of a higher rank of life would have led his friends to adopt measures which, in all probability, would have prevented the perpetration of the act.

4th. Their earnest prayer that the extreme sentence of the law might not be carried into effect.

This memorial, together with the evidence on which it was based, and a short abstract for easy reference, was sent on Monday last to Sir George Grey, and by him referred to Mr. Justice Erle.

On Friday evening a letter was received stating that the law must take its course.

As a last effort, on Saturday morning a gentleman holding the highest Medical position in this country had an interview with Sir George Grey, and again brought under his notice the strong Medical testimony as to the Prisoner's insanity. It, however, was in vain.

ALLEGED HOMŒOPATHIC MALPRACTICE AT SHEFFIELD.

Our Journal last week contained the account of an inquest at Sheffield, which exhibits in a most striking light the dishonesty of the Homœopathic system.

We desire, however, in the first place to observe, that we find no fault with the conclusion at which the jury arrived, namely, that the deceased woman died from natural causes. It will be recollected that she was a woman who had previously borne ten children; that the Homœopath who attended her, finding the pains to be sluggish, had administered 15 grains of ergot of rye, and had repeated the dose in twenty minutes, but without any effect in expediting the delivery; that, five hours after the administration of the ergot, symptoms of rupture of the uterus were manifested;

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and that the patient sank soon after the artificial delivery of the child. Supposing this statement to be correct, we do not attribute the rupture of the uterus to the administration of the ergot, but rather to pre-existing disease of the organ, and its pressure against the sharp projections of the pelvis; and we would add, that the administration of the ergot appears to us to have been seasonable and judicious. Even supposing that, in consequence of the administration of this drug, a rupture of the uterus should unfortunately have taken place, we should not be disposed to censure the practitioner who employed it, if he had used such due caution in the selection of the case as his medical education would lead him to adopt.

Judging the Sheffield practitioner, therefore, by the ordinary rules, we should hold him to be blameless of the death of the patient, for it does not appear that the case was unsuitable for the administration of the ergot, nor that the dose was an extraordinary one; a long interval elapsed, also, between the administration of the drug and the occurrence of rupture.

But what are we to say of this person when we find that he is an avowed Homœopath? a person who, if he really believes the principles of the quackery which he practises, must hold the two fundamental tenets of Hahnemann—namely, that "like cures like," "*similia similibus curantur*," and that the efficacy of a dose of medicine depends upon its minuteness? Upon these two principles there is no difference of opinion among the Homœopaths; for it must be recollected that the Homœopathic system is not one which allows of the free exercise of judgment among its followers, but consists of a series of dogmas which they must implicitly obey.

Now upon what principle of Homœopathy can we explain or justify the use of ergot of rye in promoting uterine pains? If the first principle were true, namely, that "like cures like," we should expect that the best remedies for atony of the uterus would be those agents which increased the debility of the organ, and not a drug which is well known to excite uterine contractions. Again, if it were true that the efficacy of a medicine depended upon the minuteness of its dose, how could any Homœopath expect any good to result from so monstrous a dose (homœopathically speaking) as thirty grains of ergot of rye? Why Hahnemann, who reduced his doses to such minute fractions as to defy human calculation to measure them, and who latterly declared that the mere olfaction of a decillionth of a grain was sufficient to affect the system, would go out of his wits, if he could rise from his grave, and behold one of his followers giving thirty grains of a deadly poison, such as ergot of rye.

Seriously speaking, such exhibitions of dishonesty are disgraceful to our age and country. Hahnemann was an enthusiastic and half-witted dreamer, and his honest followers (if any there be) are visionary enthusiasts like himself. The Homœopathic delusion has for a time attracted many votaries, partly from its novelty, partly from its mysticism and unintelligibility; and we confidently believe that it will soon die out and be forgotten, like the other forms of quackery which have had their day and disappeared. Indeed, our correspondents inform us, from different parts of the country, that these quacks are on the wane. But no censure can be too severe for the man who professes one mode of treatment and practises another; who pretends that he possesses a method of curing diseases which is different from that usually adopted, and yet employs the very weapons the use of which he has systematically denounced. It is a common cant of the Homœopathists, to accuse the legitimate practitioner of medicine with destroying his patients by poisonous drugs, and yet they resort to those very drugs themselves when they conceive that they can thereby serve a temporary purpose. Cases like that revealed at the Sheffield inquest, while they would entirely exonerate an honourable practitioner from blame, show most palpably the dishonest tricks practised, we fear too often, by the professors of Homœopathy.

THE WEEK.

Tuesday last was the first day of the Summer Session. There are circumstances peculiar to the present time which greatly add to the importance attaching to such a day. Never before did the Medical Profession occupy so prominent a place in public attention as it now does, never before was it so near admission to many of its rights, never yet did it show signs of greater internal vigour, or receive promise of greater external support. The large requirements made upon us in connexion with the war have undoubtedly much contributed to produce the existing crisis. They have, however, been far from the sole agencies at work. The course of events has been for a long time tending towards it, and the demands of the war have but served to hasten it by a few years at the most. The standard of Medical education has been year by year improving, and our schools have long been sending forth men, to whom must of necessity be granted, sooner or later, a social position, a station in the scientific world, and an influence in national affairs far superior to what has been accorded to the Profession in past days. The call, then, upon us all, upon Students and Professors alike, is, that we be true to ourselves, and that we continue to advance. By increasing knowledge we have gained what we have, and by the same means we may attain yet far more. The commencing Session of Medical studies must be regarded by the thoughtful among us with feelings of no common interest. Now is the time, if there ever was one, for vigour in the reform of the abuses which encumber our educational system, for the merging of all those interests which hinder the efficiency of its institutes, and for the exhibition of that zeal and earnest energy which constitute its life.

The general impression among students that the Summer Session is one of minor importance is much to be regretted. It is true that the lectures and demonstrations given during the winter months include some of the greater subjects,—anatomy, medicine, and surgery,—whilst midwifery, materia medica, and some other less necessary courses, are given in summer. We would remind our young friends, however, that the great theatre, that to which all other lecture-rooms are merely subsidiary and comparatively valueless, is still open. The Summer Session is emphatically the time for work in the wards. The students being less occupied with lectures and with the investigation of what concerns the conditions of health, now is the time for redoubled industry at the bedside in the practical study of disease. At the large schools clinical lectures are delivered more frequently in summer than in winter, and by their help the interest and value of the ward to the student are much increased.

The departure of the Staff for the new Civil Hospital in the East has been delayed much beyond what was at first talked of. Dr. Parkes has, we believe, already reached the locality, and is engaged in the selection of a suitable site. He is, however, the only member of the Staff who has yet left England. It is difficult to assign any motive for the very deliberate manner in which Government are carrying out this scheme. It may be regarded as absolutely certain that there must, before many weeks have passed, be a demand for a much larger supply of Medical men and of Hospital accommodation than has yet been provided near the seat of war. Why, then, with a large Staff ready organized in London willing and anxious to proceed at once, persist in delaying to transmit it? Week after week, and for reasons too trivial to

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be gravely mentioned, is the time fixed for its departure deferred. The Smyrna Hospital was, as all know, occupied by about 600 patients before any of its Medical Staff had left England, and the same sort of bungling seems in a fair way to be repeated.

Professor Owen concluded his Lectures at the College of Surgeons on Saturday last, and on Tuesday Mr. Prescott Hewett gave the first of his surgical Course, on the Anatomy and Injuries of the Head. The two already delivered by the latter Professor must have sustained the high expectations which were entertained. The Lecturer's style is lucid and impressive. The subject-matter as yet has been little more than descriptive anatomy, and the interest to most of the audience will be greatly increased when the Professor reaches the second half of his Course. The syllabus of the Course is given with such characteristic brevity, that we may venture to make room for it here:—

Lecture 1.—Anatomy of the soft parts external to the cranium, with pathological and practical observations.

Lecture 2.—Anatomy of the cranium, with pathological and practical observations.

Lecture 3.—Anatomy of the cranium (continued).—Brain and its membranes, with pathological and practical observations.

Lecture 4.—Wounds of the scalp and contusion of the bones.

Lecture 5.—Wounds of the scalp and contusion of the bones (continued).—Extravasations of blood, extra- and intra-cranial.

Lecture 6.—Intra-cranial extravasations of blood (continued).

Two Assistant-Surgeons are on the point of being elected to the Charing Cross Hospital. There is, in a general way, no better sign of the prosperity of an Hospital, and of the liberal spirit of its Governors, than the desire to increase its staff; and we therefore announce, with pleasure, the above indication of vigour. The institution concerned has taken several important steps upward during the last few years.

Those who take pleasure in observing the successful result of the industrious application of talent, will be glad to learn, that the honour of unanimous election to the Assistant-Physicianship of the City Hospital for Diseases of the Chest has just been obtained by Dr. Andrew Clarke of the London Hospital.

We give this week a report which has just reached us of the first meeting of a Medical Society established by the Civil Medical Staff of the Military Hospital at Smyrna. It will be read with considerable interest, as a record of the first meeting of the kind probably ever held in the Ottoman Empire. We have been promised reports of future meetings, and anticipate from them information we have not yet been able to obtain as to the diseases which have proved so fatal to our soldiers in the East. If the members of the Society follow up the original line of research pointed out by Mr. Spencer Wells in his introductory address, we feel convinced that Medical Science will be enriched by some most valuable contributions.

It is not our practice to refer to strictly political matters, but on several grounds it may be allowed us to notice the meeting which is announced to be held this day at the London Tavern, for the Promotion of Administrative Reform. Our own columns have given melancholy evidence of the necessity for such a measure. The imbecility, incapacity, and negligence which have been brought to light by the Committee of Inquiry on the conduct of the war have affected every part of the service, and none with more direful results than the Medical Department. Divided responsibility, blind adherence to senseless routine, official pedantry and indolence, have been the vices which have cost thousands of lives in the Crimea, and which will sully the page of our history to future generations; and we think, from the experience of the past, that the Medical Profession is as directly interested as any other department in a well-conceived and well-sustained movement for administrative reform.

THE LATE MR. RIDOUT.

The death of Mr. Ridout is an event of too much importance not to demand something more than a passing notice, for although he had ceased for some years to pursue the active duties of his profession, yet he was well known as one of the most energetic advocates of Medical education, and one who had taken no insignificant part in its promotion. Not originally highly educated in the ordinary sense of the term, he was yet a man of acute intellect, sound judgment, and extensive reading, and although he was not known as a writer upon professional subjects, yet in the Court of Examiners at Apothecaries' Hall, and afterwards in the Senate of the University of London, he exercised considerable influence upon the improvement of the Profession. With regard to the former body, it may be said without exaggeration that the great advancement of the class of General Practitioners within the last thirty years, was in great measure due to the sagacious counsels of Mr. Ridout, in fixing the course of medical study for the candidates for examination at Apothecaries' Hall; and the circumstance which conduced most to this melioration was the prudent and cautious manner in which organic changes were gradually effected. When the Apothecaries' Act was passed, in the year 1815, the first examinations at the Hall were of a merely elementary character, consisting of little more than an inquiry into the characters of drugs and the translation of physicians' prescriptions; but in successive years the other and higher branches of medicine were superadded, and a knowledge of chemistry, anatomy, physiology, botany, forensic medicine, practical medicine, and midwifery, were required from the candidates. The apprenticeship clause of the Act, which renders a five years' apprenticeship compulsory, was so far modified by the exertions of Mr. Ridout and his colleagues, that only two years are now really necessary, the other three being devoted to lectures and hospital practice, and, indeed, as is well known, the whole period of five years may be devoted to Medical Hospital study, provided only the nominal requirements of the Act are observed.

It is only just to Mr. Ridout that these improvements in the professional education of pupils should be noticed as traceable in great measure to his exertions, for he was always modest and retiring in his manners, anxious for the welfare of the community to which he belonged, without wishing himself to gain either fortune or favour by his efforts; and it therefore happened that few beyond the sphere of his private friends were aware of the debt of gratitude which was due to him.

Mr. Ridout was born in London, in the year 1784. His father was a General Practitioner in extensive practice, superadding to practical skill the graces of the scholar and the gentleman; and from him the subject of the present sketch derived much of his early education, which was continued at school, and completed at St. Bartholomew's Hospital. By his father, also, Mr. Ridout succeeded to a large and lucrative practice, the results of which enabled him to retire of late from the active duties of professional life, upon an ample independence. From the year 1826 to 1839 he was a Member of the Court of Examiners of the Society of Apothecaries, and it was during this period that many of the beneficial changes to which we have already alluded were effected. On the foundation of the University of London in 1836, the well-known talents and activity of Mr. Ridout were secured to the new Institution, and he and his friend and colleague, Mr. Bacot, were appointed members of the Senate of the University; an appointment which Mr. Ridout held till his death. In the year 1843, Mr. Ridout experienced a very severe and dangerous attack of illness, apparently due to excessive plethora; but from this attack he recovered, a rapid improvement having followed a copious blood-letting, ordered by Dr. Tweedie. He now subjected

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himself to a system of diet, by which means he reduced himself considerably in bulk, and improved materially his health; the daily differences in his weight being noted by himself with extreme accuracy.

Mr. Ridout's last illness was short. On Monday, April 16, he complained of symptoms of influenza, but he nevertheless went and transacted business in the City on the Wednesday following. The next day he took to his bed, the symptoms of bronchitis having become manifest and urgent. On Friday night he was so much worse that fears were entertained of his recovery, and although he rallied a little under treatment, yet his condition soon became hopeless, and he sunk into a state of half-unconsciousness, having previously calmly settled his worldly affairs and resigned his spirit into the hands of his Maker. His only symptoms were difficulty of breathing, cough, and increasing debility, and he died without a struggle on the morning of April 26. He was attended by Dr. Tweedie and Dr. Semple, Dr. Latham being called in consultation. On a post-mortem examination, it was discovered that traces of bronchitis existed in both lungs, and there was some ossification of the cardiac valves, a fact which had been ascertained for some months before death. The abdominal organs, with the exception of a great deposition of fat, were found nearly in a normal condition, and the alimentary canal was found perfectly healthy, although Mr. Ridout had for many years supposed that serious disease existed in the upper part of the small intestines; an opinion, however, which was not shared by his Medical friends who had examined him during life. His remains were deposited in the cemetery at Kensall Green on Tuesday last.

In person Mr. Ridout was well known from his portly appearance, which did not result, as would be supposed, from addiction to the pleasures of the table, but from a tendency, which might be truly termed morbid, to the formation and deposition of adipose matter. The serum of his blood abounded in fat globules, and independently of the fat deposited on the various tissues, the heart was the subject of fatty degeneration, and the pancreas was almost converted into fat. He was, in fact, especially during the last thirteen years, an abstemious man, living rigidly by rule. His chief beverage was tea, of which he drank a considerable quantity, but he *rarely drank* even *wine or beer*, and for several years never attended any convivial meetings.

In manners, Mr. Ridout was courteous and polite; his conduct through life was that of a gentleman; his principles, those of a Christian. Religious, without being ascetic; firm in his principles, without being intolerant, he was admirably well adapted to represent the combined *qualities* of a devout believer, a cheerful companion, and a man of science. The honesty of Mr. Ridout in his public career was never questioned, and, although he might have disagreed upon public questions with some of his contemporaries, he never made a personal enemy. His conduct through life was actuated by a sense of duty, untinged with the smallest particle of envy or malignity; and those who differed from him in principle, readily admitted the uprightness of his motives and the integrity of his character.

REVIEW.

Practical Meteorology. By JOHN DREW, Ph. D., F.R.A.S. Pp. 291. London. 1855.

THIS work is calculated to supply a desideratum in modern science, namely, a treatise of the known facts of Meteorology. The uncertainty of the data formerly obtained, and the natural difficulty of the subject, have hitherto consigned all questions relating to the weather to the domain of empiricism; and the time is not very distant when Murphy's *Weather Almanack* was regarded as a trustworthy guide. Dr. Drew's work is written without any pretension, but it gives a faithful account of what is at present known in meteorological science. The nature of the atmosphere is described, together with the instruments in use for determining its temperature, weight, and hygrometrical condition; and a series of tables are appended, giving the results of observations upon its physical constitution. In the justice of the following concluding sentences we entirely concur:—

"Meteorology is precisely in that position in which geology was found eighty years ago, or microscopic science at a still later period; and yet since that time how many facts, then obscure, have been elucidated in the structure of the earth! for how many sound principles has geology gained universal reception! how many secrets of nature has the microscope disclosed! how many wonderful processes of nature has it unveiled!"

To all who are interested in Meteorology, and, indeed, to all persons interested in the progress of science generally, we can safely recommend the present little work, which is carefully composed, and contains an abstract of all the existing knowledge on this very important subject.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON CUTANEOUS OR SUDORAL CHOLERA AT TOULON.

By M. JULES ROUX.

In this essay, M. Roux describes what he considers as a form of cholera, as he observed it at Toulon in 1849 and 1854. In the first epidemic, in 1835, the cholera assumed two forms: the *spasmodic*, dry, nervous, or tetanic cholera, in which life was rapidly extinguished, without the production of discharges; and the ordinary epidemic *intestinal* cholera. To these, in 1849 and 1854, was added a third form, which M. Roux terms the *sudoral* or *cutaneous*, distinguishable from the others by peculiar nervous symptoms, profuse sweatings, the small amount or absence of discharges, its intermissions, and prolonged duration.

The person, while in complete health, is usually seized with a sensation near the nucha, very like that of an electric shock, which is followed by excessive prostration and faintness, sometimes accompanied by vomiting, and an inclination to stool. After a most distressing interval, varying from some minutes to some hours, reaction takes place. The heat of surface is restored, and soon after inexhaustible sweating occurs, which may for a whole night, or even during entire days, continue to penetrate everything, and cause the patient to keep constantly changing his linen. When this abates the patient is left in a state of great debility, is sleepless, and becomes the subject of various forms of neuralgia, especially epigastric. After several days improvement may begin to appear, a little sleep and strength returning, when suddenly the cortége of symptoms above described is reproduced, with the exception of the feeling of electrical shock, and the affection pursues a very similar course. These again diminish, to be reproduced when convalescence seems at hand, the succeeding neuropathic condition becoming aggravated. During the entire continuance of epidemic cholera, this cutaneous form continues to manifest itself, if not with complete regularity, with excessive obstinacy. In some persons the paroxysms occur at first daily, with momentary remissions; while in others they appear periodically every second, fourth, fifth, or eighth day. In general, they diminish in frequency, intensity, and regularity in proportion to their number. In some cases they prove more severe on the days that the epidemic intestinal form proves most fatal; and it is remarkable that they are exhibited simultaneously nearly within twenty-four hours in all the individuals suffering from the cutaneous form. Intermittence is most exactly observed at the commencement and towards the decline of the disease, a simple remission only occurring when the disease is at its apogee, the patients remaining, for weeks together, a prey to an indescribable anguish. The moral condition of the patient seems to exert little effect upon the intensity, progress, or return of the paroxysms; but the intervals are rendered more painful by fatigue and emotion. Adults of either sex are attacked indifferently; but the disease is never met with in children or the aged.

In many patients minor degrees and a partial production of the phenomena were observed; and in none did the disease prove fatal. During the whole of the epidemic of '49 the patients remained feeble, pale, the prey of dreadful nervous suffering, and in constant dread lest the affection should become transformed into the intestinal form. For months after the cessation of the epidemic, paroxysms of this cutaneous cholera recurred, though with less frequency and in-

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tensity; and even four years afterwards these patients experienced attacks, at several months' interval, there being, too, so much abiding spinal pain as to lead to fears of an affection of the medulla or of the heart. In others, the disease seemed to pass into various forms of neuralgia. Most of the patients recovered their health in the end. For an affection characterized by neuropathic mobility, prostration, and intermittence, antispasmodics, stimuli, antiperiodics, and tonics were perseveringly employed, but with very little effect. Quinine was as powerless as other means, time alone seeming here to be the great modifier.

By 1854 the nervous system of the persons attacked had not recovered completely from the great shock it had been subjected to, when no sooner had the cholera epidemic manifested itself than all who had in 1849 suffered from the sudoral form again became the subjects of it, and so continued during the prevalence of the epidemic. It pursued a very similar course, the onset being, however, attended with less disturbance of the nervous system, and the attacks being, upon the whole, less severe, both in old and new subjects, than in '49. On this occasion, too, the sudoral continued after the other form of the epidemic had ceased, and proved as little amenable to remedies.

M. Roux states at length the points in which this affection differs from the epidemic miliary sweat, so common in several parts of France, but never met with at Toulon, and which in some localities has complicated cholera. He also believes, from all the accounts he has had from naval surgeons, that this cutaneous cholera prevailed very violently in the French fleet in the Black Sea during 1854, and especially on board the *Montebello*. Comparing the great mortality there with the absence of such at Toulon, he inquires whether the cutaneous and intestinal forms are not antagonistic, that form which predominates being far more terrible than that which occupies only a secondary rank in the particular epidemic.

He adds the following returns of the mortality from cholera at Toulon, the population being about 35,000 in 1835 and 70,000 in 1854. The two last epidemics were also coincident with a considerable movement of troops. He thinks that many deaths attributed to ordinary causes were really due to cholera:—

	Cholera.	Other causes.	Total.
1835. June 20th to Sept. 30th (103 days)	1656	562	2218
1849. Aug. 31st to Oct. 31st (62 days)	751	493	1244
1854. July 8th to Nov. 18 (134 days)	1319	1418	2737

—*L'Union Médicale*, 1855. No. 32.

THE GERMAN UNIVERSITIES.

In the 28 German Universities there are 1699 persons engaged in the business of teaching. Of these there are 847 professors, 253 assistant-professors, 46 honorary professors, 450 private teachers, besides several masters of languages. During the recent winter semestre there were 18,201 students registered, the numbers being for that of 1851-2, 19,354, and for 1852-3, 18,596. The total number of foreigners at the universities amounted to 2711.

—*L'Union Médicale*. No. 42.

ON ANTIDOTES TO POISONING BY COPPER.

By Dr. SCHRADER.

Dr. Schrader, of Gottingen, having undertaken an experimental investigation into this subject, arrives at the following conclusions:—

1. Hydrated magnesia is just as little of an antidote as the alkaline carbonates, the hydrated oxide of copper that is formed being gradually dissolved by the stomachal and intestinal acids. Magnesia may, however, retard the effects of the poison, although it cannot entirely counteract them.

2. The hydrated sulphuret of iron decomposes the salts of copper immediately, and the sulphuret of copper is well-nigh insoluble in the juices of the alimentary canal. How far the sulphuret of iron may act disadvantageously, by liberating sulphuretted hydrogen gas, further experience is required to show.

3. The reductive power of sugar takes place, at the temperature of our bodies, far too slowly to be available in acute copper poisoning. It may be useful, when taken abundantly in water, to excite or favour vomiting.

4. Of all pharmaceutical substances ferrocyanide of potass is the best. Large quantities may be taken without material disadvantage to the economy; the ferrocyanide of copper, which is immediately produced, being very insoluble.

5. Milk and white of egg neutralize poisonous salts of copper, and have the advantage of being easily obtained. Care should be taken to evacuate as rapidly as possible the albuminates and caseats of copper thus produced.

—*Buchner's Repertorium*, 1855. No. 2.

GENERAL CORRESPONDENCE.

MR. SYME AND TENOTOMY.

[To the Editor of the Medical Times and Gazette.]

SIR,—I shall be obliged to you to insert in your next number the following observations on Mr. Syme's Lecture on Tenotomy, which was published in the *Lancet* of March 17. Words pronounced in public become, when published, the property of every one; that is to say, each has the right to accept or to criticise them, as he may esteem them correct or erroneous. And this right may be exercised with the greater freedom in regard of those who are called upon, or who take upon themselves, to instruct the rising generation.

With these remarks I will proceed to say a few words on Mr. Syme's late lecture.

Mr. Syme is neither scientific nor logical; and he endeavours to raise a cry against those whom he is pleased to call specialists.

The actual state of science scarcely admits of specialists: there are, however, localities where special diseases are treated. I am inclined to agree with the learned Edinburgh Surgeon, that these institutions are perhaps too numerous; but he will scarcely deny that certain affections require to be treated apart. Such are the diseases of the eye. It would be, to say the least, inconvenient to treat them in a common ward, amidst erysipelas, gangrene, etc. Besides, some affections demand a sufficiency of light and air; indeed, these are essential to the successful treatment of cases of lateral deviation of the spine, etc., but their exclusion is, at least in part, imperative in the treatment of most of the affections of the eye. On this account special hospitals are selected for the treatment of separate classes of medical and surgical cases.

In former times, itinerant quacks performed operations for cataract, lithotomy, extraction of teeth, etc., but now-a-days such have ceased to exist. And if special branches of medicine and surgery are studied and practised more by some than by others, it is done, not through ignorance of general medicine and surgery, but only after competent knowledge of pathological anatomy, chemistry, experimental physiology, etc., has been acquired. And, although ignorance is rampant, and empiricism is found where cultivated science might be expected, yet the educated practitioner is the law, and the quack the exception.

With sound practical and theoretical knowledge, a man is no specialist who devotes himself, more or less exclusively, to one branch of medicine or surgery, but a cultivator of science to whom mankind is indebted. Such are Corvisart, Laennec, Bouillaud, Latham, Skoda, for the diseases of the chest; Bright for renal disease; Civiale for disease of the urinary organs, etc. And in the same manner, orthopædic surgery has been advanced by the attention of a few who have specially devoted themselves to its study. Thus we find that Isaac Minius, Roonhuysen (1674), Ten Hoof, Von Meckern, Sharp, Heister, Cheselden, divided the sterno-cleido-mastoideus; and later, Dupuytren, Dieffenbach, and even Mr. Syme himself. Modern surgeons have improved on the method of dividing muscles as formerly practised; but who was it that first taught us the secret of subcutaneous operations? that is to say, who first pointed out that immediate organization was promoted, and inflammation prevented, by subcutaneous section? Did Mr. Syme first give us the pathological physiology of divided tendons? or would not orthopædy yet, probably, have remained in its infancy, had not Jules Guérin and Bouvier advanced it to its present state?

The history of club foot shows us Thilenius and Lorenz (1789), Sartorius (1806), Michaelis (1809), all of whom divided tendons for the removal of distortion. Delpech (1816)

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advanced something beyond the former, and performed operations nearly approaching to the subcutaneous section, and Stromeyer and Dieffenbach imitated and surpassed him. But these efforts would probably have been lost to science had not special attention been devoted to the subject by those whom Mr. Syme would call specialists.

In the writings of Dieffenbach there is no allusion to pathological anatomy; neither is fibrous or fatty degeneration of the muscles, nor is the condition of the bones, made a matter of special investigation. From the time of Delpech until 1830 nothing was done for the advancement of orthopædic surgery.

Jules Guérin, a specialist as Mr. Syme would call him, alone gave to the subcutaneous section its full significance.

Tenotomy and subcutaneous puncture are not of so late origin as we might at first be inclined to suppose. Had surgery been practised more philosophically, the advantages of subcutaneous sections would have been discovered earlier. Hunter makes some allusion to subcutaneous wounds, and to the advantages to be derived from them, but this great surgeon did not carry his observations so far as to be able to deduce advantageous and correct conclusions.

The operations which were formerly and are still practised for cataract, those also of puncturing the bladder, abdomen, scrotum, ovarium, and pleura are, in fact, subcutaneous operations. Wounds, such as are caused by luxations, in which synovial membranes, capsules, ligaments, muscles, &c. are torn through, and those also which are occasioned by fractures, are subcutaneous wounds. The needle was passed through the delicate structures which constitute the eyeball, without exciting inflammation; luxations were reduced, and the torn structures seldom resented the injury which had been inflicted; the broken ends of bones were again placed in apposition, and the subcutaneous inflammation did not trouble, and was seldom noticed by the surgeon. He knew well how important it was for his art and for his patient that these wounds should be subcutaneous wounds; but it remained for modern surgery, and especially for orthopædic surgery, to demonstrate how rare an occurrence was inflammation following upon subcutaneous wounds, or inflammation which was not solely and purely restorative in its action. M. Jules Guérin proved by his experiments the innocent character of subcutaneous wounds, and showed the manner in which regeneration under these circumstances was effected. If Guérin is a specialist, then also is Jobert de Lamballe, Mr. Guthrie, and, indeed, most of those who have been instrumental in advancing any branch of surgery. According to Mr. Syme, Dr. Little is a specialist, because he has written an excellent work on the deformities of the human frame. Every one knows, however, that it is not alone with this subject that Dr. Little is conversant, but with medicine in its different branches. Scarpa would equally be considered a specialist by Mr. Syme, having given us an excellent description of the pathological anatomy of club foot, and having conceived a form of shoe for the treatment of this distortion, which is still in use. Mr. Syme has written a pamphlet on stricture of the urethra, but notwithstanding his pamphlet he will never be esteemed a specialist on account of the learning therein displayed. So long as such works as those of Reybard (de Lyon), Henry Thompson, and Mercier exist, this poor pamphlet by Mr. Syme will probably be overlooked. These latter the Edinburgh surgeon will probably deem specialists. But, although Mr. Syme endeavours to be very severe on London surgeons, for some reason best known to himself, he may rest assured that London surgeons who devote a large portion of their time to a particular branch of surgery, are not inferior to himself as regards their knowledge of general surgery. Not to refer to others, but to mention some of those only who have received so much consideration from Mr. Syme, those, namely, who are connected with the Royal Orthopædic Hospital, I may state that Mr. Lonsdale is well known, not as an Orthopædic surgeon alone, but also for his general practical and scientific acquirements; and that Mr. William Adams and Mr. Brodhurst are also well known and esteemed by their professional brethren. It is scarcely necessary to say that Mr. Bishop's surgical knowledge is not confined to the laws of orthopædic surgery, although, equally with Dr. Little, he is the author of an excellent work on the subject.

Mr. Syme charges others with ignorance, yet he himself displays profound ignorance on the subject of orthopædy. One would suppose that the lecture already alluded to had been written at least twenty years ago. Mr. Syme does not appear to be aware of the progress which has been made during the last twenty years in this department of surgery. I feel sure that ignorance alone would prevent him entering into such details, as have been developed in connexion with orthopædy by the study of pathological anatomy and physiology, in lectures to his own pupils. Not only have they not been told what is the actual state of orthopædic surgery, but they are left to infer that nothing has been done for orthopædy during the last quarter of a century. Mr. Syme evidently supposes that orthopædic surgery means the section of shortened muscles. However presumptuous it may appear to point out shortcomings, to so learned a Professor, I will venture to suggest that other elements remain to be overcome than contracted muscles only. For instance, the ligaments and the fasciæ are also shortened. These require to be divided, or to to be mechanically lengthened, and the articular surfaces of the bones require to be brought into their normal positions. How does Mr. Syme suppose these ends are to be attained, if not by mechanical means? His assertion, that mechanical means are not necessary proves that he has never treated a severe case of congenital distortion.

Again, Mr. Syme's remarks on the division of the tendon of the tibialis posticus muscle are, and I am compelled to use the word, absurd. He recommends that the tendon shall be divided beneath the malleolus internus, as it passes to its insertion in the navicular bone; and to mislead his class and himself more completely, refers to Cloquet's plate of the normal anatomy of the foot. Mr. Syme will be surprised to hear, and perhaps his class equally so, should they not be already initiated into the vagaries of their teacher, that, in a severe case of talipes varus, in consequence of the rotation of the navicular bone, it would be impossible to follow his injunctions, the tendon to which he alludes no longer being in its normal position, as is described by him, and not to be found beneath the malleolus internus.

Mr. Syme would have found Scarpa's plates to have given a more exact idea of the anatomy of club-foot than could be acquired by drawing upon the imagination, assisted by Cloquet. Before he gives his next lecture, perhaps he will take the trouble to dissect a severe case of club-foot, and to demonstrate the anatomy, and draw his conclusions. He will then find that the tendons of the tibial muscles and the tendo Achillis are no longer in their normal positions.

For my part I prefer the position indicated by Dr. Little for the division of the tibialis posticus, for it is here lodged above the inner edge of the tibia, and consequently is easily found and divided. And also in infants this space, namely, the lower third of the tibia, is by far the most convenient position for the division of the tendon. The knife being in this situation introduced between the bone and the tendon, may be used without danger to the artery, the tendon being tense, and consequently readily divided on the blade of the probe-pointed knife; but the artery, not being tense, does not present itself in the same manner.

Again, what can be said of Mr. Syme's after-treatment, but that it is contrary to all rules of surgical pathology; reunion is prevented, and weakness is induced, which may even lead to atrophy of the muscle. What would Mr. Syme say of a Surgeon who, having reduced a dislocation, should recommend violent muscular efforts with the limb on the morrow? Yet he does not hesitate to treat distortions after a similar manner, and to inculcate the practice.

There are other points to which I could wish to have drawn attention, but I have already occupied more of your valuable Journal than the subject deserves. Mr. Syme has become notorious for dictating to others: I would advise him in future to endeavour to discover the truth before he makes an assertion with regard to this or that person or hospital, lest his impetuosity and petulance should be rewarded in his own country by a similar measure of incredulity to that meted out to his assertions in London.

In conclusion, I feel sure that, as the wards of the Royal Orthopædic Hospital are open to all, the Surgeons of that institution would be glad to see Mr. Syme, to convince him, if his mind is not of such a calibre that it is impossible to remove prejudice and preconception, that Orthopædic Surgery is not what it was twenty years ago; and also that in this he has much to learn before he may venture to teach others, and especially before he may permit himself to dictate to the Surgeons of that institution.

53, Brook-street, Grosvenor-sq. HENRY DICK, M.D.

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REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, APRIL 21.

Dr. SNOW, President, in the Chair.

THE President stated that some additional facts had recently come to light with reference to the late outbreak of cholera in the neighbourhood of Broad-street. The vestry of St. James's parish had ordered some excavations near the well, at the suggestion of the Rev. Mr. Whitehead. That gentleman had observed that a child died of cholera in the house nearest the pump-well on the second of September; and it was ill about three days before the great outbreak took place. On inquiry it was found that the fæces and vomited matter were emptied into the privy, which was in the front area, and within three feet of the well. On opening the cesspool and drain the former was found to be full to overflowing; the bricks were loosened, and the contents were percolating the ground in every direction and running close down to the wall. On the occasion of a discussion following a paper read not long ago by Mr. Headland, Dr. Lankester observed that if there had been a case of cholera in the house near the pump, and a leakage from the house to the well, that would have borne out his (the President's) explanation of the matter. This had now proved to be the case; and thus a similarity had been established between that and other cases which he had mentioned respecting the propagation of cholera by the contamination of drinking water.

Dr. Routh mentioned a case occurring at Hastings in which seven persons died of typhus fever in one house; and on an examination of the premises it was found that a pipe conveying fæcal matter communicated by a small aperture with one of the cisterns. He also mentioned as his experience that dysentery was often propagated by persons using the same privy as affected patients.

Dr. Willshire asked if it was really believed that any amount of sewer poison, however deleterious, could generate a specific disease? He (Dr. Willshire) only regarded it as a vital depressent, and thus one of the predisposing causes of the disease.

The President said he did not believe that the contents of sewers generated the disease, but that they communicated it.

Dr. Alexander Henry then read a paper on

THE ANCIENT AND MODERN DOCTRINES OF CANCER.

The author, after a few introductory remarks, directed attention to the opinions regarding cancer expressed by Hippocrates, Celsus, Galen, Paulus of Ægina, and other ancient physicians. It was evident that the ancients included tumours of various kinds under the name of cancer. And this was not to be wondered at, as they were destitute of the means of forming an accurate diagnosis—except by somewhat violent tentative treatment, as recommended by Celsus. They appear to have been generally aware of the liability of cancer to return after operation. Passing, then, to some of the modern doctrines, Dr. Henry briefly noticed the opinions which had been held regarding the local origin of cancer; and stated that the views of modern pathologists generally partook of the humeral theory of the origin of the disease, which had been well described by Dr. Walshe in his work on Cancer. A few remarks were then made on the theory of Mr. Simon, that a cancer is essentially an organ of excretion; and the author stated that the impossibility of excretion, in several of the localities in which cancer is developed, was an argument against the correctness of Mr. Simon's theory. The doctrine of the constitutional origin of the disease was mainly supported by the facts of its hereditary transmission,—its tendency to return after removal,—its development in several parts of the body,—and the cachexia which it induces. These, however, as had already been shown by Dr. Druitt in a paper read before the Society, were not to be regarded as peculiar attributes of cancer. The opinions of some of the speakers in the recent discussion in the Imperial Academy of Medicine in Paris were noticed, as showing the general opinion that early operation gave the patients the best chance. In reference to this point, it was important, if possible, to determine whether the manifestation of cancer might at first be purely local; and the author suggested that the disease, though of constitutional or hereditary origin, might yet originally consist in a local derangement of the extra-vascular plasma, the blood being at first healthy, and only becoming secondarily affected in the progress of the disease. The value of the microscope, as a means of diagnosis, was then referred to; and the author agreed in the opinion of Dr. Hughes Bennett, and most of the French Surgeons who took part in the discussion in the Academy of Medicine, that this instrument is of great value, not only in conjunction with observation of the symptoms, progress of the cure, and other circumstances. With regard to the use of the term "malignant," the author agreed with Drs. Walshe, Hughes Bennett, and Druitt, that the word was objectionable so far as it tended to discourage the surgeon; but still he thought that if the idea of inevitable fatality could be dissociated from it, it might be employed to denote that condition in which a morbid growth rapidly monopolizes the nutritive material intended for building up the normal structures of the body. Cells have peculiarly the property of rapid evolution and growth: and so far cell structure is synonymous with malignity; but only provided the malignant action is in force, M. Robert had stated that the term malignant, as applied to tumours, was only relative.

Dr. Druitt believed there was abundant evidence for the constitutional origin of cancer, and of almost all other tumours. If local irritation could create cancers they would be more numerous than they are, while we should be at a loss to account for the number of cases in which no local irritation could be alleged. The first indications of cancer were often accompanied by general healthy appearance of the patient. Neuralgic pains often preceded cancer, especially secondary cancer. With regard to the use of the microscope, he believed that, allowance being made for probable sources of error, it was one legitimate means of diagnosis. It was not of much use, however, to diagnose microscopically a tumour before it was extirpated, or the discharge only; the appearances being in such cases very fallible guides. Cancers were no doubt excretory; but what organs were not so? Professor Paget said that even the hair was excretory. Anything taken from the blood must leave the blood different from what it was before, and so far must be an excretion.

Mr. Weedon Cooke had no doubt that cancer was constitutional, but he believed that hereditary taint was not so well established as was generally supposed. In his experience only one out of six cancer patients had relations suffering from the disease. He did not think early operations were desirable, especially in scirrhus. Tumours in the breast should be allowed to come to maturity unless they were about to attach themselves to the ribs or pectoral muscle. If the tumour was allowed to go on to ulceration, even until adhesion commenced, if there was no attachment to the muscles underneath, the ulcerated cancer should be removed; for by that means life might be preserved for two or three years. It was absurd to suppose that the disease could be extirpated by continued operations. When a cancerous tumour was once removed, it generally began to grow again in some other organ. As to treatment, he knew no specific which could touch the disease. Barks and acids were useful in building up the constitution.

Mr. Henry Thompson dissented from the views of Mr. Cooke as to the time of operating. Within the last three years he had removed five scirrhous tumours, and he had generally selected the time when the tumour seemed to make a start forward, and become enlarged. He thought when a tumour was largely ulcerated, the use of the knife was out of the question.

Dr. Camps said that when he heard of success following an operation, he generally had misgivings as to the case being one of cancer at all. He believed cancer was a disease of the blood, and constitutional in its nature.

Mr. Canton believed that cancer, if local, was as likely to return as if it was of constitutional origin. He had seen many operations, and had generally noticed the return of the disease. This was the case with a boy 9 years of age, from whom he a few weeks ago removed a cancerous testicle, which he exhibited to the Society. The boy apparently got well, but he had since returned to the Hospital, with the cord, which was previously whole, in a state of malignant disease.

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He believed early operations were the best, and that adhesion should not be allowed to take place.

The author having replied, the Society adjourned.

SATURDAY, APRIL 28th, 1855.

Dr. SNOW, President, in the Chair.

MR. CANTON exhibited an encephaloid cancer removed from a testicle.

Dr. Winn mentioned a case which he believed to be one of absorption of the placenta. A women, after seven months' gestation, was delivered of a child, and the surgeon in attendance stated that the placenta had not passed, and that he had been unable to remove it. Forty-two hours after delivery he (Dr. Winn) found the uterus contracted, so that he could with difficulty introduce two fingers; he discovered that the placenta was strongly adherent, and thinking it wrong to use violence to remove it, he allowed it to remain. There was a little sanguineous discharge, and the belly was slightly tympanitic; otherwise the woman seemed perfectly healthy. She recovered without a bad symptom, the placenta, as he believed, having been absorbed; whenever a considerable time had elapsed without a bad symptom, and the placenta was strongly adherent; he thought it better to allow it to remain than to use violence to remove it.

Dr. Mackenzie and Mr. Denby thought it possible that the placenta might have passed without being noticed, and that Dr. Winn had only felt the folds of the uterine tissue.

Dr. Routh said that portions of the placenta were very often retained; and if a part could be absorbed, why not the whole?

Dr. Winn said the Surgeon in attendance did not leave the bedside; and he (Dr. Winn) felt perfectly sure that it was the placenta which he felt.

Mr. Henry Smith brought before the Society a little boy, from whom, about six months ago, he had excised the knee-joint, which was the subject of disease of long standing. There was perfect anchylosis, and the shortening was about 2½ inches. The lad wore a high-heeled boot, and used a stick, by the aid of which he was enabled to walk with considerable freedom. Mr. Smith stated that, when the operation was performed, the boy was in the last stage of disease, and the limb had been condemned for amputation. He considered the case a perfect answer to the objections which had been urged against the operation, on the alleged ground of the limb "hanging about like a flail."

Mr. H. Thompson thought the question must still be considered *sub judice*, as it had yet to be ascertained whether the limb would grow in the same proportion as other parts of the body,—a serious consideration in the case of a child.

Mr. Smith promised to state the result of the case at the end of a twelvemonth, and mentioned that, in a case related by Mr. Jones, of Jersey, the operated limb had grown 2 inches.

Mr. Rogers Harrison thought the severity of the operation, combined with the subsequent disadvantages of a stick and a high-heeled boot, rendered excision less desirable than amputation.

Mr. Henry Thompson then read a paper on

PRACTICAL REMARKS ON THE TREATMENT OF URINARY RETENTION.

The author commenced by observing that there are few conditions of suffering or disease which demand greater skill and judgment in their management than that of urinary retention. That the operative procedures necessary for its relief were not brilliant or attractive, but that they were nevertheless the most difficult of accomplishment, and required the greatest practice efficiently to perform. He had been induced to bring forward this subject before the Fellows of this Society on account of the frequency with which it came before him in practice, and should offer only a few observations which that practice had suggested to him. The question before the Society was the treatment of obstructions of the urethra, anterior to the prostate gland causing retention, resulting, as they do, from causes differing altogether from that obstruction which exists within the gland itself. The chief cause of retention in a large proportion of Hospital cases is the pre-existence of some degree of permanent stricture, plus the addition of two conditions, either of which might be present alone or concurrently with the other. These were, inflammatory congestion and undue muscular contraction; and each of these might occur, but rarely, alone by itself, as was seen to be the case in connexion with all the outlets of the body, at which they exerted their influence in causing more or less obstruction. Thus the anal orifice was subject to more or less occlusion, by inflammatory engorgement, piles, and by spasm of its sphincter muscles. So the rima glottidis, the respiratory outlet, might be closed by inflammatory œdema or by spasmodic action. In these cases our treatment depended upon what must be the immediate effect of absolute occlusion. In the case of the rectum it was scarcely regarded, and we merely sought to relieve local distress; in that of the windpipe the most active measures were essential. The result of obstructed urinary outlet was a condition intermediate between these two; and it was extremely desirable in practice to recognize the concurrence of these conditions in producing it, and further the relative influence of each in any particular case. Whether, in short, it depended more upon mechanical narrowing, muscular spasm, or vascular engorgement. All the remedies in vogue against retention were obviously directed against one of these conditions; and it was not the routine, but the discriminating employment of them which should be sought. Whatever the predominant condition, however, it could not be denied that the immediate occasion of retention must consist in a mechanical occlusion of the urethra of some kind, and hence it was that the mechanical agent, the catheter, might always be applied in careful and judicious hands. If there were any cases in which it might in some hands be desirable to propose instrumental treatment, they were those in which retention is due to inflammatory action following exposure to cold, and free use of alcoholic stimulants. In reference to the choice of instruments, Mr. Thompson dwelt at some length upon the superiority of silver catheters to those made of flexible materials, denying most emphatically that the preference for the former implied any desire for employing force. Indeed this he could not reprobate in too strong terms. He would go so far as to say that it was his settled conviction that pain should never be inflicted in the use of the catheter. He believed any manipulation which produced pain was prejudicial, that is to say, which exceeded a very slight and bearable degree, and defeated the operator's intention. In the use of small silver catheters such as No. 1 and smaller, he advised the shaft of the instrument to be made larger than the last 3 inches in order to confer stability; no shaft should be smaller than No. 2 or 3 in size. He exhibited several of these catheters, and also pointed out that every catheter in the set had its orifice at the handle of uniform size, so that the same vent-tube and stop-cock could be attached to each —an addition which he used in order to prevent the flow of urine down the instrument upon the body of the patient, when it might be necessary to tie them on the bladder for any length of time.

The author exhibited several preparations and plates in order to show the danger and difficulty which were often presented by a dilated and fasciculated urethra posterior to the stricture, after this latter had been surrounded by the catheter, and the importance of bearing this in mind; and he related a case or two in illustration of this remark. He next pointed out the frequency with which retention was associated with deep-seated perineal abscess, and showed that the opening of the abscess was frequently the first and principal step to be taken in order to relieve the retention. He closed by citing cases which bore upon this fact, and by adverting to the rare necessity which existed for recourse to any other operative procedure beyond the employment of the catheter, remarking that he had employed puncture of the bladder per rectum, but deemed it an operation of very rare necessity.

Mr. Hunt, like the author, preferred silver to elastic instruments. In the case, however, of a stricture anterior to the prostate gland, where there was inflammatory congestion combined with spasm, he thought local bleeding and saline purgatives should be resorted to before the catheter was employed. Some years ago he had a case in which urine had infiltrated through a false passage into the cellular membrane of the penis and scrotum. He declined using the catheter, and several deep incisions were made. Two small arteries were wounded, and bled profusely. When the patient had lost eight or ten ounces of blood he was greatly relieved, a large quantity of urine having passed by the incisions. After

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a purgative had been taken the urine passed by the urethra, notwithstanding the existence of the false passage. The cellular membrane of the penis and scrotum sloughed away, and the patient recovered. Mr. Edward Grainger used to say that he did not remember a case of retention that would not yield to the use of Epsom salts. He (Mr. Hunt) had often found that treatment successful.

Mr. De Méric made some observations on the method of using the catheter, and discussed the best method of procedure in the event of the instrument not passing, recommending in certain cases that the bladder should be punctured through the rectum.

Mr. Dendy said he had often failed to pass the catheter, but had succeeded in a short time with the same instrument after the use of the warm bath, leeches, free purgatives, etc. These measures were not, he thought, to be regarded as of themselves curative, but only as preparatory to the use of the catheter. The combination of the two methods was generally desirable.

The author then replied, and the Society adjourned.

WESTERN MEDICAL AND SURGICAL SOCIETY.

March 30, 1855.

Dr. Barclay, V.P., in the Chair.

Dr. Seaton read a paper on

SARCINA VENTRICULI,

in which, after a short preliminary review of the opinions which had been held on the nature of Sarcinæ, and a brief exposition of the various conditions under which they had been found to exist in man and the lower animals, he gave the particulars of the following case which came under his care in June, 1853:—The patient was a respectable tradesman, aged 48, of moderate height, evidently thinned by disease, though never stout, always of a strong constitution, and never until the present illness at all afflicted. He was a house-decorator, and always worked hard; his habits were temperate, but he had been irregular in the hours of his meals from the nature of his work. Bowels generally regular or easily regulated. For the last seven or eight years he had felt peculiar languor, and this had increased so much during the last two or three, that he had been obliged occasionally to give way to it, and give up his work. About eight or nine months ago he first experienced symptoms of derangement of the stomach, with loss of appetite and flatulence, general weakness and irregularity of the bowels. After several months there came on acid eructations, occurring almost directly after each meal; and soon after this vomiting of the food taken, "along with a green acid stuff" (the words of his own description). At first this occurred four or five times a-day, after each meal; it was mitigated by treatment, and at length, about a fortnight ago, it sank to about one a-day, mostly in the evening. On some days within the last fortnight he has vomited twice or thrice; sometimes has passed an entire day without vomiting at all. But, whatever the interval, it always seemed that when he vomited he brought up all he had taken since the last time of vomiting, so that the longer the interval the greater was the quantity ejected. The ejecta consisted always of the food taken, intensely acid, with a fetid sulphurous smell. This has increased lately, and he has observed for some time since, that the matter vomited has fermented on standing. He has no pain, but for the last month has had a dragging sensation at the stomach. During the whole nine months, since the dyspeptic symptoms first set in, he has been losing flesh. The abdomen was well examined. It was quite flat and soft; there was no tenderness; no tumour, nor sense of resistance anywhere; but there was extended stomach resonance. The matter vomited was a brownish liquid, intensely acid, and in a state of fermentation. On standing it divided into a thick scum of brownish, yeasty substance at the surface, a quantity of semi-turbid fluid beneath, and, at the bottom a deposit of half-digested food. A little of the scum, under the microscope, exhibited sarcinæ.

Although the history of the case, and the patient's general aspect, left little doubt of there being organic disease of the stomach, the discomfort arising from the vomiting and the fermentation was so great that it was thought desirable to try the effect of hyposulphite of soda. This was given on the 4th of July, in doses of ten grains, three times a-day, in an ounce of infusion of quassia. It produced no effect on the frequency of the vomiting or on the quantity ejected; but it gradually diminished the acidity, the fetor, and the fermentation, and, within eight days, entirely put an end to them. On the 18th no sarcinæ could be detected, and the salt was continued until the end of July without reducing the frequency of the vomiting.

He left town and went to the seaside, and took no sulphite during August; but the fermentation did not return, except on two occasions, and then he attributed it to having taken improper food. He returned at the end of the month, evidently sinking fast. A lull, however, took place in the symptoms; the vomiting for several days had been almost incessant, and by the 8th of September was quite so, not a teaspoonful being retained for a moment on the stomach, while his strength was ebbing fast; but on that night, he did not vomit at all, and had tranquil sleep. The next day he scarcely vomited at all, and for the next ten days only once. On the 18th, he vomited much from having taken improper food, and the matter fermented briskly. The sulphite was again given up to the 22nd, and it again arrested the process; it was discontinued on the 24th, and the fermentation did not return. He died on the 27th. On the 23rd the vomit had, for the first time, the appearance of coffee-grounds.

After death old pleural adhesions were found; but the lungs and viscera generally were in a condition of health, except the stomach, which was enormously dilated; its parietes were very thin, except towards the pylorus, where, on the anterior surface, there was ulceration. This ulceration did not extend to the pylorus, though it did so within two or three inches of it; but the mucous membrane, between it and the pylorus, and the whole circumference of the pylorus were in a state of colloid degeneration. Only a moderate-sized quill could be passed through the pylorus.

In commenting on this case Dr. Seaton observed, that it confirmed the view stated by Dr. Todd, that the occurrence of sarcinæ in large quantities in yeasty vomiting was indicative of dilatation of the stomach, generally the result of pyloric obstruction. The author, however, called in question whether this symptom could be looked upon as pathognomic of this particular lesion. Again, while the delay of food and the subsequent fermentation constituted undoubtedly the most favourable conditions for the development of sarcinæ, yet these are found in large quantities, independently of any fermentation at all. Finally, he alluded to the value of the sulphite of soda in putting a stop to the fermentation and development of sarcinæ, and also to the interesting fact that when the fermentation had been made to cease it did not show any particular disposition to return, and when it did occasionally return was not permanent.

The Society then adjourned.

SMYRNA HOSPITAL MEDICO-CHIRURGICAL SOCIETY.

Monday, April 16.

Dr. Meyer, President, in the Chair.

Mr. Spencer Wells delivered the Introductory Address, which will be found under the head "Original Communications." An animated discussion followed.

Dr. Rolleston contended that fever patients could not be segregated from one part of a building, without aggregating them in another, and that hospital accommodation would be too much diminished by allowing double the amount of space in the fever wards. He quoted passages from the works of Drs. Graves, Christison, and Watson, to prove the danger of special fever wards to Medical men and attendants, arguing that there was little or no danger from admitting fever patients into general wards, provided the fever cases did not exceed one-third of the whole. He explained the spread of fever among the men soon after their arrival, by their previous exposure to predisposing causes, privations, etc.

Dr. C. Coote stated that though the attendants in Dr. Gibbon's wards had not suffered, he (Dr. Coote) had had three orderlies affected, and one of them very dangerously so. He concluded that the system of segregation implied that no

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other than fever cases should be admitted into the fever wards, because otherwise the establishment of the latter would be the surest mode of propagating the disease.

Mr. Holmes Coote stated that Dr. Latham had long since observed at St. Bartholomew's Hospital, that when fever cases in a ward exceeded a third of the whole, the fever spread, and of late years it had been the custom in that institution to separate the patients whenever they exceeded that proportion. He explained Dr. Watson's statements, quoted by Dr. Rolleston, as to the manner in which Medical men and nurses had been attacked in the London Fever Hospital by the construction of the old building. The wards were low and crowded, and the Medical men lived in small wards leading out of the larger ones. Since the removal and enlargement of the building, and the separation of the residences of the Medical men, the attendants were attacked in very small proportion.

Dr. Wood, of Smyrna, contended that contagious diseases were not so likely to spread in Smyrna as in London, owing to the greater purity of the atmosphere, and to the fact that, as soon as the night air became dry in summer, people could sleep with open windows. He said that the typhoid fever of the natives was not a formidable disease, and not contagious. He had often given olive leaves in intermittents, and found them to possess distinct anti-periodic properties, and that they were more efficacious in preventing a recurrence of the fever even than quinine. Other bitter leaves had the same properties, especially the walnut leaves. He had also found Beeberine very useful. It might be given for a long time without affecting the nervous system, like quinine.

Mr. Macleod, after some remarks upon the Civil and Military Hospital systems, based upon his experience at Scutari, and agreeing with the opinions expressed by the author, said that the fever was very contagious; and to prove that it was not necessary to have one-third of the patients in a ward affected with it before it spread, stated that he took charge of a ward on his arrival containing twenty cases. Only one of them was a case of fever. The other nineteen had arrived some days before the man with fever was admitted. He came down in another ship. The man in the next bed to him first got it, and it spread all round the ward, not one man escaping. All the orderlies also got it, with one exception. In Glasgow both systems had been tried, and the result of very great experience in that city was, that fever cases were invariably separated as soon as they declared themselves. He contended that even if the danger to attendants were increased by separation, that that should not affect our conduct; our first duty being to look to the safety of our patients.

Dr. Barnes Wood said that, as most of the cases had broken out within a few days of this man's landing, the fever had probably been contracted on board ship.

Mr. Macleod explained that if fourteen days were to be taken as the extreme period of incubation, as it was generally believed to be, his cases could not have been contracted in the ship, as some of them commenced much later than fourteen days after landing.

D. M'Craith, of Smyrna, said that the patients had arrived in two vessels. There were very few fever cases among those who arrived first, but a great many in the second vessel. The fever afterwards attacked those who had arrived in the first vessel. The typhoid fever commonly seen in Smyrna was certainly not contagious. He had tried the olive and other bitters with success in mild cases of intermittents, but in those severe cases where it was necessary to prevent another paroxysm in order to save the life of the patient, he would trust to nothing but quinine.

Mr. M'Donnell contended that the fever observed in the Hospital was not typhoid, not the *dothenenterite*, but precisely the maculated typhus prevalent in Ireland. He asserted that both professional feeling and popular prejudice in that country was decidedly in favour of the separation of fever cases, and that this fear of the people was so great that Irish patients would crawl out of a fever ward. This ought to be taken into consideration in an Hospital containing so many Irish patients as the Smyrna Hospital. He thought, also, that the chief danger to Medical men and nurses was in their personal attendance on the sick, using the stethoscope, changing linen, and so on, and that this danger was as great in a general as in a fever ward.

Mr. Holthouse spoke briefly in favour of the system of segregation.

It was moved by Mr. Wordsworth, and seconded by Dr. Martin, that the discussion be adjourned to the next Meeting; but it was arranged that this subject should be reintroduced by a short paper from Dr. Leared on the Nature of the Fever which had prevailed.

COMMITTEE OF INQUIRY.

STATE OF THE ARMY BEFORE SEBASTOPOL.

Did you take any steps to inquire into the conduct of the medical men in charge of the hospitals at Scutari?—I appointed a commission to inquire into the medical treatment of the soldiers there and in the Crimea. The two medical men were selected by Dr. A. Smith; the barrister, Mr. Maxwell, was recommended by Mr. Sidney Herbert. It was not, in the strict sense, a royal commission. Mr. Maxwell was not a friend of Dr. Smith. Dr. Smith wished the barrister to act merely as the secretary to the commission. To that I objected, because, however impartial the two medical men might be, the public at large would suppose them to be biassed, and I thought it better the barrister should be in an independent position and a prominent member of the commission, while the two medical men should investigate professional matters.

Was the commission instructed to inquire into the general state of the hospitals?—Undoubtedly; into everything connected with the medical department, as well as into the conveyance of the sick and wounded. The hospitals are under the authority of the military commandant.

The witness was then examined as to the representations from Dr. A. Smith respecting the clothing of the soldiers, made at an early period of the war—representations which that gentleman stated in his evidence were not attended to. It now appeared that his letters, having been addressed to the military secretary, had not reached the Duke of Newcastle at all. His Grace said—It is very difficult to be certain as to the receipt of letters of which some portions may have been brought under my attention in other ways. My impression is that the whole of that letter was not brought under my notice. I had conversations with Dr. Smith in reference to the dress of the soldiers, but I have a strong conviction that letter was not submitted to me. No blame can attach to the military secretary for not forwarding that letter to me. If there is any blame, it rests with Dr. A. Smith for not sending it to me.

Are you aware that within a few days an order has been issued to the men to resume the stock?—That is only in one division. It was in consequence of my remonstrance to Lord Raglan that the order was issued for the discontinuance of the stock in May last.

General Peel.—The proposals of Dr. Smith involved a change in the uniform of the army; was not that in the province of the Commander-in-Chief?—Certainly. If, as affecting the health of the army, Dr. Smith thought the Commander-in-Chief had come to a wrong decision, he ought to have appealed to me as the superior authority in so vital a question as the health of the troops.

Another letter from Dr. Smith, of the 11th of May, 1854, was then referred to, representing the necessity of ships being set apart for the hospital service and the conveyance of sick and wounded. This plan was afterwards adopted, but the letter containing it, which ought to have been sent to the military secretary, was addressed to the Horse Guards; the Duke of Newcastle could not tell on what principle.

Mr. Layard suggested Dr. Smith's own explanation, that he had so many masters he did not know which to apply to.

I must demur to that statement, and say it is inaccurate. I told Dr. Smith myself, at the time of the prorogation of Parliament, that in any case of difficulty he should look alone to me, and that any order I gave him was final; so much so, that when he represented to me the absurd forms he had to go through to obtain a supply of port wine and other articles, I told him since the Commissariat had come under my control, I had taken steps to place all the articles of medical comfort that did not require professional knowledge to test their goodness under the Commissariat; and I authorized him to supersede all these forms, and order a supply of port wine, arrowroot, and other articles at once, making a temporary arrangement with the Treasury to obtain them.

Then, if Dr. Smith found his arrangements not carried out,

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he ought to have sent his report to you?—Yes. If he thought any appeal necessary, that appeal ought to have been made to me.

Then it is no justification if he asserts he was not aware the communication ought to have been made to you?—Not after the time I gave him that assurance. Up to that time he might have been under a misapprehension.

To another question, as to the multiplicity of forms, and whether they had prevented Dr. Smith from doing his duty, the Duke of Newcastle again explained that he directed Dr. Smith, in obtaining a supply of wine, to supersede them.

Would any pecuniary responsibility have fallen on Dr. Smith, or on yourself, if the Treasury had raised an objection? — Technically, I suppose it would, because previous leave was not obtained for the expenditure; but it was a course I took over and over again in 1854. For instance, the huts and preserved vegetables were supplied without the previous sanction of the Treasury. I ordered them, and asked the permission of the Treasury afterwards.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 30th ult:—Messrs.

ARNOLD, GEORGE RICHARD, Brook-street, Ratcliffe.
ATKINSON, THOMAS, Dublin.
BLAND, EDWARD, Sandiacre, Derby.
ELKINGTON, JOHN, Turkish contingent.
FERGUSON, ARTHUR FOSTER, Army.
HALL, EDWARD THOMAS, Church-street, Chelsea.
REES, HARDING, Beaconsfield, Bucks.
SHAW, WILLIAM JOSEPH, Hon. East India Company's Service.
WHALLEY, THOMPSON, Holbeck, near Leeds.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 26th April, 1855:—

ADAMSON, ALEXANDER RATTRAY, Cupar Fife, N.B.
BADER, CHARLES, Germany.
BEST, HENRY DEWES, Bilston, Staffordshire.
BLAND, EDWARD, Denbighshire.
FARRAR, CHARLES, Chatteris.
HEMINGWAY, CHARLES ALFRED, Dewsbury.
LANGHAM, HENRY WILLIAM, Chard.
PIERPOINT, NATHANIEL BRADFORD, London.
SULLIVAN, EDWARD WHITTINGTON, Great Ilford, Essex.
WHALLEY, THOMPSON, Holbeck, Leeds.

APPOINTMENTS.

DR. MACFIE, House-Surgeon, Dumfries and Galloway Infirmary, has been appointed one of the Surgeons to the Turkish contingent force.

MANCHESTER ROYAL INFIRMARY.—Mr. Frederick Ashton Heath and Mr. Edward Lund have been elected Dispensary Surgeons to the above institution.

DEATHS.

BARRY.—April 27, at Beccles, Suffolk, Martin Barry, M.D., F.R.S., aged 53.

STUART.—April 29, aged 51, James Stuart, Esq., M.D. Edin., 1827, of Wigan.

HAMILTON.—April 25, at Laugharne, Carmarthenshire, Henry Hamilton, Esq., Surgeon, M.R.C.S.E., 1826.

EDDIE.—April 26, at Barton-on-Humber, Richard Eddie, Esq., Surgeon, aged 81.

GRADUATES OF THE UNIVERSITY OF LONDON.—The Graduates of the University of London held their annual meeting at the Freemasons' Tavern on Tuesday evening, Dr. Birkbeck Nevins, of Liverpool, in the chair. Mr. Shaen (Honorary Secretary) read the report, which recorded the fact, that the Bill prepared for placing the Medical Graduates of London on a perfect equality with those of Oxford and Cambridge passed both Houses, with some slight alterations, and received the Royal Assent on the 11th of August, 1854. Professor Foster, LL.D., M.A., moved, and Mr. T. S. Osler, LL.B. seconded a resolution, "That the Graduates will not cease to assert their claims until they have obtained the concession of their rights." Dr. Storrar moved, and Dr. Stocker seconded, a resolution, "That the Graduates express their satisfaction at the passing of the University of London Medical Graduates' Act of 1854, and tender their thanks to those members of both Houses of Parliament who have supported that measure, and especially to Mr. Bell, Mr. Thornely, and Lord Monteagle."

ROYAL MEDICAL BENEVOLENT COLLEGE.—At a Special Meeting of the Council held on Friday, the 27th ultimo, Henry Hancock, Esq., Surgeon of Charing Cross Hospital, was unanimously appointed the Honorary Secretary, *vice* Edward H. Sieveking, M.D., resigned.

KING'S COLLEGE HOSPITAL.—The anniversary dinner of the friends and supporters of this institution took place on Wednesday, at the Albion-tavern, Aldersgate-street. The chair was taken by Mr. Sidney Herbert, M.P. The amount of relief afforded by the Hospital is in proportion to its wide sphere of usefulness; for in the year 1854 there were entered on the books 27,694 patients; and since the year 1839, when the Hospital was first opened, no less than 282,705 patients have been admitted to the benefits of the charity, of whom 17,943 were in-patients, 259,235 out-patients, and 5527 poor married women attended at their own homes. Out of the large number of cases just stated, no less than 12,436 in-patients, and (counting poor married women attended at home) 262,712 out-patients, were admitted without letters. This vast amount of relief is administered at a cost of about £5000 a-year. The annual subscriptions somewhat exceed the sum of £1500; so that the charity is every year dependent for the sum of nearly £3500 upon the free gifts of friends. The Chairman, in proposing "Prosperity to King's College Hospital," said his attention had of late been called a good deal to the subject of medical studies and the means of obtaining medical assistance in branches not within the scope of civil practitioners, and he was glad to acknowledge the services of such men as Partridge, and Fergusson, and Bowman, and such Physicians as Todd and Budd. He was glad to have the opportunity of expressing the debt of gratitude which he owed to the civil practitioners in this country, and to say that to no individual did he feel more indebted than to one of the chief professors of King's College, Mr. Bowman. (Hear.) Owing to the great efforts made to obtain sufficient medical assistance for the army in the East the medical profession was almost exhausted. It was necessary, therefore, to have recourse to civil practitioners, and he applied to three gentlemen, who in the most kind and liberal manner undertook to organize for the Government an establishment of civil medical men, who, animated by most patriotic motives, and a desire to obtain experience in their profession, undertook to face all the danger which results from crowded hospitals, where men are suffering from pestilential diseases. Mr. Bowman, in company with Mr. Grainger and Mr. Arnott Moncrieff, undertook that duty on the part of the Government, and had taken great pains to organize one of the most successful hospitals that had been established in the East.

THE LONDON HOSPITAL. — The 115th Anniversary Festival of this well-known Institution took place on the 26th of April. A sermon was preached in the chapel of the Hospital by the Rev. George Croly, who advocated the claims of the establishment in an eloquent and impressive style, stating, during his remarks, that the London Hospital had, since its foundation, relieved from severe suffering and privation more than one million of our fellow-creatures of every denomination indiscriminately. After the sermon, and the inspection of the wards of the Hospital, and the New College, by the numerous company that had assembled on the occasion, the Committee of the Hospital, the Medical Officers and Lecturers, and a large party of the supporters of the Institution, dined at the London Tavern, His Royal Highness the Duke of Cambridge, the President of the Hospital, being in the Chair. His Royal Highness, during his speech in favour of the Hospital, remarked, that he believed, that of all the Hospitals in the Kingdom, the London Hospital was the largest Accident Hospital, no less than 107,554 accidents having been admitted during the last thirteen years. During the last year, 10,789 cases of serious injury had been treated, either as In- or

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Out-patients. The total number of cases during that period, including those of accident and disease, had been 22,574, and this number was exclusive of all cases of trifling casualty or disease, to many thousands of which relief was given annually, but which requiring no continuous treatment were never registered. Of the entire registered number admitted during the last year, no less than 12,635 patients had been received and treated without any recommendation whatever. The London Hospital must be looked on, therefore, to a great extent, as a free hospital; and from what he had stated he considered it eminently entitled to public support and a liberal and enlightened patronage. Such was its due at the present time in particular when the annual expenditure of the hospital had exceeded its fixed income of £11,000 by about £4000, which deficiency had to be supplied by voluntary contributions. The resources of the hospital had been further encroached on by several thousand pounds having been applied to the erection of the London Hospital Medical College, which from a careful personal inspection he could state was replete with every appliance and facility for educating pupils in a spirit consistent with the scientific progress of the Medical Profession. He passed a well-merited eulogy on the discriminating liberality of the committee and governors of the hospital, inasmuch as they had not only recognised the importance of taking an extended view of the objects of a hospital, but had, by the erection of this admirable school of medicine, practically carried out their views, and had thereby acted in a manner well calculated to further the advance of medical and surgical knowledge. His Royal Highness had thought, no doubt, that as a natural consequence the immediate objects of the charity would be materially promoted, and the public generally gain considerable advantage. Subscriptions to the amount of more than £13,000 were announced by James Scott Smith, Esq., the chairman of the hospital committee, and the company separated at a late hour.

ST. MARY'S HOSPITAL.—The Anniversary dinner in aid of the funds of St. Mary's Hospital, Cambridge-place, Paddington, took place yesterday at the London Tavern. The Earl of Cardigan had intended to preside on the occasion, but His Lordship sent an apology, on the ground of sudden indisposition, and his place was supplied by Viscount Ebrington, M.P. for Marylebone. After the usual toasts, the noble Viscount proposed, "Prosperity to St. Mary's Hospital," in a terse and pointed speech, which was received with much applause by the audience. It appears that during the past year the hospital relieved 1447 in-patients, 4372 out-patients, and 3127 casualties, but that the increased number of patients, the special expenses of the cholera wards, and the rise in the price of provisions, have added very seriously to the expenses, while the receipts have been lessened by additional taxation and other causes. The debts incurred last year amount to £2600. The subscriptions announced during the evening amounted to between £1500 and £2000.

SCHOOL OF ANATOMY AND MEDICINE.—On Tuesday, the annual distribution of prizes to the students took place at the Institution, Grosvenor-place, Sir James Clark, Bart., in the chair. A report was read, which gave a very satisfactory account of the progress of the school, and stated that in no session during the twenty-five years of its existence had its objects been more thoroughly carried out than in the present. Several of the students had distinguished themselves at the seat of war, and had received honourable mention from the Commander-in-Chief. The following prizes and certificates of honour were then presented:—Summer Session of 1854.—Medical Jurisprudence.—Prize, Mr. H. Cook; certificate, Mr. E. A. Hart. Botany.—Mr. C. Meller. Practical Chemistry.—Prize, Mr. E. A. Hart; certificate, Mr. M. Bloxam. Midwifery.—Senior prize, Mr. C. Meller; certificate, Mr. G. G. Gascoyen: junior prize, Mr. E. A. Hart; certificate, Mr. E. W. Joleye. Materia Medica.—Prizes, Mr. E. A. Hart and Mr. H. Cook. Winter Session of 1854-5.—Anatomy and Physiology.—Gold medal, Mr. E. A. Hart; silver medal, Mr. C. Meller. Junior Anatomy.—Medal, Mr. A. J. Bannister; certificate, Mr. Clifton. Medicine.—Mr. E. A. Hart. Surgery.—Prize, Mr. E. A. Hart; certificate, Mr. Constant; certificate, Mr. Joleye. Chemistry.—Prize, Mr. J. A. Pope; certificate, Mr. A. J. Bannister. Clinical Surgery.—Mr. E. A. Hart. Clinical Medicine.—Mr. Hopson.

VACCINATION.—BERWICK BOROUGH PETTY SESSIONS, April 26.—Ellen, wife of Peter Butler, was charged by Mr. Atkinson, registrar of births and deaths, with neglecting to have her child vaccinated within the prescribed period, and for which operation he had given the defendant an order upon one of the public vaccinators. The child was born in March, 1854, and it had now just recovered from having the smallpox, the consequence of the neglect of the parent. Defendant was liable to a fine not exceeding £1. Mr. Willoby said that the law, which stated that the father or mother of the child was to be brought before the court, implied that where the father could not be obtained the mother in his absence was to be summoned. He therefore was of opinion that in the present case the father should have been brought before the court. Mr. Home was of opinion that the expression of the law allowed a liberty to the prosecutor to summon either father or mother. The order for vaccination had been granted to her by Mr. Atkinson. The court resolved to dismiss the case, on the ground that the father should have been summoned. The defendant, however, acknowledged her guilt in the case, and was cautioned by the court as to her conduct in a similar one.

HEALTH OF THE ARMY BEFORE SEBASTOPOL.—The Inspector-General of Hospitals reports, under date April 17, that the sanitary state of the Army continues gradually to improve, and the mortality from disease to diminish.

LIST OF OFFICERS APPOINTED TO THE NEW HOSPITAL AT CONSTANTINOPLE:—

Medical-Superintendent.
DR. E. A. PARKES.

Senior-Physicians.
DR. H. H. GOODEVE.
DR. W. ROBERTSON.

Senior-Surgeon.
MR. SPENCER WELLS.

Assistant-Physicians.
DR. HALE.
BEDDOE.
DIXON.
HOOPER.
SCOTT.
REID.
CHRISTISON.
KIRK.
MACLAREN.
HOLLAND.
COWAN.
FRANCIS.
ROOKE.
PLAYNE.

Assistant-Surgeons.
MR. FIELD.
VEAL.
STRETTON.
MAUNDER.
FOWCAS.
FOXE.
PERY.
DIX.
BADER.
ROBERTS.

With another not yet appointed.

This Staff will be increased to about 40 Officers, if the Hospital is enlarged to admit 1500 patients, as proposed, instead of 1000, as at present; but these extra Officers will be draughted from Smyrna.

STATE OF THE PUBLIC HEALTH IN THE QUARTER ENDING March, 1855.—The health of the population generally has been bad; and the mortality has greatly exceeded the average. 134,605 deaths have been registered, which is 20,000 in excess of the corrected average of the winter quarters. This addition to the ordinary mortality of winter, which is in England the most fatal season, is referable to the low temperature, with the consequent hard times, against which it is difficult for the wages classes to make an adequate provision. Persons of advanced ages among all classes have been cut off in great numbers, and have thus fallen before they had passed through the evening of life. Young children have also died in considerable numbers. A severe form of scarlatina has been prevalent through the districts. Bronchitis and the congestive diseases of the lungs have been the immediate cause of death. The temperature of the night falls, as Mr. Glaisher has shown, 11° on an average below the temperature of the day; and it is in the night undoubtedly that the respiratory organs are most frequently injured, when the water freezes in the bedrooms of houses that are not warmed by fires, or by warm diffused air. The mortality in the country districts was at the annual rate of 26 deaths in 1000 living: in the town districts at the rate of 32 in 1000 living: out of equal popula-

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tions, there were six funerals in the towns to every five funerals in the country districts; and the town population is increasing by immigration much faster than the country population; so that, unless measures for the improvement of the health of the artisans, the tradesmen, and the professional and wealthy classes in towns, are immediately adopted, the lives of many, and the vigour and energies of large masses of the English population, will be lost, or for ever impaired. The 134,605 deaths do not include deaths that have occurred at sea during the quarter, and have been entered upon the marine register, neither do they include the deaths among our soldiers abroad, as no provision has yet been made for placing the names of the men who die in the service of their country abroad, on the national registers. The excess of mortality in the quarter is diffused over the whole kingdom; nor is it evident that the northern have suffered more than the southern counties. The deaths in London exceeded by 3222, or one-fifth part, the deaths in the winter quarter of 1854; the deaths in the rest of England were 19,413, or nearly in the same degree in excess of that season.

THE LATE SEVERE WINTER.—From January 1st to January 9th the weather was very warm, and the mean daily excess of temperature was 11° nearly. On the 14th a very cold period set in, and continued with great severity until February 24th; on some days, about the middle of February, the defect of temperature was as large as 15°, 16°, 17°, and 18° on several consecutive days. In January the temperature was as low as 13° and 14° at different places on different days. In February it was as low as 3° to 10° at many places in several instances. The lowest temperature experienced about London was 7°, but the extreme lowest temperature was noted at Berkhampstead, on February 18th, and was 0°·8; on the same night it was 2°·5 at Belvoir Castle; and it was low everywhere. We must go back to the year 1814 for a similar period. The frost in that year set in on December 26th, 1813; and was very severe throughout January, and until March 21st, when it ceased, with the exception of a few warm days from February 7th to February 14th. The mean temperature of January was 26°·9; of February was 34°; and of March was 35°·1.

BIRTHS AND DEATHS IN BERLIN DURING 1854.—The Births amounted to 15,462, being in proportion to the population (436,092) as 1 in 28·2. According to Dieterici the proportion was in Prussia, in 1844-53, 1 in 24·45; in England, exclusive of still-born, 1 in 29·89; in France, 1 in 36·52; in Belgium, 1 in 32·07; and in Bavaria, 1 in 27·25. Of the 15·462 births, 7986 (51·6 per cent.) were male and 7476 (48·3 per cent.) female births. The births exceeded the deaths by 4525. There were 2 triplets and 166 twin-births—these numbers being exactly the same as in 1853. There were 642 children born dead, being 4·1 per cent., the females furnishing 3·8 and the males 4·4 per cent. Of the children born, 2303 (14·9 per cent.) were illegitimate, 1172 (14·6 per cent.) being males, and 11·31 (15·1) females. As is always the case, the number of illegitimate children born dead exceeded that of the legitimate, amounting to 6·1 per cent. The same unfavourable proportionate mortality continues; for while of the general infants only 21 per cent. died during the first year, 33·6 per cent. of the illegitimate perished. To the completion of the 15th year, the mortality of illegitimate children (including those born dead) amounted to 48·3 per cent., while in the entire number of children it was only 32·8 per cent. To the number of marriages (3771) the proportion of births was as 1 to 4·1; of legitimate births, as 1 to 3·4. The deaths during 1854, much less than usual, amounted to 10,937, of these 5717 52·2 per cent.) occurring in males and 5220 (47·7 per cent.) in females. In proportion to the inhabitants the deaths were 1 in 37·2. Dieterici states that the proportion for Prussia in 1844-53 was 1 in 33·49, in England 1 in 44·13, in France 1 in 42·68, in Belgium 1 in 39·91, and in Bavaria 1 in 35·06. As to the ages at which death took place, 642 (58 per mille) infants were born dead, 442 (40 per mille) died soon after birth, and 285 per mille during the 1st year, 86 per mille during the 2nd year, and 17 per mille during the 5th year. From the 6th to the 10th year the mortality was 32 per mille; from 15 to 20, 17 per mille; from 20 to 40, 76 per mille; from 40 to 50, 66 per mille; from 50 to 60, 72 per mille; from 60 to 70, 61 per mille; from 70 to 80, 49 per mille; from 80 to 90, 21 per mille; and from 90 to 100, 1 per mille. We have not space to distinguish the mortality as to sex, but we may state that the return agrees with all others in an excess of mortality in males at birth, and during childhood, while old age is shown to be oftener attained by females than males. In regard to causes, 195 deaths are attributed to destitution, and 112 to puerperal fever, or 10 per mille, the average being for 1842-52 4 per mille. The large number of 326 (29 in place of 23 per mille) deaths are attributable to inflammation of the brain, besides 192 to acute and chronic hydrocephalus, and 607 to apoplexy. Among the affections of the respiratory organs, death is attributed in 599 to inflammation, in 107 to hydrothorax, and in 1269 to phthisis. There are 441 deaths attributed to suffocation. Of dropsical affections we have ascites in 14, general dropsy in 313, ovarian dropsy in 8, and Bright's disease in 49. Diarrhœa and dysentery proved fatal in 484 cases, cholera in 26, and 96 deaths are set down to softening of the stomach. Convulsions proved fatal in 645 cases. There were 245 fatal cases of scarlatina, but only 17 of variola, 102 of pertussis, and 152 of croup, this being the lowest number for this disease for eleven years past.

Dr. E. Müller, *Berlin Medicin Zeitung*, No. 11.

MORTALITY NOTABILIA.—In the week that ended on Saturday the number of deaths registered in London was 1132. The last two returns together afford sufficient proof that the public health is advancing to a more satisfactory state. The mortality of last week did not much exceed the ordinary mortality at the end of April. Diseases of the respiratory organs grow less prevalent and fatal, and to this circumstance chiefly the decrease of the total mortality is owing. Excluding phthisis and hooping-cough, that class of diseases which, when the weather was cold, caused 433 deaths in a week, produced in the last three weeks 282,222, and 190, showing a steady decrease. Phthisis was fatal in 176 cases last week, a number as great as that which usually occurred in the depth of winter. Hooping-cough, which carried off 50 children in each of the last two weeks, prevails less than it did. The mortality from zymotic diseases in the aggregate is near the usual amount.

BIRTHS.—The births of 892 boys and 864 girls, 1756 children, were registered. Average, 1495.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, April* 28, 1855.

CAUSES OF DEATH.	In the Week ending Saturday, April 28, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp ° 44·0						° 46·3
ALL CAUSES	1132	543	158	181	194	56	1005·7
SPECIFIED CAUSES	1128	542	158	180	193	55	997·1
DISEASES:—							
1. Zymotic Class	227	183	22	9	10	3	202·4
2. Dropsy, Cancer, and others of uncertain seat	50	8	3	15	23	1	44·9
3. Tubercular Class	246	101	77	57	10	1	201·0
4. Of Brain, Nerves, etc. ..	108	49	8	24	23	4	120·3
5. Of Heart, etc.	36	4	7	13	11	1	38·5
6. Of Respiratory Organs ..	190	92	9	23	55	6	169·5
7. Of Digestive Organs ..	70	20	11	16	21	2	69·4
8. Of Kidneys, etc.	17	2	1	6	6	2	13·1
9. Of Uterus; viz. — Puerperal Disease, etc. ..	7	..	7	..	..	..	10·0
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	9	6	1	1	1	..	9·3
11. Of Skin, etc.	2	1	..	..	..	1	2·0
12. Malformations	9	9	..	..	..	..	3·1
13. Debility from Premature Birth, etc.	25	24	..	..	1	..	22·4
14. Atrophy	37	25	..	..	10	..	23·3
15. Age	50	..	..	..	19	31	45·9
16. Sudden	5	1	2	2	..	..	10·1
17. Violence, Privation, etc...	40	17	8	9	3	3	20·9
CAUSES NOT SPECIFIED.. ..	4	1	..	1	1	1	8·6

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METEOROLOGY.—The mean height of the barometer in the week was 30·140 in. The mean reading was above 30 in. on every day except Saturday. At the beginning of the week the highest reading occurred, and was 30·40 in. The mean temperature of the week was 44°, which is 4·5° below the average of the same week in 38 years. The lowest temperature was 29·6°. The highest temperature 68·0°. The mean dew-point temperature was 37·3°, and the difference between this and the mean temperature of the air was 6·7°. Wind north and north-east; no rain. On Saturday the temperature of the air was 58° at noon, and fell 10° by three o'clock. Horizontal movement of air, 455 miles; electricity, positive.

BOOKS RECEIVED.

Chemistry as Applied and Relating to the Arts and Manufactures. By Dr. Sheridan Muspratt. Part XIV. Glasgow: Mackenzie. 1855.

Memoir of Richard James Mackenzie, M.D., F.R.C.S. Edinburgh: Sutherland and Knox. 1855.

Nashville Journal of Medicine and Surgery. Vol. VIII. No. IV. 1855.

Pharmaceutical Journal.

Dublin Quarterly Journal of Medical Science.

Ophthalmic Medicine and Surgery. By Wharton Jones. London: Churchill. 1855.

Beasley's Pocket Formulary. London: Churchill. 1855.

Carter on the Nervous System. London: Churchill. 1855.

Fresenius on Qualitative Chemical Analysis. London: Churchill. 1855.

TO CORRESPONDENTS.

Mr. White Cooper's Lecture will appear shortly.

A Sufferer is recommended to apply to any respectable Practitioner, but by all means to avoid persons who advertise.

A Witness.—The Medical officer of a public institution where a death takes place is not entitled to any fees as a witness before the Coroner.

Querist.—Lord Lyndhust held in a case (Rex *v.* Webb) that where a person grossly ignorant of medicine administers a dangerous remedy to one labouring under a disease, proper Medical assistance being at the time procurable, and when that dangerous remedy causes death, the person so administering it is guilty of manslaughter.

Perforation of the Septum Cordis.—We find that the statement we made last week on the authority of Dr. Hauaka, that no writer had noticed the absence of muscular substance at a certain part of the septum ventriculorum, is incorrect. Dr. Sieveking, at p. 315 of the "Manual of Pathological Anatomy," refers to the fact in the following words: "Considering that there is a point in the upper part of the septum at which normally there is no muscular tissue to maintain the separation of the two cavities we should be led to expect the occurrence of aneurism more frequently at this point; but in ordinary circumstances the balance of the circulation suffices to prevent this result."

Mr. Chambers.—1. The information is not attainable. Not more than half the parishes in England possess registers as far back as 1600. 2. See Heberden.

J. H. B.—Deodands and forfeiture of chattels moving to or causing death were abolished by the 9th and 10th Vict. c. 62, as "unreasonable and inconvenient."

S. T.—Apply to the Registrar-General, Somerset House, if duly qualified.

Chemicus.—The library of the Pharmaceutical Society is open daily from 9·30 a.m. to 5 p.m.; and from 8·30 to 10·30 p.m.

Emigrant.—The fees at the Jefferson Medical College, Pennsylvania, are:—Matriculation, 5 dolls.; each professor, of whom there are eight, 15 dolls.; and Graduation, 30 dolls. In the Session 1852-53 the number of Students was 556, and the Graduates, 223.

Mr. W. Young will find all the information in our "Student's Number" of last year.

Mr. Wildman.—There cannot be a greater mistake, originated, we believe, by French Medical historians. Barthez was twenty-four years younger than Cullen, and the latter had in his lectures taught his peculiar doctrines twenty-eight years before "his guide" was known; while Cullen's "Institutions of Medicine" preceded the "Nova Doctrina de Functionibus" of Barthez by two years.

A Young Surgeon.—We believe that it is probable another Hospital will be established in the East, but nothing definite is yet known concerning the appointments. Application should be made to Lord Panmure. The salary is about £500 per annum.

A. M.—Apply to Dr. Andrew Smith, Army Medical Department, St. James's-place.

Scotus.—We have experienced so much inconvenience from the practice referred to that it has been for some time abandoned.

Erratum.—In the report from the Liverpool Southern Hospital of the week before last for "Mr. Waters, House-Surgeon," read, "Mr. Royston, House-Surgeon."

COMMUNICATIONS have been received from—

Mr. PAGET; Dr. PEACOCK (with enclosure); Dr. JAMES COPLAND; Dr. RAMSKILL; Dr. ARNOTT; Dr. BAINES; Dr. SIEVEKING; Mr. ADAMS; Mr. WHITE COOPER; A SUFFERER; Mr. M. HENRY; Mr. CHAMBERS; J. H. B.; A WITNESS; S. T.; CHEMICUS; EMIGRANT; Mr. W. YOUNG; Mr. WILDMAN; SECRETARY of the Western Medical and Surgical Society of London; Mr. SPENCER WELLS; A YOUNG SURGEON; Mr. W. SHAEN; A SUBSCRIBER; SCOTUS; Dr. CHOLMELEY; A. M.; Mr. WATERS, The Liverpool Royal Infirmary; Mr. GASCOYNE.

APPOINTMENTS FOR THE WEEK.

MAY.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
5. SATURDAY....	Royal College of Surgeons: Lectures by Professor Hewett, On the Anatomy, Injuries, and Diseases of the Head. Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	MEDICAL SOCIETY OF LONDON, 8 p.m.: Dr. Routh "On Pneumonia." ROYAL INSTITUTION, 3 p.m.: Dr. Du Bois Reymond "On Electro-Physiology." ROYAL BOTANIC SOCIETY, 3½ p.m.
7. MONDAY.....	Professional Examination for Fellowship of Royal College of Surgeons.	EPIDEMIOLOGICAL SOCIETY, 8 p.m. CHEMICAL SOCIETY, 8 p.m.
8. TUESDAY	Royal College of Surgeons: Lectures by Professor Hewett on the Anatomy, Injuries, and Diseases of the Head. Operations at Guy's, 1 p.m.	ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m. ZOOLOGICAL SOCIETY, 9 p.m. ROYAL INSTITUTION, 3 p.m.
9. WEDNESDAY..	Professional Examination for Fellowship of Royal College of Surgeons. Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.	HUNTERIAN SOCIETY, 8 p.m.: Dr. Gull "On the Diagnosis of some of the Causes of Paraplegia." Mr. Aldersey "On a Case of Labour followed by Paralysis." NORTH LONDON MEDICAL SOCIETY, 7½ p.m. ETHNOLOGICAL SOCIETY, 8½ p.m. ROYAL SOCIETY OF LITERATURE, 4½ p.m. ROYAL INSTITUTION, 3 p.m.
10. THURSDAY....	Royal College of Surgeons: Lectures by Professor Hewett on the Anatomy, Injuries, and Diseases of the Head. Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.	ROYAL SOCIETY, 8½ p.m. ROYAL INSTITUTION, 3 p.m.
11. FRIDAY	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	ROYAL INSTITUTION, 3½ p.m.

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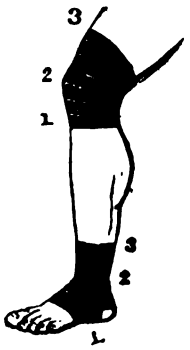
CAUTION.

Knee Cap and Ankle Piece.



Abdominal Supporter.

Spinal Supporter.

Stocking and Thigh-Piece.

Mr. Bourjeaurd, in submitting the above four Engravings as illustrating the nature and special design of his apparatuses, most earnestly begs to call the attention of professional gentlemen to the gross and nefarious practices of unprincipled parties, who attempt to impose on the public by advertising their spurious apparatuses, accompanied with the closest imitations of his diagrams, and with the use even of the same words and plan of measurement, in order to obtain, by these fraudulent means, a portion of the patronage with which he has been especially honoured by the Profession. Mr. Bourjeaurd wishes, therefore, to caution Medical gentlemen against the dishonest proceedings of his imitators, and hopes they will not accept any of the appliances put forward under the name of Spinal Supporter, except the articles come from his own Establishment, No. 11, DAVIES-STREET, BERKELEY-SQUARE (opposite Mivart's Hotel), LONDON; and RUE DES BEAUX ARTS, No. 17, PARIS.

22B, Henrietta-street, Cavendish-SQUARE.—Under Her Majesty's especial patronage.—The West-end Depôt for the Sale of Dr. STRUVE'S celebrated MINERAL WATERS, prepared at the Royal German Spa, Brighton.—W. BEST begs respectfully to inform the Medical Profession, and the public generally, that he has been appointed West-end Agent for the sale of the above Waters; and, as he is continually receiving fresh supplies direct from Brighton, all the Mineral Waters will be warranted in the highest state of perfection.

N.B.—BASS and ALLSOPP'S PALE ALES, in Imperial Measure.

Important to the Medical Profession.

DAVENPORT'S
SYRUP OF THE IODIDE OF QUININE AND IRON.

From the late Dr. GOLDING BIRD.

"48, Russell-square.

"I have now for some time employed pretty largely the triple Compound of Iodine, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the use of the Iodide of Iron is recognised. This triple compound possesses many advantages over the simple Iodide, and not the least of them is the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.

"GOLDING BIRD, A.M., M.D., F.R.S.,
"Fellow of the Royal College of Physicians,
"Physician and Professor of Materia Medica at Guy's."

From Dr. GEORGE P. MAY.

"Having for some time past used the ternary Compound of Quinine, Iodine, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its Compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous quality, which renders it an admirable medicine in the treatment of some of the disorders of childhood. "GEORGE P. MAY, M.D.

"Maldon."

CITRATE of QUININE and IRON, containing 25 per cent. Quinine. 4s. 6d. per oz.

SYRUP of the IODIDE of POTASSIUM and IRON. A fluid drachm contains two grains of each salt.

SYRUP IODIDE of ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

BI-MECONATE SOLUTION of OPIUM. Professional Testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS.

EPILEPSY successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS, (*vide* the "Lancet," February 4 and March 25, 1854.) Davenport's Preparations specially referred to are as under:—

Preserved Juice. Dose, one to three drachms; 5s. 4d. per lb.

Inspissated Juice. Dose, half a drachm to a drachm; 16s. per lb.

Solid Extract. Dose, five to fifteen grains; 20s. per lb.

TARAXACUM (Davenport's) Liquor or Fluid Extract, prepared by Spontaneous Inspissation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a fluid drachm; 6s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, No. 33, Great Russell-street, Bloomsbury.

Adnam's Improved Patent Groats and BARLEY.—THE ONLY EXISTING PATENT, and STRONGLY RECOMMENDED BY THE MEDICAL PROFESSION.

TO INVALIDS, MOTHERS, and FAMILIES.—The important object so desirable to be obtained, has at length been secured to the Public by J. and J. C. ADNAM, Patentees, who, after much time and attention, have succeeded by their IMPROVED PROCESS, in producing preparations of the purest and finest quality ever manufactured from the Oat and Barley.

The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged.

A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined:—

"Chemical Laboratory, Guy's Hospital,
"February 19, 1855.

"I have submitted to a microscopical and chemical examination the samples of Barley-meal and Groats which you have forwarded to me, and I beg to inform you, that I find in them only those principles which are found in good Barley; there is no mineral or other impurity present, and from the result of my investigation, I believe them to be genuine, and to possess those nutritive properties assigned by the late Dr. Pereira to this description of food. (Signed) "A. S. TAYLOR.

"Messrs. J. and J. C. Adnam and Co."

To be obtained Wholesale at the Manufactory, Maiden-lane, Queen-street, London; Messrs. Barclay and Sons, Farringdon-street; and Edwards, St. Paul's-churchyard; Sutton and Co., Bow-churchyard; and other Wholesale Houses. Retail in Packets and Canisters at 6d. and 1s. each, and in Canisters for Families at 2s., 5s., and 10s. each, of all respectable Grocers, Druggists, etc., in Town and Country.

Impermeable Cloth for Hospital Sheets,

SURGEONS and NURSES' APRONS, etc.

Among the numerous Indian-rubber appliances, none have been more successful than the (deodorized) preparation of cloth for Hospital Sheets, as is shown by the following letter to S. W. Silver and Co.:—

(Copy of R. G. Whitfield, Esq.'s Letter.)

"St. Thomas's Hospital, February, 1855.

"Sirs,—Your Indian-rubber sheeting having been in use in this Hospital for some time, I can strongly recommend it, feeling confident that it possesses great advantages over everything previously introduced; it is admirably adapted for the protection of couches, beds, or for whatever other purpose such articles are usually required, not only from its great pliability and durability, but because neither the various secretions from the body nor boiling water will injure its texture; it is far more economical (from the fact of its not being liable to crack or peel off) than the Green Issue Cloth hitherto in use after operations, and more cleanly, as a wet sponge readily removes all soil or taint from its surface.

"The stump pillows made of the same material are well conceived, and will be found invaluable in the sick room either of the poor or the peasant.

"I have the honour to be, your obedient servant,

"R. G. WHITFIELD, Resident Medical Officer.

"To Messrs. Silver and Co., Nos. 3 and 4, Bishopsgate-street,
"Opposite the London Tavern."

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Steel Biscuits.—F. Allarton begs to

call the attention of the Medical Profession to his PATENT FERRUGINOUS, or STEEL BISCUITS. They are a most agreeable and efficacious tonic, perfectly destitute of medicinal flavour, prompt and certain in their action, and particularly adapted to cases in which the ordinary steel medicines have become irksome or offensive to take, as also in the ailments of children.

Sold in boxes, at 1s. 6d., 2s. 6d., and 5s. each, at the Patentees, 254, High-street, Southwark.

A New Discovery.—Mr. Howard,

SURGEON-DENTIST, 52, FLEET-STREET, has Introduced an entirely NEW DESCRIPTION of ARTIFICIAL TEETH, Fixed without Springs, Wires, or Ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer: they will NEVER CHANGE COLOUR or DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed Teeth rendered Sound and Useful in Mastication.

52, Fleet-street.—At home from Ten till Five.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Prepayment,

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NEW WHITE MOULDED VIALS.

APSLEY PELLATT and Co. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., 10 dr., and 1½ oz.	per Gross,	6s.
14 dr., and 2 oz.	,,	7s.
3 oz.	,,	8s.
4 oz.	,,	10s.
6 oz.	,,	15s.
8 oz.	,,	18s.
4½ oz. graduated in 3 doses,	,,	12s. 6d.

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes *all charges* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full, made payable in London.*—Orders and remittances to be addressed,

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FALCON GLASS WORKS, LONDON.

To Physicians, Surgeons, and

DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING TISSUE.—PREPARED FROM PURE CANTHARIDINE.

An elegant preparation, vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments, as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the New York Journal of Medicine.

"March 1st, 1856.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this Article is a very simple and neat dressing."

"10, Finsbury-place South, March 16, 1852.

"Dear Sir,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks. I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to insure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,
"JOHN GAY, F.R.C.S.,
"Honorary Surgeon to the Royal Free Hospital, etc., etc.

"To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury. "ANDREW SMITH, M.D.,

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

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VESTINGS, &c., are respectfully invited to inspect the extensive NEW STOCK of the LONDON CLOTH ESTABLISHMENT. Every yard of Cloth is sold at the very lowest price, and gentlemen who desire it can have their purchases made up on the premises at as low a price as is compatible with the best work and trimmings:

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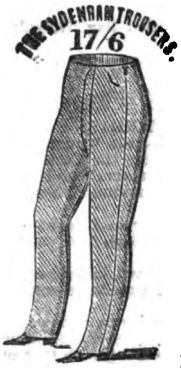

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The LIQUOR, with CORTICAL ESSENCE of SARSAPARILLA, dose, a dessert spoonful.

With Seltzer Water, either of these preparations forms a pleasant draught, and with which their effects are greatly augmented.

"For emaciated constitutions, I know of no medicine equal to Hooper's Taraxacum and Sarsaparilla."—Dr. Johnson.

For AFFECTIONS of the LIVER, KIDNEYS, JAUNDICE, INDIGESTION, CUTANEOUS AFFECTIONS, and CONSTIPATIONS, these preparations have long been prescribed by the most eminent of the Faculty, with the best results. The above Extracts of Taraxacum, when mixed with water, produce a milky appearance, similar to the juice in its fresh state.

The following remarks of the Rev. A. Leapingwell show the value of Taraxacum when properly prepared:—

"So valuable a preparation as your Taraxacum can need no recommendation from me; still I feel bound to say, its beneficial effects have surpassed my most sanguine expectations. My mother, who is in her 78th year, and who, through the greater part of her life, has been a martyr to liver complaint, appears to have had ten years added to her life by a three months' use of it.—I remain, yours truly,

"ARTHUR LEAPINGWELL,

"To Mr. Hooper, 7, Pall-mall East. Haydon Vicarage, Sleaford."

INSPISSATED JUICE of COTYLEDON UMBILICUS, for EPILEPSY, introduced by Mr. Salter, of Poole, (see "Medical Gazette," March 2, and May 11,) for whom Mr. Hooper first prepared it, and has continued to do so, Mr. Salter finding it to possess the properties of the fresh juice.

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ORIGINAL LECTURES.

LECTURES ON THE MATERIA MEDICA,

DELIVERED AT THE

Royal College of Physicians,

By H. BENCE JONES, M.D., F.R.S.

Physician to St. George's Hospital.

ON BARK.

Mr. President,—The title of my Lecture to-day will probably remind some of my hearers of yellow, red, and pale bark; others, more botanical, may expect me to speak of Cinchona oblongifolia, lancifolia, and cordifolia, whilst a few better acquainted with our present Pharmacopœia will doubtless think I shall adopt the division of my subject sanctioned by authority, and speak of Cinchona calasaya, condaminea, and species incerta.

The fifty different specimens of different kinds and varieties of cinchona bark which you see on the table, and for which the College is chiefly indebted to the liberality of Mr. Howard, will dispel, at a glance, the idea of any of the simple divisions which I have just mentioned.

The collection before you shows how complex our increasing knowledge has rendered this subject, and it is my intention to-day to make some remarks on the different modes of classification which have been proposed for the cinchona barks, and on the advantages and disadvantages they possess.

The great end of the medical knowledge of cinchona barks is their comparative worth in curing disease; that is, their relative value in alkaloids; any classification which will give this value, any signs or mode of analysis which indicate it, are of the utmost practical importance; and to this classification, even when the botanical classification is perfected, the greatest practical value must be attached.

I shall endeavour first to show you the impossibility of classifying barks according to their colour; secondly, to point out the imperfection of the botanical classification from the insufficiency of our knowledge; thirdly, to dwell on the uncertainty of a geographical classification; and, lastly, to insist on the importance of a quantitative chemical classification based on the amount of alkaloids in different kinds of bark. It will appear that with bark as with sugar, samples from different localities will have a certain average excellence, but each hogshead, bale, or seron must be examined chemically, and its place and value determined by accurate experiments.

The wholesale manufacturer by chemical analysis determines the quality of the bark he is about to purchase. His chemistry enables him to make or to save money; and shall we, in fixing on our bark for the cure of disease, be content to prescribe according to its colour or its botanical designation, instead of according to the amount of active principles which it contains?

If we had been guided by analysis, instead of authority, a bark containing no quinine would hardly have been placed in our Pharmacopœia, and even now instead of ordering Cinchona calasaya, or condaminea, or species incerta, it would be better to have certain standards of amount of active principles to which our prescriptions might be referred.

Thus, if an alkaloid bark is prescribed, it should contain at least as much quinine as standard cinchona calasaya. If an astringent cinchona bark is ordered it should contain as much tannic acid (with kinic and kinovic) as the best astringent bark; or, if the more aromatic bark is indicated, then we should be able to order bark which has the most volatile oil and resin. At present when the decoction is ordered, one bark is used; when the powder is prescribed, another is generally dispensed; and the habit or fancy of the physician, or the chance purchase of the dispenser, leads to the use of the three barks of the Pharmacopœia, and of the thirty others which are not mentioned therein.

On the classification of barks by their colour:—

Here are three specimens of bark. One belongs to the class of yellow bark, another to pale bark, and the last to red bark; and yet I am sure no unaccustomed eye can distinguish these barks by their colour. Or let us take these ten or twelve varieties of yellow bark—are there not as great differences between some of these specimens in colour as between the three specimens which I first showed you?

Hear what Dr. Pereira says on this point:—"The same species of bark, *e.g.*, the bark of cinchona lancifolia, which in the young state has a brown epidermis, is found at a more advanced stage of its growth to be whitish externally, owing to the exfoliation of its periderm, and the exposure of its white micaceous suberous coat. Moreover, the yellow and red colour of the liber, on which is founded the distinction of yellow and red barks cannot be relied on for characterizing any peculiar sort of bark; since the same species of bark may, under some circumstances, be red, and, under other circumstances, be yellow."

Hear also Mr. Howard, the greatest authority on bark in this country:—

"The botanists of New Grenada, Mutis and Zea, distinguished their four species by the names of orange-coloured, yellow, red, and white; in imitation, partly, of the previously known barks of Peru. But it so happens that the yellow of Santa Fé is not at all the yellow of Peru; and, if possible, even less is it the yellow bark of British commerce. The red designation was equally unfortunate as to its identification with the red bark of Peruvian commerce. The white was the only one which partially coincided in New Grenada and in Peru, and this is no genuine bark at all. The botanists of Santa Fé named their barks from the colour of the substance of the bark as shown in the powder; not so the botanists of Peru."

"It must, therefore, be borne in mind, that bark may be named from the colour which its powder makes; or from the external peculiar tint of the coat; or from the accidental adhesion of white and black lichens." In other words, the classification according to colour is worthless.

2ndly. On the Botanical Classification:—

Of all the works on bark, by far the most important, scientifically, is the *Histoire Naturelle des Quinquinas*, published in Paris in 1849. In this work of M. Weddell's, the cinchona barks are divided into twenty-one well-marked species, with many varieties. Of these twenty-one botanical species, not above fourteen occur in commerce; but M. Weddell states that, in addition to the barks, the botanical relations of which are well-established, there are a great number of other true barks which exist in commerce, or are described in different works, and these cannot be referred to any particular species of cinchona; still they possess the same efficacy as those barks do whose history is complete. For the best account of these I must refer you to M. Guibourt, *Histoire Naturelle des Drogues Simples*, vol. iii.

Linnæus, in 1742, first established the genus cinchona. After the different species had received many additions and corrections, at length, in 1836, M. Endlicher established a division into two sections, or sub-genera, according as the dehiscence of the fruit is from below upwards, (characteristic of the true cinchonas,) or from above downwards, indicating the false cinchonas or cascarillas. It must be remembered that this name has nothing to do with the Pharmacopœia cascarilla, which is a euphorbiaceous bark, but it is the diminutive of cascara, signifying only little bark. The bark-peelers are called cascarilleros.

The twenty-one species of true cinchona, of which drawings of the leaves, flowers, and fruit, are given in M. Weddell's work, may be thus enumerated:—

			Varieties.	
1st	Cinchona	Calasaya,	Two,	α vera, β Josephiana.
2nd	,,	Condaminea,	Five,	α vera, β Candollii, γ lucumæfolia, δ lancifolia, ε Pitayensis.
3rd	,,	Scrobiculata,	Two,	α genuina, β Delondriana.
4th	,,	Amygdalifolia.		
5th	,,	Nitida.		
6th	,,	Australis.		
7th	,,	Boliviana.		
8th	,,	Micrantha,	Two,	α rotundifolia, β oblongifolia.
9th	,,	Pubescens,	Two,	α Pelletieriana, β Purpurea.
10th	,,	Cordifolia,	Two,	α vera, β rotundifolia.
11th	,,	Purpurascens.		
12th	,,	Ovata,	Three,	α vulgaris, β rufinervis, γ erythroderma.
13th	,,	Glandulifera.		
14th	,,	Hirsuta.		

According to Dr. Pereira, the remaining seven species are not known to yield any of the commercial barks. They are, 15 Chomeliana, 16 Asperofolia, 17 Humboldtiana, 18 Carabayensis, 19 Mutisii, two varieties, α Microphylla, β Crispa,

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20 Discolor, 21 Pelalba. Of the different species of Cascarilla, as they yield no alkaloids, I shall say nothing here.

Though the botanical classification will, in a scientific point of view, always be the most important and the most permanent, yet there are two other methods of arrangement which especially deserve attention. The first of these is the geographical classification which, both in a physiological and mercantile point of view, is of great interest, whilst the other, the classification according to the medicinal value of each kind of bark, if it could be established, would surpass all other arrangements in importance.

The geographical classification is chiefly of value on account of its commercial importance. The are being divided into Bolivian, Peruvian, Ecuador, and New Grenada. Not that it can be thought possible that the botanical species can be confined to the limits of the political boundaries of the different countries, which are liable to, and actually have undergone the greatest changes, since the discovery of the virtues of the medicine. But even though the same species of cinchona may be found in two countries, still it may be considered as more especially belonging to that country which furnishes the most important supply. If you look at the map of South America, you see that what was Peru is now divided into Bolivia and Peru, and what was Columbia now forms Ecuador and New Grenada. Commencing with the most southern country, which furnishes the most valuable bark, I will ask you to look at the different species of bark which, chiefly through the kindness of Mr. Howard, are now before you.

1st, then, from Bolivia—
- Cinchona Calasaya, or monopoly bark, yellow bark.
- Dark Calasaya bark.
- Pale Calasaya bark.
- Quilled Calasaya bark.
- Calasaya Zambeta.
- Calasaya mondé (Guibourt).
- Calasaya Verde.
- Cinchona Amygdalifolia (Weddell).
- Cinchona Mutisii var. α
- ,, ,, var. β
- Cinchona Micrantha.
- Cinchona Micrantha var. rotundifolia.
- Cinchona Boliviana (Weddell).
- Cinchona Australis.
- Cinchona ovata.
- ,, ,, var. γ

2ndly, from Peru—
- Huanuco bark, grey or silver cinchona.
- Huamalies bark.
- Arico or Cusco bark.
- Red Cusco bark.
- Carabaya bark, cinchona ovata var. α
- Cinchona ovata var. microcarpa (Weddell).
- Cinchona Pubescens var. β Purpurea.
- Cinchona Scrobiculata (Weddell).
- Cinchona Glandulifera Ruiz and Pavon.
- ,, ,, Cascarilla negrilla.

3rdly, from Ecuador—
- Loxa or crown bark, knotty.
- Original, or old Loxa bark.
- Original, or old Loxa bark Uritusinga.
- Quinquina de Loxa rouge marron (Guibourt).
- Loxa or crown bark, colorada fina.
- White crown bark.
- Silvery crown bark.
- Ashy crown bark.
- Rusty crown bark.
- Quina Estoposa de Loxa.
- Cinchona Condaminea, Amagrilla del Rey.
- Cinchona Rubra.
- ,, ,, with white epidermis.
- Cinchona Lanceolata.

4thly, from New Grenada—
- Pitaya bark.
- Cinchona Lancifolia.
- ,, ,, red variety.
- ,, ,, var. d'Oceana.
- ,, ,, Mutis.
- ,, ,, Orange bark of Mutis.
- Hard Carthagena bark, cordifolia.

Lastly, you see here Maracarbo bark.

The slightest glance at this collection will suffice to show you the impossibility of using the geographical classification for any practical purpose. Remove these labels, and how few, except those who make it their business to examine the different barks, could determine the countries from which these specimens came. For clearness in a treatise on barks no better division can be adopted; for arrangement of specimens in a museum no classification is so good; but for practical purpose for determining the value of the different barks as medicine, or for profit in the manufacture of quinine, this geographical division entirely fails. The manufacturer does not rest content with the knowledge of the country which furnishes the bark, but before purchasing he submits a sample to analysis, and the physician, if he uses bark and wishes for certainty in its action, should do the same. Here then you see is the value of the classification according to the medicinal value of the different kinds of cinchona.

And in this most beautiful work of MM. Delonde and Bouchardat on Bark, the geographical classification and medicinal value are given with the delineation of each kind of bark. From this work and from Dr. Pereira's paper I have formed the following table:—

Amount of Alkaloids per 1000 *Parts of Bark.*

	Quina.	Quinidine.	Cinchonine.	Total.	Authority.
Bolivia: Calasaya, or yellow bark—					
Best sort	38 per 1000	—	—	—	Rugel.
Medium sort	25 ,,	—	—	—	Rugel.
Var. β Josephine	32·9 ,,	—	—	—	—
Flat peeled	30-32	—	6-8 per 1000	—	Delonde.
Round unpeeled	15-20	—	8-10	—	,,
Peru—					
Carabaya	—	—	—	30-40 per 1000.	Howard.
Flat peeled	15-18	—	4-5	19-23	Delonde.
Round unpeeled	8-10	—	5-6	13-16	,,
Grey, or Huanuco—					
Fine grey cinchona nitida	5·7	1·4	14	21·1	Howard.
Inferior coarse grey	2·4	2·8	12·5	17·7	,,
Heavy medium quills	—	—	24	—	—
Thick quills	—	—	18·7	—	—
Flat peeled	6	—	12	18	Delonde.
Yellow pale	6	—	10	16	,,
Round peeled	2	—	8-10	10-12	,,
Huamalies or rusty—					
White coated sort	—	2·6	7·4	—	Howard.
Thick quills	3	—	8·6	11·6	Winckler.
Jaen	10	—	4	14	Delonde.
Ecuador—					
Bright red	20-25	—	10-12	30-39	,,
Pale red	15-18	5·6	5·6	20-24	,,
Best sort	26·5	—	15	41·6	Rugel.
Broad flat pieces	—	—	—	38·5	,,
Loxa original, old	7·1	5·1	0·4	12·6	Howard.
HO crown, 1851	—	5·7	0·6	6·3	,,
HO crown, 1851	—	10·5	0·8	11·3	,,
Ashy crown	—	5·0	9·1	14·1	,,
Ashy crown mixed with rusty crown.	—	4·0	2·8	6·8	,,
So-called finest crown	5·2	—	4·2	9·4	Rugel.
Loxa Condaminea	8	—	6	14	Delonde.
Guayaquil	30	—	3-4	33-34	,,
New Grenada—					
Pitaya	20-25	—	10-12	30-37	,,
Jaune Orange pale	32-18	—	3-5	35-23	,,
Carthagena	20	—	—	—	,,
Hard sort, flava dura (cordifolia)	10·4	—	13·5	23·9	Rugel.
Fibrous sort, flava fibrosa (lancifolia)	10·4	—	10·4	20·8	,,
Coquetta	—	1·5	4·4	5·9	Hindsley.
Jaune orange, Mutis	15-16	—	8-10	23-26	Delonde.
Rouge	10-14	—	6-7	16-21	,,
Jaune	12-14	—	6-7	18-21	,,
Rose	18	—	4	22	,,
Maracabo	10	—	3-4	13-14	,,
Inferior Barks.					
Cusco (Peru) pale	0·5	—	—	—	—
,, ,, brown	0·4	—	—	—	—
Gris roulé Ecuador	0·6	—	—	—	—
False bark, red brown	0	—	—	—	—
,, ,, red pale	0·18	—	0·02	—	Delonde.
,, ,, white	0·06	—	0·12	—	,,
Red quina nova oblongifolia	0	—	—	—	,,
Isle of Lagos	0	—	—	—	—
Brazil, white & red	0	—	—	—	—
Argentine Republic, red	0	—	—	—	—

If each bark had a constant amount of alkaloid, if, at the different periods of the growth of any tree the alkaloids were not found to vary in amount, a table like this, formed with care, would be invaluable; but with age, and climate, and

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season, and soil, probably the amount of alkaloids in the same species must vary, and hence only average results can be trustworthy, and an analysis is necessary to arrive at the knowledge of the worth of every sample. The progress of chemistry enables the manufacturer rapidly to obtain this information; and, until we cease to employ the barks as medicine, that is, until chemistry furnishes us with all the different active ingredients in the bark, with the astringent and stimulating resinous principles, as well as with the different alkaloids, and until we obtain the knowledge to unite these for the benefit of our patients, our prescriptions for bark will be more efficacious if, instead of ordering this coloured or that coloured bark, or bark with this or that form of leaf, or from this or that country, we indicate our desire that a bark containing so much alkaloid, so much astringent, and so much resinoid matter should be dispensed.

And even when each ingredient of the barks you see before you is insulated, and its exact medicinal value is determined so as to allow us to reject the useless ingredients, and to unite the useful in the varying proportions that each case may require, even then I think and expect that some future lecturer on Materia Medica will, perhaps, when many years are passed away, bring before his hearers these preparations of bark as great curiosities; he will refer to these barks probably with the same interest as I can refer you to this fine collection (from Dr. Burgess's museum) of different substances, which were employed solely to furnish one active medicinal substance. Here are nearly fifty different substances, of which I may show you a few, as:—

Blatta Byzantina	Entalia
Buccinum	Lapides cancrorum
Cancri chelæ	Madrepora
Cionia testa	Margarittæ
Conchæ Margariteferæ	Ossa sepia
,, venereæ	Spongiæ lapides
Corallina	Tellina
Corallium album	Testæ mytuli
,, rubrum	,, ostreæ
Dactylus solen	Umbilicus marinus
Dentalia	Cochleæ terrestres

These all are to be found in the Pharmacopœia of the last century. And all of these and many more now are of interest to us only because one substance, namely, carbonate of lime, varying in different degrees of purity, was the active ingredient which they contain.

In a century hence, this collection of barks will probably be regarded with the same curiosity as we now regard the curiosities of the Pharmacopœia of the last century. It is by no means impossible that the active ingredients of the bark may be obtained from some simpler source, and that thus the parallel between the two classes of substances may become still more complete.

CLINICAL LECTURE ILLUSTRATIVE OF THE UNCERTAIN ACTION OF MERCURY AND IODIDE OF POTASSIUM,

DELIVERED

By W. WHITE COOPER, Esq., F.R.C.S.

Ophthalmic Surgeon to St. Mary's Hospital, and Lecturer on Ophthalmic Surgery in the Hospital Medical School, etc.

GENTLEMEN,—It is, I believe, characteristic of us all, to enter upon our career of practice sanguine of success, and with a conviction that there are few cases which our skill and resources cannot reach: but I believe that one of the facts which, as years pass on, most deeply impresses itself upon our minds is, that those resources are, at the best, but limited, and often fail us when failure is least expected.

The susceptibility or non-susceptibility of constitutions to particular drugs, is often a serious source of embarrassment. Mild doses of mercurials, given to correct the secretions, will unexpectedly salivate, whilst in other cases, an active inflammation, as iritis, strides on day after day, the mercury, which as a remedy, is our sheet-anchor, producing no more effect than so much magnesia. I propose, in this Lecture, to bring before your notice a few such exceptional cases, and to offer some observations gleaned from experience.

Case 1.—On February 7th, 1853, I was consulted by Mrs. A. D., a married lady, about 30 years of age. The history of her case was as follows:—

In the commencement of 1848, Mrs. D. perceived that the sight of her left eye was gradually failing, and consulted an eminent London oculist, under whom she remained a short time. He looked upon the case as one of debility, and ordered her to take plenty of meat and stout. Finding she did not improve, she consulted the late Mr. Dalrymple, whose advice she followed nearly a year. He prescribed mercury in every form, both internally and by inunction, without producing the slightest effect upon her mouth or upon the disease. He also ordered constant blisters behind the left ear, which at last lost their effect. Her general health being now shaken, he recommended her to go to St. Leonard's, and placed her under the care of a gentleman there, who also prescribed mercury, cold shower-baths, and rum and milk every morning. This treatment was pursued for three months without effect, and she lost the use of the eye entirely. For three years and a half she felt no inconvenience from it beyond the loss of sight, until August, 1852, when it became greatly inflamed. She now consulted a Physician, who ordered her to lose fifty ounces of blood, to live on vegetable diet only, and not to take any other form of nourishment. This advice was followed to the letter for several weeks, when she perceived a film gathering over the sight of the right eye; and this increasing, she placed herself under my care at the time stated. The condition of the eyes was then as follows:—

Left eye presents all the indications of disorganizing inflammation: the globe is diminished in size, soft, and exquisitely tender: the iris dull and discoloured, and the anterior chamber obliterated: the pupil is contracted, and filled with a layer of organized lymph: around the cornea is a livid zone, and the sclerotic is injected in patches: intense frontal and hemicranial pain.

The right eye does not present any visible indications of mischief; but Mrs. D. complains of a cloudiness of the sight, which prevents her seeing any object distinctly. She is much dejected, anticipating total blindness. Her pulse is feeble and irritable, and she complains of having been much weakened by the great loss of blood and the system of vegetable diet.

As mercury had signally failed to affect her system, I determined on trying iodide of potassium, of which 5 grains, in an ounce of cold infusion of bark, were ordered three times a day. The eyes to be bathed with a sedative fomentation.

11th.—No amendment: violent and continued pain in left eye and side of the head, almost unbearable at night. Sight of right eye more impaired, with muscæ and scintillations; pupil acts sluggishly.

Under these circumstances, I determined to try the effect of mercurial vapour-baths, and placed an issue in the left temple.

23rd.—The baths were commenced at Dr. Green's establishment on the 14th. Six have been taken, but no marked effect yet; the only improvement being, that the left eye has become much less painful. There is, however, decided irregularity and adhesion of the pupil of the right eye, and some dulness of the iris, indicating that the inflammatory action has extended from the choroid to it; a drop of solution of atropine to be placed in the right eye daily; a blister to the temple, and the baths to be pushed as rapidly as possible. The eschar having separated from the issue in the left temple, four peas were placed in it.

26th.—Distinct pink tinge of sclerotic of right eye and corneal zone; iris dull and discoloured; sight greatly impaired. She applied six leeches to the temple on the 24th, and they bled twenty-four hours without in the least relieving the eye, which was, indeed, decidedly worse.

27th.—Right eye intensely inflamed, strongly marked corneal zone, globe very tender, and pain excessive. Can only discern outlines of large objects; issue quite dry—not the least discharge from it. To take 25 drops of solution of bimeconate of morphia at bed-time.

March 2nd.—The baths have been taken daily, and the mouth is now decidedly affected; but the inflammation is not lessened—only bright objects can now be discerned. To try benzoic acid 3ss. thrice a-day; to continue the baths on alternate days.

7th.—Mouth very sore; great intolerance of light, inflammation much the same, but she can just discern objects; the benzoic acid did no good. She was therefore ordered

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bark and bicarbonate of soda thrice daily. To confine herself entirely to a dark room, and to take nourishment freely; the issue not having discharged in the least, was allowed to heal. The baths to be omitted.

11th.—Less photophobia, the eye decidedly less red, and the outlines of objects can be distinctly seen; pulse feeble; two glasses of claret with dinner.

19th.—The improvement has been steady, objects are daily more distinct, the eye is nearly free from vascularity, and there is no pain. Since the 15th Mrs. D. has taken the sesquicarbonate of ammonia in bark thrice daily.

28th.—The eyes have now been perfectly free from vascularity for some days, the right iris has recovered its brilliancy, and Mrs. D. can read large type.

I was in great hopes that all cause for anxiety respecting this lady's sight was now removed, as it continued to improve; but on the 23rd April, she called to say that the vision had rather retrograded, and that there was the appearance of a cloud before the eye; there was neither pain nor vascularity, but the pupil was nearly fixed.

℞ Ferri ammon. chloridi gr. iij.
Hydr. c. cretâ gr. ij.
Syrupi q.s.
M. Ft. pilula, ter die sumenda.

April 29th.—I was shocked at finding my patient totally blind. There was a strong glare before the eye from retinal excitement, intolerance of light, and some pink injection of the sclerotic. Under these circumstances, I decided on returning to the mercurial baths. It was not, however, until May 22nd that the mercurial influence was re-established, and total blindness continued. The baths were persevered with twice a-week, till

June 9.—The eye has lost all vascularity; there is now not only perception of natural light, but there is the power of discerning colours and the outlines of large objects.

Taking into consideration the large quantity of mercury this lady's system had absorbed, I did not feel myself justified in pressing the remedy further; but decided on trying the effect of a total change of air and suspension of all treatment, giving to the mercury the opportunity of carrying out the effect which I expected, under the tonic influence of such a change. It was with the greatest difficulty that my patient could be persuaded to adopt this course, as she clung to the baths with a sort of desperate tenacity, as the only means of saving her sight.

I heard nothing of her for three months, when to my agreeable surprise she walked into my consulting-room, and seated herself in a chair without assistance.

She stated that she had strictly followed my injunctions to be in the open air and to have cheerful society as much as possible. That for the first fortnight after leaving town she felt hopelessly depressed and miserable, but after that time she became conscious of an improvement in her health and in her sight. The improvement had continued so far as to enable her to go about by herself, to distinguish people, and to amuse herself with netting, playing cards, draughts, etc.

On examining the eye I found the pupil clear, but with very little motion. The globe was somewhat softer than natural, but considering the great severity of the attacks of inflammation of the most dangerous character, I could not but congratulate her and myself on any amount of sight having been preserved.

The following highly interesting case occurred in the practice of Messrs. Brendon and Lane, of Highgate, gentlemen well known for great experience and skill:—

Case 11.—Early last September, a young lady, eleven years of age, was observed to frown a good deal, for which she was often reproved, there being no apparent cause for her dislike to the light. Early in November, it was remarked by her mother that her right eye was somewhat bloodshot, but she made no complaint and declared there was no pain whatever. On the 7th November, Mr. Brendon called accidentally, and was asked to look at the eye. Until that time she had been running about as usual. He at once saw that there was serious inflammation, applied four leeches, and prescribed calomel thrice a day. No effect was produced by this; the eye gradually becoming worse. On Wednesday, Nov. 15th, I was requested to see the patient. She was in bed in a darkened room, but when she came to the window for me to examine the eye, she seemed quite indifferent to the light, and declared there was no pain whatever in the eye.

The condition of the organ was as follows:—The sclerotic generally, presented a livid hue darker than the ordinary pink tint of sclerotitis. There was a strongly-marked iritic zone, also dark in colour; the pupil enormously dilated, so that the iris was a mere circular strip, but this was dull, and of an olive tint; the cornea hazy. Conjunctiva slightly injected. Brilliant colours were recognized, and she could just discern my fingers when held up between her eye and the light.

As not the slightest mercurial effect had been produced, it was decided to try inunction, 1 drachm of strong mercurial ointment to be rubbed in, night and morning, and 2 grains of hydr. c. cretâ, with 1 of camphor and 1 of Dover's powder, to be taken twice a-day; four leeches to be applied to the right temple.

November 18th.—The treatment has not produced any beneficial effect; indeed, the symptoms are a shade worse; pupil rather more dilated, and zone more crimson; she now admits there is a little circumorbital pain. The left eye presents a suspicious blush between the cornea and the caruncle; the pulse is compressible and irritable. To persevere with the treatment, taking in addition 15 drops of muriated tincture of iron twice a-day.

November 21st.—No amendment having taken place, Mr. Lawrence was called into consultation. Like ourselves he regarded the case as one of peculiar difficulty, and feared the result would be unfavourable. As her constitution so completely resisted the mercury it was decided to give a trial to iodide of potassium, 3 grains thrice a-day.

I did not see the patient again till the 11th of December; on the previous day I received the following report from Mr. George Lane:—"The treatment advised was no more efficacious than what preceded it, and subsequently the head was blistered, and steel given with the iodide of potassium the diet being of a nutritious character. Still there was no improvement; on the contrary, the right cornea became more and more hazy, as though from deposit on its posterior surface, and the two white specks in the anterior chamber were multiplied to four or six, so that the sight in that eye is all but gone. The left eye has followed much the same course, but is not so far advanced, and therefore she can still distinguish objects with it. There is a good deal of lachrymation when we examine it. Yesterday and to-day the congestion has not been quite so great, and she thinks she has been able to see a little better. For the last two or three days we have had an issue just under the hair on each temple, and she continues her steel and iodide of potassium. She is as lively as possible, and appears to be in every other respect in perfect health. Sleeps well, eats well, and has a smiling face whenever we visit her."

At the request of her medical attendants I again visited the patient on the 11th, and found the following condition: Her brows had the knitted aspect of strumous ophthalmia, and the photophobia was so great that it was with difficulty that a view of the eyes was obtained. The right was intensely inflamed with a deep crimson iritic zone; the cornea so dull from interstitial deposition that the iris could not be seen, and on its posterior surface large patches of lymph were dimly visible. The left eye was also much congested, and there was an iritic zone, though of a fainter colour than that of the right. The cornea was hazy, and several small patches of lymph were scattered over the posterior surface. Iris discoloured; pupil could not be distinctly seen, from the photophobia and dulness of the cornea. She admitted the existence of a little pain, and that she always kept her eyes shut, even in the dark.

The blister had covered the whole of the occiput, but singular to say, neither that nor the issues caused her either pain or annoyance.

On full consideration, and after much discussion, it was determined to try the effect of the mercurial vapour baths, keeping her up with good diet and steel. The first bath was taken on that day.

Jan. 16th, 1855.—Twenty-two baths have been taken without perceptible effect. The tongue is whitish, and from time to time she has been rather prostrated, but there is neither mercurial fœtor nor sponginess of the gums. The symptoms continue much the same as at the last report, nor has there been any particular change during the interval.

All things considered, it appeared to me to be useless to persist in the baths, or to expect benefit from a further perseverance in treatment. I regarded it as one of those excep-

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tional cases in which medicine falls powerless, and under those circumstances recommended a total change of system, that she should go to Brighton, be in the open air as much as possible, and leave off all medicine, trusting to the tonic influence of the fresh bracing air to exert that restorative power which art had failed to excite.

This view was assented to, and she went to Brighton immediately, apartments being taken in the most healthy locality.

(To be continued.)

ORIGINAL COMMUNICATIONS.

ON THE CHIEF CAUSE OF THE RECENT SICKNESS AND MORTALITY IN THE CRIMEA.

By JOHN SNOW, M.D.

The diseases which have been most prevalent and fatal in the Crimea have been Cholera, Dysentery, Diarrhœa, and Fever. The fever, according to what I can learn respecting it, has been typhoid, accompanied with ulceration of the small intestines, and consequently the whole of the diseases prevalent in the Crimea have consisted mainly of affections of the alimentary canal.

The communications which I made to the *Medical Times and Gazette*, in September and October last, respecting the influence of the water-supply on the prevalence of cholera in the south districts of London, showed very clearly that this disease may be propagated by water containing the evacuations of cholera patients. The conditions were remarkably favourable for the inquiry I undertook; the circumstances and situation of a very large population were exactly the same in every particular, except that a part received a water-supply containing the sewage of London, and another part, intimately mixed with it, had a water-supply quite free from such contamination. Whilst the former part of the population suffered excessively from cholera, the latter suffered no more than the population of London on the north of the Thames. The inquiries of the Registrar-General, taken up at the point at which I left off, and continued to the end of the epidemic, entirely confirmed these results.

That the water produces its effects by conveying the cholera poison, and not by its general impurity acting as an accessory or a predisposing cause, can be proved by a number of facts. In the first place the water may be very impure in time of cholera without influencing the disease, if it does not contain what comes from cholera patients. The impure water of many pump-wells and of neglected cisterns affords numerous proofs of this, and I may also mention that Dr. Glover states, as quoted by Dr. Sutherland(a), that the water from the Kent Waterworks was very similar in its chemical characters to that supplied by the Southwark and Vauxhall Company, yet my inquiries and the reports of the Registrar-General show that whilst the population supplied with the latter water suffered excessively from cholera, that supplied from the Kent Waterworks suffered but very little, except in two streets at Deptford, where the water received a local contamination, which I described in the *Medical Times and Gazette* in September last. Now there is this great difference between the Southwark and Vauxhall water and that of the Kent Water Company—the former is taken from the Thames, which receives the sewage of all London and the refuse of the shipping, while the latter is taken from the river Ravensbourne, which is contaminated only by the drainage of some parts of Lewisham, Eltham, and Lee, where hardly any cholera existed. Another circumstance, which shows that impure water cannot be a mere predisposing cause of cholera is, that I met with several instances in the South Districts of London, in which persons were attacked by this disease within eight and forty hours after arriving from parts of the country not affected with cholera; these persons drank the water of the Southwark and Vauxhall Company after their arrival. Lastly, the fact of a number of persons being attacked at one time, after one or two cases of cholera have occurred amongst those whose evacuations habitually contaminate the ditch or pump-well from which they drink, shows that the water contains the real and efficient cause of the malady; for if the excess of cases was merely occasioned by the ordinary impurity of the water always present, it would be distributed over the whole time of the epidemic, instead of occurring in one sudden and intense outbreak.

The proof of the communication of cholera through the medium of water, of course completely confirms the fact of its propagation in a more direct way, by swallowing the morbid poison without the water, in the crowded dwellings of the poor, in coal pits, and other situations.

The proof of the manner of communication of the other diseases which have been prevalent in the Crimea is not so conclusive as that which regards cholera, but the evidence which can be collected on the subject tends to show that they are propagated in the same way as cholera. Dysentery has often been noticed to be occasioned, or kept up, by the use of water containing human excrement. This was observed by Mr. Bell, of Cork, in the old barracks at that town (b). The prevalence of dysentery among the crews of ships stationed in the great rivers of India and China has been noticed by nearly all writers on the diseases which prevail in tropical climates, and Dr. Bryson has related a number of instances in which both dysentery and fever seemed to be occasioned by drinking the water of the Yang-tse-Kiang, the Canton river, and other rivers of China (c). Along with other impurities the great rivers of India and China contain the fæces of a large population, amongst whom dysentery always prevails more or less. One circumstance worthy of remark is, that Dr. Bryson and several other writers have alluded to the great frequency of intestinal worms, chiefly *lumbrici*, in the cases of dysentery and fever in the above situations. I do not, of course, consider there is any connexion between the other diseases and the worms, but the existence of these creatures proves that the patients have been exposed to swallow matters which have come from the bowels of other persons; as the worms can only arise from the ova of their own species, produced by the animal in its proper habitat. In the *Medical Times* of March 31, p. 318, Mr. Prentice relates how he contracted dysentery by drinking the water of a pool in the half-formed course of a stream in Australia. That colony was once, like California and many new countries, famous for the healthiness of the new settlers, which was erroneously attributed to the climate. Its reputation for health has been gradually dispelled as one fresh disease after another has been imported, and the diggings are infested with some of the bowel complaints which infest camps and other places where persons reside together in great numbers, without the appliances for drainage and water-supply which usually exist in a town.

The production of diarrhœa by water containing sewage matters is well known. I have been informed by many persons that they were attacked with diarrhœa on first going to live in some of the southern suburbs of London, and drinking the impure water of the Thames, supplied to them by the Southwark and Vauxhall Company. Sailors often suffer in the same way, from drinking the Thames water before it has spontaneously purified itself; and I was lately informed by a Medical man, who has lived in St. Petersburg, that strangers are nearly always attacked with diarrhœa and colic on first drinking the water of the Neva, which receives the sewage of the town. In the autumn of 1853 diarrhœa was very prevalent in Croydon, and Mr. Carpenter, Surgeon, of that town, found that it was caused by the impure water of the pump-wells. Nine-tenths of the people of Croydon were drinking the new water supplied by the Board of Health; but, out of thirty-two patients with diarrhœa who came under the care of Mr. Carpenter, twenty-five were drinking well-water entirely; five drank water from both sources, and the other two could not say decidedly that they had not drunk well-water (d).

Mr. Carpenter has also traced the great epidemic of typhoid fever which prevailed in Croydon in the previous year, to contamination of the water of the pump wells, occasioned by

(a) Report on Cholera in 1854, p. 47.

(b) Dr. Cheyne on Dysentery, Dublin Hospital Reports. Vol III.
(c) Statistical Reports on the Health of the Navy. Part II. 1853.
(d) Association Journal, Oct. 6, 1854.

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the disturbance of the ground and of many old cesspools in the new drainage operations which preceded that outbreak (e). The stoppage of many of the porcelain pipes, and the consequent leakage from them into the ground soon after they were laid down, must have greatly assisted in the propagation of the disease through the pump water. Dr. Flint of America relates an instance occurring at North Boston, Erie County, New York, in which typhoid fever was apparently communicated to a number of families by the contamination of the water of a pump-well which they were using (f,) and I have been informed of some other instances of the same kind.

The diseases which have prevailed among the troops in the Crimea were all present, with the exception of scurvy, before they left Varna, as soldiers ill of cholera, fever, dysentery, and diarrhœa were sent from the latter place to the Bosphorus at the time the expedition sailed to the Crimea. The French when at Varna suffered from cholera much more than the English, but after the allied armies removed to the Crimea the sickness and mortality from cholera and other diseases was much greater amongst the British troops than the French. The chief cause of this circumstance probably is that the French, soon after sitting down before Sebastopol, laid down iron pipes to convey water to the army from the hills above the camp, whilst the English adopted no such measure.

I find from a leading article in the *Medical Times and Gazette* of March 10, that "the water which many of them [the soldiers] drank was impregnated with the most disgusting filth, for it seems that almost the only water used for drinking in the vicinity of Balaklava is that of a small stream which flows from the adjacent mountains, and in its whole course receives the remains of dead horses, the offal of the slaughtered oxen, and even sometimes bodies of dead men." This stream must also have received the excrement of the troops, for any measures which would have defended it from this latter kind of pollution would also have saved it from those which are mentioned above.

There are some springs which supply water to part of the British army before Sebastopol. The ground, however, consists of limestone and clay, neither of which has the property which is possessed by sandstone and gravel of oxidizing and destroying organic matter. It is extremely probable, therefore, that the springs are also contaminated with the excreta of the troops. A proper examination of the situation of the springs and of the nature of the water might help to decide this, for though neither chemistry nor the microscope can do anything towards detecting morbid poisons, they may be used to determine whether or not the animal matters which percolate the soil are entirely changed into nitrates and other mineral substances before they reach the water.

The distribution of rum to the army has probably been a great cause of the propagation of disease through the medium of polluted water. Malt liquors do not require to be diluted, and tea, coffee, and cocoa are always prepared with boiled water; whilst on the other hand distilled spirits require to be diluted with water, which generally is not boiled.

It is quite obvious that every disease which can be communicated through the medium of water may also be communicated by swallowing the morbid matter without the water. It is, therefore, probable that the want of water for washing the hands must have assisted in the propagation of the various maladies amongst the soldiers, several of whom live together in a small tent. This is most likely one of the reasons why the common soldiers have suffered a greater mortality from disease than the officers; another reason probably is that the officers would be more particular about the water they drank; I have been informed of some who sent their servants a great distance for it, as early as four o'clock in the morning, before the horses should come to drink and render the stream muddy. As the officers suffered less from fatigue and exposure to the weather than the soldiers, they would also be in a better condition to recover from any disease with which they might be attacked.

Since all the chief diseases which have been so fatal in the Crimea were present in the army before it left Varna, we do not require to look for their causes in the former place, but only for the means of their propagation, which appear to have been abundant enough, as I have endeavoured to show above. The overwork, the exposure to cold, and the occasional privation which the men have suffered would lessen their chances of recovery from the diseases with which they were attacked. These circumstances could not produce a case of specific disease, like cholera or fever; it is very doubtful whether they could produce dysentery, and the only one out of the four chief diseases which have prevailed in the Crimea that might be caused by any of the above circumstances is diarrhœa. The indigestible food sometimes served out, and the extreme exposure to the weather might cause this latter complaint, but that extreme labour, cold, and privation do not of themselves occasion epidemic diseases is shown in the history of the expeditions to the Arctic regions, where the adventurers die only from accident or absolute starvation.

At a time when the chemistry of gaseous substances did not exist, and when certain fevers, dysentery, and some other diseases were attributed to a putrefaction of the fluids of the living body, these diseases were supposed to be occasioned by the effluvia given off during ordinary putrefaction. These opinions have still a certain number of adherents, even in official quarters, and it is worthy of the attention of those individuals that the greatest mortality in the Crimea took place at a time when the temperature was too low for putrefaction to go on, and when it was especially noticed that though many dead horses were lying about they emitted no smell.

The chief means of preserving the health of troops in a camp is to have water conveyed in pipes or otherwise from some place where it is out of the reach of contamination, and until such a measure can be taken no water should be drunk that has not first been boiled. As regards the drainage at a camp, it should be borne in mind that it is chiefly useful in preventing the pollution of the water. When this rule is not considered, drainage may become a source of the propagation of disease, as recently at Croydon, Sandgate, and other places, instead of being its prevention. The advice of Sir John Pringle that the men should be compelled to make use of the camp privies on all occasions ought to be attended to, and the privies should be so constructed and kept that the hands would not be liable to get soiled by them.

Sir John Pringle insisted more than a hundred years ago on the advantage of having a number of small hospitals instead of one of greater extent, in order to check as much as possible the spread of disease by contagion. Our Allies have acted on this advice in preparing a number of small hospitals along the shores of the Bosphorus; but the authorities of Sir John Pringle's own country have totally disregarded it in forming an hospital of gigantic dimensions at Scutari, with a result that is too well known to require comment. Official persons in this country have generally acted of late years as if there were no such thing as the communication of disease; but the great mortality amongst Medical men and nurses at Scutari ought to convince them of their error.

18, Sackville-street, April, 1855.

(e) Loc. cit.
(f) Clinical Reports of Continued Fevers. Buffalo. 1852.

CLINICAL NOTES UPON THE USE OF GALLIC ACID IN VARIOUS DISEASES.

By RICHARD NEALE, M.D. Lond.
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Having recently noticed the value of Gallic Acid, as a remedy in the various forms of hæmorrhage, more especially in hæmoptysis, called into question by some of the Medical periodicals, I was induced to look through my case-books in order to see in what diseases and with what effects I had given the acid in my own practice; and finding that, in most cases, the favourable results were very striking, while, in some instances, I had been led to employ the remedy for complaints in which it may not be usually exhibited, either alone or in combinations not in general use, I thought a few extracts of such cases might possibly prove acceptable to the readers of the *Medical Times and Gazette*, and might lead to a more general use of a very valuable drug.

In the following notes I shall describe, in as few words as possible, the nature of the case, the mode of exhibition, the dose, and effects of the remedy, with the duration of the dis-

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ease, and not attempt to fill valuable space by unnecessarily minute details of each case.

It is nearly ten years since my attention was first forcibly directed to the great value of gallic acid, as a hæmostatic, in a severe case of vesical hæmorrhage, occurring in an elderly female, who had the misfortune to be an inmate of the notorious Islington Workhouse. The case was under the care of the late noble martyr of that ignoble institution; and no sooner did the slightest trace of blood appear in the water, than she applied for some of "that medicine," which contained 6 grains of gallic acid in each dose, and which invariably checked all hæmorrhage, for the time being, after two or three doses. After death, which occurred a year or two ago, a polypoid growth was found in the bladder.

Case 1.—Henry S., aged 11, Scarlatinal Dropsy. Caught cold after a mild attack of scarlatina. Seen on the fourth or fifth day of the dropsical effusion. Water highly albuminous, not much discoloured. Scrotum and face swollen greatly. Leeches to loins. Warm bath. Pulv. scam. co., etc. were ordered. The urine became day by day more and more loaded with blood, until it solidified on the application of heat and nitric acid. Gallic acid, in five-grain doses, was then exhibited thrice a day, with the effect of greatly reducing the amount of effused blood; but it was not until a drachm per diem, continued for some time, was introduced into the system, that albumen and blood disappeared from the urine, which rose in specific gravity from 1018—1022, and its quantity greatly increased. If the acid were omitted for a day, the urine became as bloody as ever; altogether he took more than 8 ounces of the acid, and is now in the enjoyment of perfect health, although at one time his case appeared almost hopeless.

Case 2.—Mrs. B., aged 48. Hæmatemesis. When first seen, almost sinking from excessive hæmorrhage from stomach and bowels; seat of disease evidently the stomach, apparently due to a fall some months since, when the left hypogastric and hypochondriac regions were much bruised and injured. ℞ Acidi gallici gr. v., mucil. acaciæ q. s. Ft. haust. 3tis horis sumendus. The hæmorrhage diminished after the first dose, and eventually ceased entirely in forty-eight hours, and she recovered, much to her own and her friends' surprise, without an unfavourable symptom.

This case illustrates, moreover, to a certain extent, the value of large depletions, lately recommended in one of the periodicals in some chronic diseases of the joints, etc. The left wrist and hand of this patient were almost useless, from too strict confinement in splints for fracture of the forearm, sustained about two months before I saw her, viz., at the time of her accident. After, however, her very great loss of blood, their use was almost entirely restored; a somewhat similar result was noticed in

Case 3.—Mrs. S., aged 33. Hæmatemesis. Three to four pints of dark grumous blood had been vomited before the patient was seen, which, from the history of the case, was diagnosed to be due to chronic gastric ulcer. The features were perfectly blanched; aphonia; pulse hæmorrhagic. Large and frequent doses of the acid were given; 10 grains every hour until the discharge was checked; in twelve hours it had ceased entirely, although some blood was voided per anum. About 36 hours after she was first seen, violent vomiting was again induced from drinking a cup of warm tea contrary to orders; large quantities of blood were again ejected and dejected, but perfect recovery, as far as cessation of hæmorrhage, took place in a few days by persevering with the acid, combined with greater care regarding diet.

This patient had, some months previously, suffered from a carbuncular boil, situated over the head of the metacarpal bone of the thumb on the left hand, which, although quite healed, had left the joint stiff and useless. After this severe attack of hæmorrhage, however, the mobility of the joint was perfectly restored.

Case 4.—Wm. H., aged 21. Albuminuria, last stage. This poor fellow was sent home from a provincial Hospital to die, and fell under my care as a parish patient. The urine was highly albuminous, of very low specific gravity, and in very small quantities, varying from 10—18 ounces in twenty-four hours.

Under the use of the gallic acid in 10-grain doses thrice a-day the improvement for the first three weeks was most marked, the urine increased to nearly 40 ounces on an average, sometimes exceeding this amount, although the quantity of fluid drunk was rather diminished than increased; the specific gravity rose considerably; and the general œdema, previously so marked, nearly disappeared. The length of time that the disease had existed naturally led me to fear that this favourable improvement could be but temporary, and so it eventually proved; nevertheless, the case will add weight to the testimony borne by others, to the value of gallic acid in some cases of albuminuria.

Case 5.—Mrs. H., aged 33. Frequent and excessive menorrhagia. Repeated abortions, followed by great hæmorrhage. A morbid excitability of the uterine organs, accompanied by no discoverable organic lesion, gave rise to the frequent attacks noted above, which were not attempted to be warded off by that care and attention on the part of the patient which is, in all such cases, necessary. In every attack, however, the acid, in 5-grain doses, quickly checked the discharge, and the effects were so marked, that the patient would never be without some of "the acid mixture," whether at home or abroad.

Case 6.—Mrs. T., aged 42. Menorrhagia coetaneous with ovarian irritation simulating pregnancy. This patient was led to seek advice because she was "very much poorly" every month, and yet believed herself to be in her sixth month of pregnancy, and even declared that she plainly felt the fœtal movements. She had previously borne two children.

The symptoms being rather indicative of ovarian disease than of pregnancy, a digital examination was requested, but refused. Gallic acid was given to control the hæmorrhage, which it did most effectually on every recurrence; and after the ninth month had more than elapsed counter-irritation and rest removed all further fears of pregnancy.

Case 7.—Hæmorrhage from the bowels of a new-born infant. This rare case, reported *in extenso* in the *Association Journal* for June 16, 1854, p. 532, is one in which the acid almost necessarily proved useless. Thirty-six hours after birth, an infant, apparently in perfect health, is suddenly seized with violent hæmorrhage from the bowels. No notice is taken of it by the nurse for more than four hours, when the alarming state of the child causes her to seek for advice. The gallic acid was prescribed; but, before more than a single dose could be exhibited, the little patient sank perfectly exsanguine.

Case 8.—George G., aged 52, rapidly fatal cerebral hæmorrhage, probably due to atheromatous deposit in the vessels of the brain. A year previous to the fatal attack, this patient had been under care for intense cephalalgia, relieved only by large doses of quinine. Serious internal disease was feared, probably, judging from the habits, etc. of the patient, atheromatous deposits in the coats of the vessels, and he was warned against too violent exercise, etc. The cephalalgia continued more or less intense up to the time of his last attack, which occurred early one morning, after a sudden exertion. He fell down comatose, from cerebral hæmorrhage, to check which large and frequent doses of the acid were given, and with so good a result, that the patient after a few hours rallied considerably. In opposition to the most positive orders, however, thirty hours after the attack he was placed upright in a chair while the bed was made. From that moment fresh hæmorrhage occurred, all the unfavourable symptoms increased, and he died in twelve hours. This case, together with the following points to the probable value of gallic acid in intercranial hæmorrhage.

Case 9.—Mrs. H., aged 55. Severe concussion of brain, with probably slight intercranial hæmorrhage, due to a fall. This patient suddenly became unconscious (from an old cardiac affection), and, in falling, struck the head violently against a projecting iron screw; found, five minutes after the accident, bleeding profusely from wounds in the scalp, also from the nose, and very slightly from the right ear. When raised, vomited freely, loss of use in right side (temporary), pupils contracted, no stertor; scalp, over right parietal, divided to the bone; wound 1½ inch long, bone beneath feels fissured. Gallic acid, in 10-grain doses, was given for three doses every three hours, with the object of checking further effusion (if any). In about thirty hours, the effects of the concussion passed away, and she regained the use of her arm and her senses. Still, there was a marked hebetude of aspect and manners that did not disappear for more than a fortnight; slight, but restrained, cerebral hæmorrhage was diagnosed at the time.

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Case 10.—Profuse epistaxis during typhoid fever. Elizabeth S., aged 10. The loss was so great in this case that the parents feared she would bleed to death before she was seen. Five grains of gallic acid, dissolved in warm water, given every half-hour, stopped it after two doses, together with the topical application of the solution to the Schneiderian membrane. On the following day the hæmorrhage returned, but was arrested by the same means as readily as before.

Case 11.—Mrs. C., aged 28. Acute tonsillitis. This occurred in a lady who had fled from London, to avoid both the cholera and the doctors, and who omitted to send for the latter in the country, until she felt nearly suffocated. The uvula, tonsils, and palate were excessively inflamed and enlarged, preventing the deglutition of even fluids without extreme pain. The tongue was thickly coated with an offensive whitish-brown fur, and the breath itself was exceedingly offensive. A gargle was employed, thus made:—℞ Acidi gallici ℈ij., liq. sodæ chlor. (Beauf.) ʒij., aq. destil. calid. ad ℥viij. M. Ft. gargar. sæpe utend. (The chemical changes that ensue when the chloride is added to a solution of the acid, I have not yet fully investigated; it forms, however, an olive-brown mixture, with not at all an unpleasant taste.) The solubility of the acid appears to be increased.

The astringent effects of the gargle were most marked after the first two or three times that it was employed; the mucous membrane of the part assumed a pale whitish hue, and on the left tonsil the situation and extent of an abscess were clearly defined, by the contraction of the surrounding parts. In a few hours this burst, and in twenty-four hours after commencing the gargle, the fauces had nearly resumed their natural aspect, and all fetor had disappeared.

Cases 12 and 13.—Both these are cases of tonsillitis, wherein the value of the gargle prepared, as in case 11, was fully tested. Case 13 being in a child 9 years of age, suffering from scarlatinal sore throat, in which, as in many others of a similar nature that might be adduced, the great value of such a gargle was fully proved.

Cases 14 and 15.—Polypus uteri. In both these cases occurring in married women the hæmorrhage was stopped by the free exhibition of the acid in full doses, and thus the strength of the patient was reserved until the tumour was in each case forced through the os.

Case 16.—Ann M., aged 3. Injury of vagina. This poor child was ill-used by some lads, who passed a stick up the vagina, wounding its walls. Severe hæmorrhage took place, which was checked at the time by cold applications and 2-grain doses of the acid every half-hour. The hæmorrhage returned more or less abundantly for the space of three weeks, the only effectual means of checking it being the gallic acid.

Case 17.—Mrs. P., aged 55. Internal piles. In this case unusually severe hæmorrhage is, on each recurrence, checked by 5-grain doses of the acid repeated every 3 hours, sometimes given as pill, at others rubbed up with mucilage. The patient objects to any manual interference; more especially while she finds such perfect relief, for the time, from the acid.

Case 18.—Mrs. H., aged 24. Hæmoptysis. Seized while at an evening party. Five grains of gallic acid were given every two hours. The expectoration ceased to be streaked with blood after three doses. Six weeks since another attack occurred, but the hæmorrhage was again arrested after the third dose.

Case 19.—Henry C., aged 70. Erysipelas of the face. A lotion containing ʒij. of the acid dissolved in a pint of warm water, was applied over the face every three or four hours with a most marked and beneficial effect. The inflammation was subdued after three or four applications.

Case 20.—Some of the powdered acid, placed in a deep cut that bled profusely, immediately arrested the hæmorrhage, although other means had failed. The application did not cause the slightest pain.

Before concluding this paper, already, perhaps, too lengthy, I would suggest a trial of the gargle mentioned in case 11, a scarlatinal sore throat, when a gargle can be used; for this, with the nitric acid treatment and proper dietetical regulations, will, I believe, seldom cause disappointment.

Ombersley, April, 1853.

THE DEVELOPMENT OF A BLUE COLOURING MATTER IN THE URINE OF CHOLERA.

By W. LAUDER LINDSAY, M.D., Perth.

In the number of the *Medical Times and Gazette* for 31st ult., Mr. Osborn mentions the occurrence, in the urine of a convalescent from the collapse of cholera, of a violet discoloration, followed by the precipitation of a blue colouring matter, upon the addition of nitric acid. Believing it of considerable scientific interest to accumulate materials, however humble or apparently unimportant and insignificant, for a fuller study and more accurate knowledge of the cause and source of this and similar rare forms of colouring matter, and of the circumstances,—morbid or healthy,—under which they are developed in the urine, I beg to offer, for record in your columns, very shortly, the circumstances under which on two occasions I met with a blue or green colouring matter in cholera urine. In the one case it was developed subsequently to the addition of nitric acid, preceded by heat; in the other, apparently by the application of heat alone, during the process of evaporation. I have not, however, met with it in such quantity as to permit of special examination, and therefore can offer no valid opinion as to its source or nature.

I. A case of cholerine, male, aged 52; complete recovery; discharged well on the seventh day after admission into the Hospital. Cramps and cyanosis were present during collapse, in a mild form. He passed some urine along with his stools, on the evening of the second day; but the first urine which could be saved and collected for examination, was passed on the morning of the third day. It had the following characters:—Specific gravity, 1020; acid; slightly albuminous; colour normal; contained numerous minute floating mucous flocculi. Muco-granular sediment contained, under the microscope, numerous casts of the renal tubuli, some of them very long and convoluted, dark and granular, or pellucid: a quantity of pavement epithelium scales, some normal in form, and cohering in groups, others fusiform, and elongated to various degrees; dumb-bell oxalates; dark, globular, concretionary urates, and granular amorphous urates. Nitric acid caused a dark brownish colour, which immediately became converted into green, and slowly repassed into brown. Gradually a copious brown mucous precipitate fell. After standing a night, this sediment contained numerous bundles of delicate acicular prisms of uric acid, resembling, in general appearance, the groups of Raphidian crystals in many plants; and a large quantity of globular corpuscles (apparently mucous corpuscles) having more or less of a *green*, or bluish-green, colour. Some were of a dark green, and very granular; others were light green, and transparent. Many of them were agglomerated in masses by shreds or bands of hyaline mucus. These globular bodies had the character of delicate transparent vesicles, enclosing secondary cells, with a distinct and well-defined margin, and a bluish-green, or blue colour. They varied somewhat in form and size,—many being globular, others having a more or less irregular margin, being frequently sinuous or serrate, as if from exosmotic and endosmotic changes These bodies were probably mucous corpuscles, but so altered in characters by the presence of the blue colouring matter as to be with difficulty recognizable as such. A few epithelial scales, and cotton fibres, (from night-dress probably,) also had a delicate cobalt *blue* tint, which was increased in proportion as the urine-sediment was allowed to remain after the addition of the acid. Intermixed with these was a quantity of urates, (chiefly of soda,) in the form of minute spicular and stellate crystalline masses, and granular matter of a brown colour. It will here be noticed that the colouring matter attached itself to particular substances, viz., epithelium scales, mucous corpuscles, and extraneous vegetable fibres.

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For the latter it seemed to have a special affinity, as, in similar cases, I have found it attached to them exclusively, when accidentally present in the urine sediment. It will further be noted that in this, as well as in the following cases, the colour only appeared in the urine *first* collected after collapse. Nitric acid, added cold, produced a brownish-red colour, and also a copious brown flocculent precipitate, which, on standing in a test tube, became granular, dark, and of an earthy brown colour. The sides of the tube were sparingly coated with a greenish blue granular deposit, which, under the microscope, appeared to consist wholly of blue granular matter, entangled among mucous fibrillæ. Hydrochloric acid produced a similar brown colour and precipitate: aqua potassæ caused the development of a green colour, and the formation of a flocculent precipitate; aqua ammoniæ also caused the deposit of a sediment, but produced no marked change in colour.

On the fourth day diuresis existed; the urine sediment contained the same histological elements, but nitric acid developed no green nor blue tint: sp. gr. 1015: acid.

On the fifth day it was of sp. gr. 1018, and had a scum of uric acid in the form of small acicular prisms and oblong tables.

On the sixth day the sp. gr. was 1018; there was a red, gritty, sparkling scum of uric acid in groups of large beautiful lozenges and acicular prisms—the latter being much shorter and thicker than in any previous specimens.

On the seventh day there was a sediment of uric acid in small thick cubes and lozenges of a deep red tint: these also adhered as a crystalline powder to the sides of the jar.

II. In evaporating down—with a view to chemical examination of the saline contents—a mixture of the urines of four collapse cases, I was somewhat surprised to find that, as the fluid reached the boiling point, a copious scum of a beautiful Prussian *blue* colour formed on the surface.

On examination under the microscope when cool, it appeared to consist wholly of urates having a blue tinge. The urine was that first collected after collapse—in the reaction and fever stages. The cases, and characters of the urine, were briefly the following:—

1. Female, aged 28: mother of a family. Collapse and consecutive fever severe; the latter marked by semi-coma and delirium. Recovery.

The first urine passed, on fourth day, was of sp. gr. 1017, acid, albuminous, of a deep amber colour. Sediment contained renal casts, granular and transparent; epithelium scales, pavement and globular,—some of them considerably infiltrated with granular matter; oxalates, dumb-bell, and octahedral; besides compound granular bodies, etc.; little urea. Nitric acid, preceded by heat, developed an orange-red tint; added cold, it produced a pink reaction.

2.—Female, aged 7½, daughter of the above. Collapse nearly fatal; consecutive fever severe and protracted, marked by the cholera exanthem. Recovery.

First urine, passed on second day (after admission into hospital), was of sp. gr. 1015; acid, albuminous, of a deep amber colour. Sediment copious, consisting chiefly of amorphous urates, and a few renal casts. Heat and nitric acid caused an orange-red reaction; the acid added cold produced a beautiful pink. On the fifth day the urine continued slightly albuminous, and was phosphatic; and, on the sixth, uric acid was sparingly scattered over the sides of the jar, in the form of cubes and lozenges.

3.—Male, aged 34, husband of the one, and father of the other patient immediately above named. Collapse mild; consecutive fever, also mild, but protracted. Recovery complete.

First urine, passed on second day, was of sp. gr. 1010; acid; normal in general histological and chemical characters. Diuresis ensued.

4.—Male, aged 48. Collapse slight, and anomalous; no evident reaction; consecutive fever, of a low typhoid type, marked by hiccup and extreme debility. Fatal in fever stage.

First urine, on second day, after the hip bath (which was found a most serviceable and safe diuretic), was of sp. gr. 1018; acid; slightly albuminous; of a deep amber colour. Heat and nitric acid produced an orange-red reaction. On the third day, the sediment contained transparent and granular renal casts, dumb-bell oxalates, etc.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING MARCH.

(Concluded from page 388.)

EXCISION OF MALIGNANT TUMOURS.

Case 1.—A woman, aged about 40, under the care of Mr. Lloyd, in St. Bartholomew's Hospital. She was unmarried and very spare. The tumour, which was a scirrhous mass in the right breast had been growing ten months. There was no history of cancer in the family. The breast was excised, and also an enlarged axillary lymphatic. Doing well. *Case* 2.—A woman, aged 62, under the care of Mr. Hawkins, in St. George's Hospital, on account of scirrhus of the breast. The entire gland was removed. Doing well. *Case* 3.—A middle-aged woman, under Mr. Prescott Hewett's care, in St. George's Hospitol, on account of returned scirrhus in the cicatrix after amputation of the breast. Under treatment. *Case* 4.—A woman, aged 56, under the care of Mr. Fergusson, in King's College Hospital, on account of scirrhus of the breast. The whole gland was removed. The tumour, however, was not very large. Sloughing attacked the wound, and the patient sank exhausted on the third day. *Case* 5.—A cachectic woman, aged 53, under the care of Mr. Fergusson, in King's College Hospital. The left breast had been excised four years ago, on account of scirrhus, and the same disease had now returned in the axillary lymphatics. In the operation the mass was found to be attached to the sheath of the axillary vessels, and it was, therefore, impracticable to remove every part. The wound has since done well, and is healing. *Case* 6.—A man, aged 35, apparently healthy, under the care of Mr. Fergusson, in King's College Hospital, for an epulis growing from the right side of the upper jaw. After removal it was found to have a malignant character. The wound healed well. *Case* 7.—A man, aged 58, under the care of Mr. Shaw, in the Middlesex Hospital, on account of a small epithelial cancer of the lip. It was said to have existed fifteen years, and had increased very slowly. Excision. Recovery. *Case* 8.—A man, aged 70, under Mr. Shaw's care, in the Middlesex Hospital, on account of epithelial cancer of the lip of one year's duration. The growth, as also an enlarged gland from beneath the jaw was excised. Recovery. *Case* 9.—A man, aged 27, under the care of Mr. De Morgan, in the Middlesex Hospital. A tumour, the size of a walnut, extended from opposite the first molar tooth across the median line of the hard palate, not, however, involving the soft palate. It was said to have been increasing in size for seven years. After excision it was found to be of cancerous nature (medullary), and did not appear to have grown from either the gum or the bone. There was some hæmorrhage afterwards but it was arrested, and the wound subsequently healed well.

See also "Removal of the Testis" and "Amputation of the Penis."

AMPUTATION OF THE PENIS.

A man, aged 58, under the care of Mr. Cock, in Guy's Hospital, on account of epithelial cancer, involving both glans and prepuce. The disease had existed seven months. The prepuce was first divided in order to examine, and in the hope that amputation might not be needful, but the disease was found to involve so much that nothing less than removal of the organ would have been warranted. The case is doing well.

REMOVAL OF THE TESTIS.

Case 1.—A man, aged 56, under the care of Mr. Hilton, in Guy's Hospital, on account of malignant disease of the right testis complicated with hydrocele. He had the appearance of good health. The disease had existed a year and six months. The cord was not enlarged, and there were no indications of affection of the lumber glands. After removal the gland, which was larger than a fist, presented a remarkably good specimen of medullary cancer. The patient recovered well, and has left the Hospital.—*Case* 2. A boy, aged 9, under the care of Mr. Canton, in the Charing Cross Hospital on account

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of cancer of the right testis. He was a florid, healthy-looking boy, but of thin skin and bright glistening eyes. There was no history of hereditary predisposition, and the disease was referred to a kick, which had been received some time before. The tumour was as large as a fist, and presented, after removal, the usual features of soft cancer. The cord was not perceptibly diseased. The wound healed kindly, and he soon left the Hospital. Within a month of the operation, however, the cord began to enlarge, and there were indications of disease of the lumbar glands. The disease in both these regions rapidly progressed, but no ulceration occurred. The child died asthenic, and worn down to a skeleton rather more than three months after the operation. The post-mortem discovered an enormous growth of medullary cancer from the lumbar glands of the same side as the original disease, by which the viscera had been much displaced. The cord was also the seat of cancerous infiltration.

EXCISION OF NON-MALIGNANT GROWTHS.

Case 1.—A healthy young woman, aged 25, under the care of Mr. Fergusson, in King's College Hospital, on account of a large tumour in the left thigh. It had been increasing in size for six years, and now measured 9½ inches in length by 5½ in breadth. In the operation for its removal it was found to extend deeply back to the linea aspera, and downwards into the popliteal space. The cure, although delayed by abscesses in the thigh, was complete in about two months. *Case* 2.—A woman, aged 50, under the care of Mr. Brooke, in the Westminster Hospital, on account of a fibrous tumour in the buttock. Excision. Doing well.—*Case* 3.—A man, aged 51, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of a very large tumour in the neck. The mass was as large as three fists, and consisted of parotid structure, with some cartilaginous portions interspersed. The patient sank, and died four days after the operation. *Case* 4.—A fatty tumour, from below the mamma of a healthy woman under Mr. Erichsen's care in the University College Hospital. Recovered. *Case* 5.—A girl, aged 10, under Mr. Athol Johnson's care, in the Hospital for Sick Children, on account of an encysted tumour in the cheek. Excision. Recovery. *Case* 6.—A woman, aged 30, under Mr. Athol Johnson's care, on account of an enchondromatous tumour in the upper arm, near the axilla. Excision. Recovery. In this case and the preceding the freezing mixture was employed to render the parts insensible, and succeeded well. In both the wounds healed kindly.

EXCISION OF BONES AND JOINTS.

Two cases of excision of the elbow-joint, under care respectively of Mr. Fergusson and Mr. Hutchinson, remain under treatment. Both are doing well. The cases reported last month are both of them yet under treatment.

Case 1.—A boy, aged 14, was admitted into Charing Cross Hospital, having sustained a severe laceration about the elbow-joint. The ulnar nerve had been destroyed. Sloughing and abscesses followed, and the joint having become disorganized, Mr. Canton performed excision in the usual way, the H-shaped incision being adopted. The case has since done remarkably well: the parts are now all but healed, and there is a good extent of motion. The little finger continues devoid of sensation. *Case* 2.—A man, aged 20, under the care of Mr. Hancock, in Charing Cross Hospital, on account of diseased elbow-joint. The disease had existed for more than a year and a-half, and the soft parts around the joint were much thickened. The patient's health was extremely reduced; he had cough, and was very much emaciated. The H-shaped incision was practised, and the entire joint removed. During the operation, the man sank into a condition of nearly fatal collapse; but after having rallied from that, he progressed well and without interruption. He is now an out-patient; has good motion in the joint, although one or two small sinuses remain unhealed. Since the operation (3 months), he has improved greatly in health, and has gained upwards of two stones in weight.

REMOVAL OF NECROSED BONE.

Case 1.—A man, aged 30, under Mr. Holt's care in the Westminster Hospital, on account of necrosis of the fifth metatarsal bone of the right foot. The sequestrum was removed. Under treatment. *Case* 2.—A boy, aged 8, under the care of Mr. Brooke in the Westminster Hospital, on account of necrosis of the humerus. A very large sequestrum was removed. Doing well. *Case* 3.—A girl, aged 16, in St. Bartholomew's Hospital, under the care of Mr. Stanley, on account of necrosis of part of the tibia. The sequestrum was removed. Recovered. *Case* 4.—A woman, aged 49, under the care of Mr. Erichsen in University College Hospital, on account of necrosis of the lower four-fifths of the radius extending into the wrist-joint. The disease had existed for three years, and a portion had been removed a year ago. The whole of the affected part was now excised. The case is doing well. *Cases* 5, 6, 7, and 8.—These cases do not call for special mention; all are doing well.

OPERATIONS FOR STRICTURE OF THE URETHRA.

Case 1.—A healthy man, aged 45, under the care of Mr. Fergusson in King's College Hospital, on account of stricture of nine years' duration. Perineal section had been performed three years ago, and the wound had never since quite healed. The stricture had now got into nearly as bad a condition as at first, and only a very small instrument could be passed through it. Mr. Fergusson performed perineal section for a second time, freely dividing the diseased tract. A flexible catheter was retained for twelve days after the operation. The patient has done well. A No. 9 silver catheter can now be introduced, but the wound is not yet closed. *Case* 2.—A healthy labourer, aged 45, under the care of Mr. Fergusson in King's College Hospital for stricture, of eighteen years' duration, the result of gonorrhœa. There were two fistulous openings over the pubes, and one in the scrotum, through all of which urine passed freely. The stricture began almost at the meatus, and no instrument could be passed. The operation consisted in first dividing the anterior stricture from within by a lancetted stillette, after which a grooved staff was carried down to the triangular ligament. Guided by the latter, perineal section was performed, and a No. 5 gum catheter passed into the bladder. A good deal of blood was lost. A large slough subsequently formed in the scrotum. The parts are now healing, but the patient has continued since the operation in a very low condition.

Case 3.—A man, aged 43, under the care of Mr. Quain, in University College Hospital. He was admitted with an abscess in the perinæum, and stated that he had had an attack of retention as long ago as eighteen years, since which he had never had an instrument passed. Mr. Quain with difficulty succeeded in passing small instruments, but could get no higher than No. 3. Perineal section was performed under these circumstances. A No. 7 catheter was left in after the operation for about thirty-six hours. The case is doing well. *Case* 4.—A man, aged 31, under the care of Mr. Erichsen, in University College Hospital, on account of stricture of seven years' duration. During the last three years the surgeon who had treated him had been unable to pass an instrument. Mr. Erichsen succeeded in passing Nos. 4, 5, and 6, but subsequently determined to divide the stricture. Perineal section was performed in the usual way. The patient is doing well.

PUNCTURE OF THE BLADDER.

A man, aged 40, under the care of Mr. Birkett, in Guy's Hospital, had suffered from a traumatic stricture of the urethra for several years. Retention occurred, and the bladder became distended, the patient suffering extremely. Catheterism being impracticable, and the free employment of opium, etc. having failed to procure relief, Mr. Birkett punctured the bladder by the rectum. The canula was retained fourteen days, and then removed. No catheter has yet been introduced, the stricture being very tight. The urine has continued up to the present time to flow, chiefly by the rectum; a very small quantity escaping by the urethra. The man has suffered from a low form of pneumonia, and been very ill, but he is now recovering.

TRACHEOTOMY.

Case 1.—A man of middle age, under Mr. Lloyd's care, in St. Bartholomew's Hospital, on account of syphilitic ulceration of the larynx. Most urgent dyspnœa having supervened, it became necessary to perform tracheotomy. The operation was done by Mr. Jowers, the House-Surgeon in charge of the case. At the time of its performance the man was all but asphyxiated, and although it occupied but very little time, yet before its completion he was to all appearance dead. Artificial respiration was resorted to and had to be continued

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for two hours before it was safe to abandon it. Injections of brandy and beef tea were during the time thrown into the rectum. As far as the chest was concerned the operation was successful, the breathing being permanently relieved. The patient, however, sank and died from exhaustion, four days afterwards. *Case* 2.—A girl, said to be aged 16, but looking much older, under care in St. George's Hospital, on account of croup. Tracheotomy was performed by the House-Surgeon as a last resource, death from suffocation being imminent. The thyroid body was much enlarged. Death took place almost immediately after the opening of the trachea, and appeared to be caused by the entrance of blood into that tube. At the autopsy the incision was found to have passed directly through the isthmus of the thyroid. The lungs were extensively affected by a low form of pneumonia.

Case 3.—A boy, aged 3, under care in Guy's Hospital. Tracheotomy was performed by Mr. Callaway, but the circumstances were almost hopeless, and death followed immediately afterwards. The disease proved to be a post-pharyngeal abscess connected with the spine, which was believed to have pressed forwards upon the trachea. *Case* 4.—A child, aged 8, was admitted into St. Mary's Hospital under the care of Mr. Lane, on the third day after having, according to his own account, swallowed a portion of nutshell. For two days after the occurrence there had been no symptoms of impediment to breathing or other uneasiness. The symptoms on admission were very slight, air entered into both lungs freely, and no particular part of the trachea was referred to as the seat of tenderness or pain. On the sixth day symptoms of impending suffocation had become so imminent that it was determined to open the trachea. Before, however, the operation could be completed the child had expired. Artificial respiration and galvanism were had recourse to, but proved of no avail. At the autopsy a small irregularly-shaped portion of nutshell was found lodged in the crico-thyroid membrane just above the opening made into the trachea. It is right to add that chloroform had been given during the operation, but the patient was never fully under its influence.

LIGATURE OF VARICOSE VEINS.

A healthy man, aged 34, under Mr. Partridge's care, in King's College Hospital, on account of ulcers on the legs, consequent on a varicose state of the superficial veins. Mr. Partridge obliterated the veins in several parts, by means of the needle and twisted suture. The man left the Hospital quite well in about a month.

PARACENTESIS OF THE CHEST.

The case mentioned last month under care in University College Hospital, has since died of phthisis. On the affected side the lung was in every part united to the parietes by adhesions. Dr. Barker's case, and also one under the care of Dr. Burrows, in St. Bartholomew's, remain under treatment.

PLASTIC OPERATIONS.

Case 1.—A woman, aged 25, confined six months ago of her first child, and delivered by instruments (craniotomy), was admitted into St. George's Hospital, under the care of Mr. Pollock, with a large vesico-vaginal fistula. The cleft extended from the meatus urinarius backwards to within three-fourths of an inch of the os uteri. The operation performed consisted in paring the edges of the flaps, and uniting them by the beaded suture, lateral incisions being made to relieve tension. Under treatment. *Case* 2.—A woman, aged 23, under the care of Mr. Fergusson, in King's College Hospital, on account of the contracted cicatrix of a burn. The right arm was bound nearly close to the side, and the forearm flexed on the upper arm. The axillary cicatrix having been freely divided, the arm was elevated at a right angle with the side, and supported on a rectangular splint. There is every prospect of a good result. The cicatrix at the elbow is to be dealt with at a future time. *Case* 3.—A girl, aged 12, under the care of Mr. Hancock, in the Charing Cross Hospital, on account of extreme deformity, the result of a burn three years before. The chin was drawn down on to the sternum, and the whole features were much distorted. The operation consisted in dissecting up a very large flap, from the left shoulder and upper arm, and transplanting it into a wound, made across the neck by the free division of the contracted parts. The flap has united well, and the result will be excellent. *Case* 4.—An infant, aged 8 months, under the care of Mr. Gowland, in the London Hospital, on account of single hare-lip. The usual operation was perfectly successful. *Case* 5.—A boy, aged 8, under Mr. Hancock's care, in the Charing Cross Hospital, on account of an extremely severe double hare-lip. Parts of the vomer and incisiv bone, which projected very much, had to be cut away. Two operations were performed—the first for uniting the lip, the second for making the septum. The success was complete.

ST. MARY'S HOSPITAL.

CONTUSION OF THE FINGER, FOLLOWED BY DIFFUSE INFLAMMATION OF THE CELLULAR TISSUE OF THE ARM.—FREE INCISIONS.—RECOVERY.

[Under the Care of Mr. COULSON.]

Thos. H., aged 32, a fireman on the Great Western Railway, was admitted, under the care of Mr. Coulson, into St. Mary's Hospital, March 3rd, 1855. His general health has always been good, his habits temperate. Six days ago he sustained a severe injury of the little finger of the left hand, the finger having been caught between two pieces of the iron apparatus of the engine. This produced a deepish wound on the palmar surface of the finger, over the two proximal phalanges. The next day the wrist and finger were very much swollen, and since that time the swelling has involved the arm as far as the elbow. Three days ago he had four or five rigors, with a feeling of coldness down the back. He has suffered very great pain ever since the accident, has had no sleep, and eaten little or nothing.

Present condition.—The left hand and arm are much swollen, and the skin is very tense over the back of the hand. There is a wound on the inner surface of the little finger, pale, and indisposed to heal. There is great pain on moving any part of the hand or wrist. The arm is swollen as far as the elbow, and slightly red. A slight baggy condition is felt on the ulnar side, near the wrist. There are no red lines running up the arm, but a small lump is felt in the axilla.

The hand was ordered to be covered by a warm linseed meal poultice, and an evaporating lotion applied to the arm. To take a pill at bed-time containing 2 grains of calomel and ½ grain of opium. Also an ounce of the saline mixture of the Hospital every four hours. Simple diet, with beef-tea. The hand to be supported on an inclined plane.

March 5th.—There is a patch of redness, of a brighter character than the redness elsewhere, just above the wrist, on the ulnar side. The redness is circumscribed, and there is a distinct baggy feel communicated to the finger. Elsewhere there is the same amount of swelling, but the swelling is of an œdematous character. The pulse is quick and full, the skin cool, the tongue covered with a slight fur. The patient has slept very little, but the pain has somewhat abated.

7th.—The swelling of the arm a little reduced. There being to-day a distinct indication of the presence of matter at the outer part, spoken of at last report as feeling baggy, an incision 3 inches in length was to-day made in that situation, and the matter evacuated. The wound of the finger is looking better.

10th.—The redness of the hand and arm much less, as is also the swelling. The original wound discharges quite freely. The general condition of the patient is low, and he feels weak. Ordered to have meat once a day, and a pint of porter.

13th.—The arm has now assumed the flattened appearance so generally seen on the subsidence of swelling such as existed in this case, and which is produced on absorption, or evacuation of the effused products of inflammation. A few patches of redness, of a bright hue, still remain in places. The patient feels well, and has no pain.

20th.—Hand improving. Granulations of a healthy character are filling up the wound of the finger, and the incision made in the arm presents a like appearance. Removed to-day to the convalescent ward.

28th.—The man is now walking about the ward. The wound of the arm is quite cicatrized, and the wound of the finger promises a similar result in a day or two. The wrist-joint is a little stiff, owing to the maintenance of a fixed position for so many days, and the flattened appearance of the arm still remains. The appetite is very good, and he sleeps well. To be discharged at the end of the week.

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Medical Times & Gazette.

SATURDAY, MAY 12.

OUR BRETHREN IN THE EAST.

The history of this war has been a history of sacrifice. From the moment the expedition set forth, all parties concerned have had to bear and forbear. Official bungling and administrative failure have produced a catalogue of ills which no Committees of Inquiry will discover, and which no Blue Books will ever record. War is rough work at the best, and it is very rough under present mismanagememt. After a long peace it is natural that all the hardships of war may not have been anticipated by the present generation of soldiers and sailors, or the inexperienced officers who first smelt powder on the heights of Alma or the lines of Inkermann; but who shall defend the wholesale recklessness of comfort and life which has characterized the entire arrangements of this campaign, from the beginning to the end—an end which we have yet to see.

We speak of soldiers and sailors—the Army and Navy of England;—they are our brethren in arms—and we speak with not a whit more earnestness, though perhaps with a better right, of those whose interests this Journal more particularly regards—the Medical service in the East. If there have been hardships, they have shared them; if there have been privations, they have scorned to know any other than "the common lot;" in disaster and danger, in famine and disease, they have followed a brave army to the field, and amidst overwhelming duties have striven to alleviate the miseries which it was not in their power to avert.

Personal comfort has been a thing unknown, common necessaries have been vainly asked; but all this is as nothing compared with the reckless and unprecedented waste of human life.

Whatever our men can bear, our young Surgeons can bear too; they are prepared for the chances of war, and have to look at death itself; but if it rouses the indignation of a whole people to witness the appalling sacrifice in this respect, it may well arouse our sympathy on behalf of those for whom an early grave has been found in Turkish and in Russian soil.

It is because we know the causes, and because our rulers were warned against them; it is because in violation of advice sought and admitted to be sound, that we say the sacrifice of life has been most prodigal, and it is mainly because of this that our Journal from week to week has borne the proofs of the sacrifices our brethren have had to endure. And yet, notwithstanding all this, and notwithstanding the treatment our Profession has received from men in office, we may point to the Staff in the East as the best proof of the patriotic and unselfish spirit of those who, in the hour of need, have come forth for their country's service. We select from a melancholy list before us the names of some who have fallen, and we might add to it another of those who have sprung forward as volunteers to "fill up the awful gaps."

1854.

At Varna, Dr. Richard James Mackenzie.
At Alma, Dr. Thomson, of the 44th Regiment.
Aug. 16, in camp, near Varna, George Kincaid Pitcairn, Esq., M.D., Staff Surgeon 1st class.
Aug. 27, at Varna, in his 30th year, Frederick T. Shegog, M.D., 88th Regiment.
Sept. 30, of cholera, after the battle of Alma, Francis C. Huthwaite, Esq., Surgeon 3rd Battalion Grenadier Guards.
Sept. 23, on board the Sidon, off the Alma, John Mitchell, Esq., M.D., Staff-Surgeon, Lord Lucas's cavalry.
At Varna, E. A. Jenkin, Esq., Surgeon.
Oct. 5, at Scutari, of cholera, — Reade, Esq., Assistant-Surgeon 44th Regiment.
Oct. 5, at Balaklava, of cholera, Alexander Rothney Reid, Esq., M.D., Assistant Staff-Surgeon, aged 24.
Oct. 5, at Scutari, of cholera, J. Thomson, Esq., M.D., Assistant-Surgeon 44th Regiment.
Dr. Spence, Deputy Inspector-General of Hospitals, drowned in the Prince.
Oct. 17, on heights of Sebastopol, of cholera, aged 30, Henry Beckwith, Esq., Assistant-Surgeon, 49th Regiment.
Nov. 4, at Scutari, 2nd Staff-Surgeon, David Anderson, M.D.
Nov. 14, drowned in Balaklava Harbour, from the wreck of the Prince, John Morgan Salter, B.A., Surgeon to the ship, aged 22.

1855.

Jan. 3, on board, Harbour of Balaklava, of typhus fever, William Abbot Anderson, Surgeon, 41st Regiment.
Jan. 5, before Sebastopol, of fever, 23rd year, James Lamont, M.D., 41st Regiment.
Jan. 20, at Scutari, of fever, Alexander Struthers, Esq., M.D., Acting Assistant-Surgeon.
Jan. 26, at Scutari, of fever, John Newton, Esq., 2nd Class Staff-Surgeon.
Feb., at Scutari, Dr. George Stewart, 33rd Regiment.
Feb. 7, at Scutari, Edmund Sidney Wason, Esq., Assistant-Surgeon.
Feb. 9, at Balaklava, of fever, Francis Smith, Esq., Surgeon 95th Regiment, aged 32.
Feb. 10, at Kululee, John Marshall, Esq., 1st class Staff-Surgeon, of fever.
Feb. 11, at Kululee, of fever, Dr. Alibert.
Feb. 12, at Scutari, of fever, Frederick A. Macartney, Esq., Assistant Staff-Surgeon.
Feb. 16, at Scutari, of malignant fever, John Grabham, Esq., B.A., Assistant-Surgeon 71st Regiment, aged 24.
March 2, of fever, in Balaklava Harbour, Assistant-Surgeon William Renwick, 14th Regiment, aged 23.
March, at Smyrna, Dr. Boothroyd, of the Grenadier Guards.
March 4, at Scutari, Harvey Ludlow, Esq., Staff-Assistant Surgeon.
March 6, at Balaklava, of typhus fever, Chilley Pine, Esq., Staff-Surgeon, 1st Class.
Shot by French sentry before Sebastopol, Surgeon Le Blanc, of 9th Foot.
March 14, on board the transport Emu, of typhus fever, William Leshley, Esq., Surgeon to the ship, aged 36.
April 21, accidentally shot, at Balaklava, aged 39, Dr. Hector Gavin.
In April, in the Crimea, Edward Willis Campbell, Esq., Surgeon Royal Horse Artillery.

The case of Dr. Gavin, noticed elsewhere, may be viewed as distinct from this dark and gloomy catalogue, but it is the announcement of his sad end that has given rise to these reflections; for, be it remembered, he would not have been sent to the Crimea, if the miserable neglect of precautionary measures had not rendered the appointment of the Commission essential to the service.

We forbear further comment. It is not our place to eulogize the discharge of duty, but it is ours to mourn the loss of those who have stood connected with our honourable Profession. This latter we do, and that most sincerely, at the same time remembering, with honest pride, that our contemporaries of the daily press have not neglected the discharge of the former. They have chronicled the quiet performance of unwelcome and responsible duties, as well as the irregular and spirited discharge of delegated work; they have found the Surgeon in the trench and at the bastion, as well as in the hospital and on the battle-field; and history will record, if Royalty should forget, that it was the rallying cry of a young but brave spirit of our own order that recalled the scattered followers of a Prince of the blood, whom a sudden onslaught of the enemy had well nigh driven to a retreat. "*Palmam qui meruit ferat.*"

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ADMINISTRATIVE REFORM.

The inefficiency, real or supposed, of those who have assumed to themselves the reins of government of our vast Empire at home and abroad, is now exciting the earnest attention of the community. The people of Great Britain, who have cheerfully sacrificed their money and their lives in resisting the aggression of the Northern despot, ask only that their blood and treasure should not be expended in vain. Burdened with present taxation and threatened with more; involved in a contest of which human sagacity cannot yet foresee the termination; measured in battle with an enemy who, though he has hitherto eluded the fleets, has boldly braved the armies of Western Europe,—the nation naturally demands that those who wield the terrible machinery of war should be equal to the emergency, and that whether the contest be short or protracted, the British Empire should sustain its ancient glory among the inhabitants of the globe. But the existence of war, fearful as it is, is only one of the elements now under consideration; and the inquiring spirit of our country has demanded a rigid search not only into the details of our military administration, but into those of all the public departments. It has been asked if those who guide the helm of the State are competent to their task; if the fittest men are found in the proper places; if public duty supersedes the dictates of private interest; if skill and ability are preferred to dulness and incapacity; if talent is selected from the multitude in preference to the commonplace mediocrity of official routine; in fine, whether the mighty resources of the country are brought into due and fair operation in the management of affairs at home, and in causing ourselves to be respected in distant lands.

With the political bearings of these questions we, as Medical Journalists, have little concern, although we are constrained to remark that politicians of all shades of sentiment appear at present to be unanimous in believing that the state of affairs is radically unsatisfactory, and it is not improbable that a period is fast approaching when a moral revolution may shake to its foundations the existing structure of the Constitution. So great, however, is the faith which we entertain of the stability of the Empire and the wisdom of the people, that we are confident that any change which may be impending will be effected with tranquillity and judgment, and will conduce eventually to the improvement of our own institutions and to the peace and well-being of the world.

But we beg to direct attention to the present crisis, with especial reference to the condition of our Profession; and as, among the coming events which seem to cast their shadows before, an early dissolution of Parliament may not unreasonably be expected, we would earnestly warn our Professional brethren to buckle on their armour, and use such legitimate influence as may be within their means, to impress upon the Representatives of the people the nature of the wrongs we all have so long suffered, and the necessity for redress.

Among the complaints prominently urged against the present alleged mal-administration of affairs, it has been argued that the governing body in this country has, almost uniformly, consisted of a few aristocratic families; and that the true interests of the mass of the people have been sacrificed by this restrictive system of legislation. Whether this be true or not, as regards the interests of the nation generally, it has long been lamentably apparent that the aristocracy, as a body, have no sympathy with the Medical Profession. The scions of nobility are never known to toil in the dissecting-room and the Hospital, nor to struggle with the difficulties of public or private Medical practice: hence our Profession seems to be regarded in such quarters as wholly alien in rank, in tastes, and in pursuits; is used when necessity requires its services; is forgotten, and perhaps despised, when the necessity no longer exists. We hope that such may not really be the case, but we fear that we are not overstating the truth; for it is impossible to observe the manner in which our Profession has been treated upon all public occasions, without feeling most deeply that we are very far from receiving the consideration due to our education, our social position, or our services to the State.

Many of our public Medical Institutions have been laudably endeavouring to elevate the standard of education; the most acute intellects are daily and hourly engaged in tracing the symptoms of disease, and in devising means for its cure or prevention; the Medical pupil is wasting the midnight oil and consuming his own health and strength, in poring over the voluminous records of ancient and modern Medicine and Surgery; and he fondly dreams that, as a reward of so much toil, he will meet with the treatment of a gentleman and a scholar, and be enabled to maintain himself by his honourable exertions. But change the scene from the Halls of the College or the University to the sphere of the candidate's future labours,—you trace him, diploma in hand, struggling for a miserable pittance wrung from the hard hands and stony hearts of Poor Law Guardians, or thrust into the cockpit of a man-of-war, to be insulted and ridiculed by beardless boys; or you follow him in the ranks of the army, endeavouring, amidst the hurricane of war, to arrest the ebbing tide of life in his dying comrades—probably blamed for the faults of his military superiors if the campaign is disastrous; unrewarded, and unnoticed, if it is successful. But we sicken at the detail, and we would willingly forget the past, if we could hope better things for the future.

The general inquiry into the mechanism of Government operations, and the awakening spirit which is now developed of investigating social and public grievances, encourage us to hope that the Medical Profession may derive some benefit from the proposed Administrative Reform. Let us follow the example set us by other professions and pursuits; and when we see the merchants, or the lawyers, or the clergy, assembling together to maintain their interests, defend one another, and repel aggression, let us do likewise, and, abandoning that unhappy apathy which has hitherto frustrated any attempt at united action, let us have meetings in the metropolis and the large towns, having for our object to represent the grievances under which we suffer, and our common wishes for their removal. Let us reject, by common consent, the paltry and beggarly bribes offered by Admiralty and Poor Law Boards to induce us to desert our colours and betray our cause; and when any of our brethren have relinquished their offices on the ground of public principle, let none of us be mean or base enough to accept of them. By means such as these, by union and concord, by well-directed, single-minded efforts and harmonious action, and by the moral weight derived from our personal and public character, we shall recover the ground we have lost, and secure our place in the esteem of the country and the regard of the Legislature.

But let us observe emphatically, that we desire no privileges but those to which we are justly entitled; we ask for no rights, except to practise our calling with honour to ourselves, and with advantage to the public. We rest our claims upon our education, our industry, our uprightness; and our cause must eventually prosper, if it be advocated by hearts and heads which are true to their brethren, to their profession, and TO THEMSELVES!

> "This above all: to thine own self be true,
> And it must follow as the night the day,
> Thou canst not then be false to any man."

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THE WEEK.

Most fully are the recommendations which we have been urging for the last six months supported by the accounts now arriving from the Smyrna Hospital. Although the number of patients has been rapidly reduced by recoveries or deaths, until at present probably not more than 60 of the 200 there are really ill, yet the accounts of disease among the nurses and attendants are most alarming. Manifestly, the selection of an old, ill-drained, ill-ventilated Turkish building has been a very unfortunate one. Had the expedient of wooden Hospitals, erected at good distances from each other, in a locality chosen expressly for its sanitary advantages, been adopted, we might have expected very different accounts. It is even said, that the house allotted to the lady nurses has been ascertained to be built over a cesspool, and that so great has been the detriment to health experienced by its occupants that a portion of the Medical staff have been under the necessity of chivalrously volunteering to exchange apartments. At any rate it seems certain, that the accommodation offered to the nursing staff has been of a very inferior order, as regards the facilities both for ventilation and cleanliness. To such causes alone must be attributed an amount of sickness which has certainly not been induced by excess of duties.

The election of Assistant-Surgeons to the Charing Cross Hospital has terminated in the appointment of Messrs. Barwell and Hird. These gentlemen are both of them Fellows of the College, and already of some repute. Mr. Barwell is a St. Thomas's man, and the author of a good report on Cholera.

The probable want of very many more "dressers" in the Eastern Hospitals was well pointed out in a letter by the *Times'* Correspondent a few days ago. It is to be regretted that the attention of those occupied in the home direction of these Hospitals has not been given to this matter. We do not want dressers sent out to do Surgeon's duty, but to undertake those offices of assistance for which nurses or orderlies are rarely fitted. The value of such a staff, in case the wards should become crowded with surgical casualties, as may fairly be anticipated, would be beyond estimation; and there can be no doubt but that abundance of competent youths might be found willing to go out.

The announcement of the Jacksonian prize subjects for the next two years has just been made. The first (Christmas, 1855) is one suggested by Mr. Guthrie, "Gun-shot Wounds and their Treatment." It appears to have been inopportunely selected. No essayist will be able so early to avail himself to any large extent of the experience gained in the present war, and the result will probably be a book of compilation and conjecture, useful to no one. On the other hand, had the subject been deferred for a year or two, we might probably have had an active competition amongst Crimean Surgeons anxious to chronicle in so honourable a manner the clinical acquisitions of their campaign. We regret to observe further, that of the two subjects for 1856, the one has none and the other very little reference to Military Surgery. They are—"The Pathology and Treatment of Syphilis," and "An Inquiry into the Nature and Treatment of the different Forms of Gangrene." These are standing topics, and would have kept well, while many others might be mentioned of a nature to excite the industry of those who now enjoy a peculiar field of observation, which may perhaps be long ere it again occur.

The site of the new Civil Hospital in the East is not yet fixed. Dr. Parkes, Mr. Brunton the engineer, and Mr. Jenner, lately of Smyrna, have visited every spot on the banks of the Bosphorus reported to be eligible as a site for the proposed Hospital, but without success. The Hospital huts require a space of four acres of tolerably level land for their accommodation, the Hospital must be easily accessible from the sea, and from thirty-five to forty thousand gallons of water must be obtainable every day. Now the banks of the Bosphorus are everywhere steep, and the hills are a succession of limestone ridges without any level ground on the tops. Water also is very scarce. At Selvi Bourun, close to the Sultan's Valley, on the north side of Beicos Bay, a spot was found admirably suited in all points but size—there were barely two acres of level land. Engineering difficulties prevented the selection of a site at Therapia, near the back of Lord Stratford de Redcliffe's palace, a spot in many respects most fitted for a Hospital. A lovely little valley at Umur Jeri was visited, but it was not a quarter large enough. Some of the larger valleys, having watercourses running through them, are notorious fever-beds, and therefore out of the question for a Hospital site. In Prince's Island the supply of water is defective. The new Hospital will therefore probably have to be erected either on the Dardanelles or at Sinope.

It is not often that we step out of our course to notice any subject foreign to our Profession; but the Bill now passing through Parliament, for removing the restrictions hitherto laid upon newspapers, and other publications, without at the same time recognizing a copyright in scientific and literary articles, and portions of the news contained in them, produced by great care, and at a heavy expense, seems fraught with so much mischief and injustice, that we deem it our duty to notice the subject. And we notice it the rather because many of our Professional brethren are deeply interested therein, from being contributors to our stores of science in what may be termed the ephemeral publications of the day. The law, as it stood, was so vague and ill-defined, so dependent on the caprice of the Bench and the good sense of the Jury, that in many cases individuals chose rather to suffer robbery than try the issue. But while the Stamp-law, the Sureties against libels, and other precautions existed, there was something like a warrant for responsibility, if not for character, in the parties coming under these engagements. Thus a degree of difficulty in the commencement of this class of publications, although slight, did exist; and we cannot but observe that hitherto not many men have been found so unprincipled as avowedly to set up a Publication composed mainly of the proceeds of spoliation and robbery. But what may we now expect to see, but a host of Penny and Three-halfpenny speculators, preying, *ad libitum*, upon the property of Publications established at great cost, and thereby reducing the standard of our rapidly recurring literature; for who will care to cater, to be made the prey of such a class? During the late debate, Mr. Disraeli, in his admirable speech, said that the public "were entitled to be supplied with intelligence;" and so they are, by paying for it; hence we think he should have qualified the phrase, for he, no doubt, meant, in the sense in which the needy poor are entitled to be supplied with bread—not by pillage from a baker's shop, robbing the man who devotes his time and money to produce the bread; but from the funds of the community, administered by its officers. Again, another honourable member observed, that the *difficulty* of protecting this kind of property rendered it useless to legislate upon it. Why this is the very reason for the necessity of legislation. Look at the cattle in our fields, the stacks of corn scattered abroad, and our agricultural and other produce. Is there no law, no legislation for these? We remember the time when men were hung by the dozen for the stealing of sheep; and still, though this is happily not

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now the case, transportation follows these crimes. We admit not for a moment the argument that there is a difference as to the right of property, in literature and news expensively obtained and communicated, and that of material property. The Solicitor-General judiciously pointed out the ease and propriety of ascertaining what was copyright and what an infringement of it, with the mode of administering penalties for a breach of the law. Away, then, with the difficulty! And whilst endeavouring to spread abroad the fullest amount of nstruction and intelligence by means of the Press, let our legislators take care how they trench upon the just rights of individuals, and open a door to the general spoliation of property.

THE FRENCH MILITARY HOSPITALS AND CHOLERA AT CONSTANTINOPLE.

As the French Medical Journals give no account of what is going on in the East, a notice of a short letter addressed to the *Wien Wochenschrift* (No.XII.) may prove of some interest. The correspondent observes that it would be difficult to imagine a richer field for military surgery than is now to be found in the Hospitals of Constantinople, scattered over about two square miles. The French Hospital at Pera is placed in a very healthy spot, and is a spacious, well-built, two-storied stone edifice, isolated from the rest of the town, presenting to the convalescents a cheering view of the Bosphorus, and Sea of Marmora. The wards are, indeed, too spacious and lofty, having been intended for lecture-rooms and museums, of the Polytechnic school; but the mild climate renders this of less consequence, and the bad smell produced by the assemblage of so many of the wounded is less perceived. There is ample room for 1200 beds; and since the battle of the Alma there have been from 600 to 700 sick and wounded. Staff-Surgeon Scoutetten, an excellent operator, is the Director. He operates himself on all officers, and his agreeable and jovial manners render him generally beloved. The patients are distributed under six divisions, four for surgical, and two for medical ailments, and each division has its *médecin-major*, two *aide-majors*, and two *sous-aides*. Besides soldiers acting as orderlies, there are, as throughout the Levant, the Sisters of Charity. An apartment (*chambre-de-garde*) is set aside where attendance is given day and night; the hours of the regular visits being seven a.m., and three p.m. All the Surgeons of the establishment are obliged, on certain days, to practise operations upon the dead body, under the guidance of Chief-Surgeon Valette.

As a general rule the patients are only dressed once in the twenty-four hours. The employment of gauze in this proceeding is worthy of attention. Every surgeon knows the pain that is caused on the removal of old dressings, with whatever care it is performed, owing to the sticking of the charpie, saturated bandages, etc. The French surgeons employ gauze, previously soaked in warm water to remove the stiffness, as the immediate covering of the wound. A portion is cut sufficiently large to extend some lines beyond the margin, and admit of being easily raised there. Over this the appropriate dressings are laid, and the whole confined with a bandage. In place of sticking-plaister, too, they use in some cases with advantage strips of linen saturated in collodion. These are used in amputations in the endeavour to produce immediate union, and for avoiding the disturbance of the wound, as in changing the ordinary strapping. To detach the strips they are moistened with ether.

Among the operations, amputation in the continuity of the limbs is the most frequent, chloroform being used in most cases, and compression of the arteries being always performed by the mere fingers by some of the assistants. There have been several amputations at the shoulder-joint by the double flap, and one of amputation at the hip-joint, with the formation of an anterior flap. The patient was a Russian Pole, and the operation was performed five weeks since. The wound is nearly healed; but he is so exhausted and emaciated that his recovery is very doubtful. There are in the Hospital more than twenty Russians who have undergone amputation. Two of the officers lie side by side with the French officers, and are just as carefully treated. Some cases of gun-shot wound of the lower jaw have excited much attention. In one of these the whole jaw was shattered by a large projectile. Resection was performed, and all fragments removed. The soft parts were united by a suture, extending from the os hyoides to the lip, an opening in the middle of the suture allowing the tongue to be seen, this having remained uninjured. He was fed with a tube, and all intercourse carried on by writing. In two other cases, in which the ascending ramus of the jaw was injured, the *tampon* dipped in diluted chloride of iron was employed to check the hæmorrhage. In another case both cheeks were penetrated, and the molar teeth of both jaws, together with the alveolar process detached. The patient has quite recovered. Most of the musket-wounds occurred in the lower extremities.

As part of the medical history of the armies in the East, we may subjoin a portion of Professor Rigler's (of Constantinople) account of the prevalence of the cholera, communicated by him to the same journal. In 1854, the disease was imported from the West to the East, as no signs of its existence were observed at Smyrna, the Dardanelles, Gallipoli, Constantinople, or Varna. At Gallipoli was stationed a corps of 10,000 French, arrived from Algeria in perfect health, and ardently employed in preparing for future operations. On the 5th of July, the steamboat *Egyptus* arrived from Marseilles, with 500 troops on board; ten had died of cholera on their passage, and forty were landed suffering from it. The incomplete organization of the camp and hospitals, and the difficulty of dispersing the corps in the unfinished state of the defences, prevented the usual precautions for preventing the spread of the disease being taken, and it so prevailed during four weeks that one-twentieth of the natives, and one-tenth of the foreign population were cut off. Its progress was only arrested when the inhabitants had fled in all directions, and the batallions were divided and encamped beyond the locality. Five army-surgeons, eight hospital-attendants, and four Sisters of Charity were among the victims. Foreigners suffered much more than the natives, an observation verified by later experience at Constantinople, Varna, and in all Bulgaria. Under the most favourable circumstances, acclimitization takes place with difficulty in the East, a large proportion of Europeans dying during the first five years; and it may well be imagined how the mortality would be increased by such a concourse of persons arriving at a time of war, and bringing with them so fatal an epidemic.

Cholera patients were brought to Constantinople in every transport ship during July, and although they were carried to a Turkish military Hospital beyond the town, the servants of this were in constant communication with all parts; and by August cases were met with in all parts of Constantinople, the epidemic first breaking out among the English expeditionary corps at Scutari on the Asiatic side of the Bosphorus. A mortality of 45 per cent. was observed amongst the natives, while it was 15 per cent. higher among the French and English. Owing to the urgency with which troops were dispatched to the coast of the Black Sea, quarantine regulations were suspended, and disembarkment in Bulgaria took place without hindrance, almost every ship having cholera cases on board. A more favourable field for the development of an epidemic could hardly be offered than the assemblage of 50,000 French and 30,000 English troops. The ills and privations that are inseparable from a state of warfare, the hot days with cold nights, the want of habitude to the climate, the frequent errors of diet, the depressing emotions that seize even the bravest, the bad water, the miasmata brought down to the camp from the marshy and corpse-saturated Dobrutscha, and a devastating fire which destroyed half Varna and several magazines, formed a combination of untoward circumstances which must have much impeded any efforts made to subdue the epidemic. Troublesome dysentery persisted in the camp even after the cholera had disappeared in September.

If ever energy and manly valour gave full expression it was surely here, where, in place of abandoning the expedition amidst such calamitous circumstances, the embarkation for the Crimea was carried on with the coolest self-dependence on the 15th September, an action upon the part of the two armies which can only be fully appreciated from a medical point of view. The risk seemed all the greater as the disease was reported to have broken out in Sebastopol itself. Nevertheless these hard-pressed armies performed on the 20th of September a feat of arms which, according to the most

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competent to judge, is unique in the annals of war. Among the hindrances the victorious armies encountered before Sebastopol was the cholera. It accompanied the transports to Eupatoria, and broke out with violence at Balaklava, persisting there with alternations of severity from the 27th of September to the middle of November. The great losses that ensued, under circumstances that implied the absence of so many appliances, may be imagined.

Many cases occurred during the transport of the wounded and prisoners to Constantinople, so that new cases were constantly arriving there. From the 26th of September to the end of October no case occurred among the civilians at Constantinople: a new problem for the antagonists, inasmuch as great ravages were taking place amongst the foreign troops, and the *personnel* of the hospitals were in constant communication with the town. On the 30th of October a bad fire occurred on the European side of the Bosphorus, and the inhabitants of Ortakoie, exposed to great privations, were in a few days after severely visited by the cholera. This circumscribed epidemic continued until the 24th of November, and notwithstanding many of these poor persons were dispersed over the environs, the cholera still appearing among them, they did not communicate the disease to others.

The beautiful island of Scio did not suffer from cholera either in 1831, '48, or '54, although the disease prevailed all around, and the active trade of the islanders did not admit of isolation. From Gallipoli the natives crossed the Sea of Marmora and landed in Lesser Asia, but the disease never spread there in consequence; those who took the disease with them alone dying or recovering without imparting it. Only at Smyrna did it spread over a tract of country twenty miles inland. The French cavalry passed from Gallipoli to Adrianople without the epidemic anywhere manifesting itself, its course being from Varna to Schumla, and thence to Rustschuk and Silistria, crossing the Donau into Georgeowa and arriving rapidly at Bucharest. It is obvious that if this disease derives contagious power from organic products it must possess peculiarities also not met with in other contagious diseases, and which might explain the exemption so many places obtain. It is to be observed that in neither of the epidemics of 1831, '48, or '54 did any medical officer die of the disease in the Turkish hospitals. During the epidemic of 1854 more men than women were attacked at Constantinople among the civilians. The weather was fine and moderately warm from August to November, and the number of cases was not greater under the depressing influence of the south wind than during the prevalence of fresh breezes from the north.

REVIEWS.

Lettsomian Lectures on Pulmonary Consumption. By Theophilus Thompson, M.D., F.R.S., Physician to the Brompton Hospital for Diseases of the Chest. Pp. 38. London. 1855.

The first of these lectures contains a condensed account of the minute anatomy of the lungs in relation to the changes produced by disease, and evidence is given of the truth of the views entertained and promulgated by Dr. Andrew Clark, that the progress of tubercle may be traced by means of the microscopical examination of the expectoration. The importance of the appearance of the shrivelled cells in the expectoration is insisted upon, and Dr. Thompson relates two cases in which a purulent sputum was declared not to be tuberculous from the absence of this appearance, and in both which cases the diagnosis turned out to be correct.

The second lecture describes the various constitutional manifestations of consumption, such as muscular irritability, the appearance of the gums and teeth, the condition of the skin as respects defect or excess of hairy covering, the state of the arterial and venous circulation, the degree of proneness to indigestion, and the interchangeable relation of insanity and phthisis.

The last lecture, after a brief reference to the treatment of particular symptoms, expatiates on the principles which should guide the Practitioner in endeavouring to control the tubercular diathesis. The results of the author's experience are detailed regarding the effects of various animal and vegetable oils, as cod's liver, neat's foot, sunflower, and cocoa-nut oils. Although generally distrusting the vegetable oils, Dr. Thompson thinks favourably of the cocoa-nut oil, which he has used with advantage even in some cases in which the cod-liver oil had been tried unsuccessfully.

One great object is obviously kept in view throughout the lectures, namely, to show that experience is the sure guide to success in practice; and it is only just to Dr. Thompson to observe that he appears to have made good use of the large field of practical knowledge spread before him. The lectures are eminently practical, and will be read with advantage.

The Pathology and Treatment of Leucorrhœa. By W. Tyler Smith, M.D. London. John Churchill. Pp. 217.

The title of this book indicates one of the class most wanted in the Medical Library. Our shelves groan under accumulated works on general Medicine, but of good detailed Essays devoted to the thorough sifting of single subjects we have a marked deficiency. Dr. Smith here occupies a fair-sized octavo, with the consideration of a single symptom, and in so doing he at any rate earns our thanks for the example thus given to future authors. Nor is praise due alone to the selection of subject-matter: the book possesses great intrinsic merits, and reflects much credit on its writer. Those already familiar with Dr. Tyler Smith's views, as expressed in a paper published not long ago in the *Medico-Chirurgical Transactions*, will not, perhaps, find anything of novelty in the present volume; the latter being, indeed, but an amplification of the former. The subject is, however, one which it was well worth while to have treated at greater length.

After justifying the employment of the term "leucorrhœa" as inclusive of all white discharges from the utero-vaginal canal, without reference to cause, the author devotes two chapters to the examination of the minute anatomy of the parts concerned. The descriptions are lucid, and the woodcuts are good. In the third chapter we pass from structure to function, and are informed as to the nature of the secretions poured forth by this tract of mucous membrane, and the alterations which in pregnancy and in parturition they naturally undergo from those of the unimpregnated state. An attempt is also made to account for the great differences of opinion which have prevailed amongst practical men as to the frequency of discharge from the utero-cervical tract of membrane. This is referred to the fallacious signs which have been deemed distinctive. Dr. Smith asserts that the microscope is alone competent to decide that question, and that the transparency or opacity of the mucus is of no value whatever. The mucus of the cervical tract is transparent, because alkaline, and that of the vagina opaque and curded, because mixed with acids; since therefore the former must of necessity come in contact with acid secretions in its passage downwards, it is evident that it also may be made to assume the opaque condition. With the speculum it is true the mucus seen escaping from the os uteri is clear and translucent; but by the influence of the vaginal acids it will ultimately be transformed into "whites," and be quite undistinguishable from that secreted by the lower tract. Hence a fertile source of error to those content with a naked eye inspection of the escaped fluid, and hence the prevalent opinion as to the infrequency of cervical discharges.

Chapter IV. embraces the investigation of the different forms of leucorrhœa under the two divisions of "cervical or mucous," and "vaginal or epithelial." The choice of the contra-distinguishing appellations of "epithelial" and "mucous" is an unhappy one, since, as it so happens, the discharge is equally epithelial in both instances, the real difference being, that in one, the epithelia are scaly, and in the other columnar.

In Chapter V. we have the sequelæ of leucorrhœa; inflammation, abrasion, etc., of the os and cervix uteri, and abrasion and superficial ulceration of the vagina.

The sixth, a very important chapter, considers "the relations between secondary syphilis and leucorrhœa." The frequent occurrence of the affection as a symptom of constitutional syphilis, quite independently of local contagion, is strongly insisted upon. That a fœtus begot by a syphilitic father may, by the influence of its own upon the maternal blood, convey the disease to its mother, without the occurrence of any primary sore in the latter, is fully acknowledged. This most important doctrine is made to account for many cases otherwise inexplicable, in which symptoms of constitutional syphilis

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appear after marriage. The author states respecting this form of the affection, "The appearances presented by secondary syphilitic leucorrhœa do not differ materially from the appearances presented in other severe cases of leucorrhœa. It is this circumstance which has probably led to its doubtful recognition as a form of secondary syphilitic disorder. Its chief characteristics are its existence in connexion with frequent abortions, and with other secondary symptoms, and the difficulty experienced in its cure, except by anti-syphilitic remedies." The narratives of some important cases are appended to this chapter.

In Chapter VII. leucorrhœa is considered in its relation with gonorrhœa and urethritis; in Chapter IX. with disorders of the menstrual functions, and in Chapter X. with sterility and abortion. The eighth Chapter is devoted to the anatomy and pathology of the ovula Nabothi; the eleventh to the constitutional and local causes of leucorrhœa; and the twelfth and concluding one to its treatment. Our space limits us in the attempt to specify more in detail the contents of these important chapters, and we must therefore merely describe them as replete with sound reasoning and practical observation.

The chief fault which we have noted in perusing the book is a certain ostentatious ease of style in which it is written. The author evidently deems it better to err on the side of dogmatism and assertion than on that of doubt and obscurity. In some places, indeed, the familiarity assumed with certain subjects most difficult to make matter of experimental inquiry is almost absurd. Thus, at page 204, for instance, we are told, as positive knowledge, that in "vaginal leucorrhœa, attended by epithelial abrasion, intercourse is almost always painful and injurious, and it is often attended by such a state of spasm of the ostium vaginæ as to render introition impossible." Here and there also are inserted some amusing examples of parade of professional reputation. We are informed offhand, as if of everyday occurrence, that the subject of one case was a lady who had been brought to the author's consulting-room from one of the Western States of America. Hybrid monstrosities in the shape of words occur in a few places,—*vaginitis*, *cervicitis*, *tendo-cervicitis* to wit. These faults, however, refer to matters of taste rather than to anything more important, and in pointing them out we have not the least desire to detract from the general merits of the book. It is one which should find a place on the shelves of all who wish to be progressive in their knowledge of the art of healing.

The Principles and Practice of Ophthalmic Medicine and Surgery. By T. Wharton Jones, F.R.S., Professor of Ophthalmic Medicine and Surgery in University College, London. Second Edition. Pp. 549. London. 1855.

We are happy to welcome the second edition of this excellent work. While its general features and execution remain the same, Mr. Wharton Jones has made such additions and alterations as are demanded by the present state of ophthalmology; and we need do no more than state that the present is equal in point of cheapness and excellence of execution to any of the numerous Manuals which have appeared under Mr. Churchill's auspices.

The Micrographic Dictionary. By J. W. Griffith, M.D., F.L.S., etc., and Arthur Henfrey, F.R.S., F.L.S. Part IX. and X. London. 1855.

The ninth part of this elegant and useful dictionary contains, among other subjects, a description of the entozoa, and of the structure of the epidermis; the most important physiological article is that upon the minute structures of the eye, which are described and figured with great accuracy and fidelity. The principal subjects treated in the tenth part are the ferns, the fuci, the fungi, and the foraminiferous shells.

Chemistry, Theoretical, Practical, and Analytical, as Applied and Relating to the Arts and Manufactures. By Dr. Sheridan Muspratt. Part XIV. Glasgow. 1855.

This part of Dr. Muspratt's Dictionary is devoted to the completion of the article on the manufacture of Candles, the processes connected with which are described and illustrated; and the subject of Caoutchouc is commenced.

The Reorganization of the Medical Department of the Army. A Letter to the Right Hon. Lord Panmure. By Philo-Medicus. Pp. 29. London. 1855.

In this pamphlet the author complains that the medical department of the army is encumbered in its operations by the impediments offered by the Military authorities. He strongly urges the necessity of giving more weight to the counsels of the Medical Officers, and in fact, of elevating their position in the service. He also thinks that special opportunities should be offered for Medical Officers in the army to become acquainted with their duties by attending not only courses of lectures on general and military surgery, but also the practice of some large central military hospital. Many of the suggestions contained in this pamphlet are well worthy of consideration.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

Edinburgh, May, 1855.

EDINBURGH VETERINARY COLLEGE.

This admirable Institution, which has so long flourished under the able care of Professor Dick, and for the establishment of which we are indebted to the Highland and Agricultural Society, concluded its session this week.

On Tuesday and Wednesday the annual examination took place, Captain Falconer, of Fox Hall, presiding in the absence of Professor Goodsire, from indisposition.

The Examiners were, in *Anatomy and Physiology*, Dr. Dumbreele, Dr. Sanders, Professors Day and MacDonald of St. Andrew's, Dr. Charles Dycer, Mr. Barlow, Mr. Waters, V.S., Cambridge, Mr. Robertson, V.S., Kelso.

Chemistry and Materia Medica.—Drs. Liller, T. Lindley, Kemp, Newbigging, Douglas Maclagan, Vickers; Dr. Balfour, V.S., Cramond; Mr. Dunn.

Pathology and Diseases of Horses.—Mr. Hallen, V.S., Cavalry Depôt, Canterbury; Mr. Dycer, V.S., Dublin; Mr. Lawson, V.S., Manchester; Mr. Secker, V.S., Knaresborough; Mr. McRobie, V.S., Glasgow; Mr. Watt, V.S., Edinburgh.

Diseases of Cattle, Sheep, and Dogs.—Mr. Steele, V.S., Biggar; Mr. Aitken, V.S., Kilmarnock; Mr. Balfour, V.S., Kirkcaldy; Mr. Fulton, V.S., Ayr.

Nothing could be more satisfactory than the result of this examination, as showing the thorough and scientific knowledge of their profession possessed by the gentlemen to whom the Diplomas were awarded. General Practitioners will need to look well out, or the cattle will be better attended to than their Masters.

ROYAL PHYSICAL SOCIETY.

This Society met on Wednesday, the 25th.

The only paper of general interest was one on Rain Gauges, by Professor Fleming. The Professor, in his usual felicitous manner, pointed out the faulty construction of those in use, and their unnecessarily expensive construction. He recommended that they should be sunk below the level of the ground, not raised above the surface.

TURKISH CONTINGENT FORCE—MEDICAL APPOINTMENTS.

Dr. M'Pherson, Inspector-General of the above force, has come to this city to distribute a portion of the very extensive patronage vested in him to the school of medicine here. A few days since the terms of agreement granted by Government were made public in the College by Professor Miller; and on Friday last the Inspector-General addressed the students and members of the Profession in the Professor's class-room. He offered, on the part of Government, to take into immediate service surgeons, assistant-surgeons, and dressers, on the pay respectively of 25s., 15s., and 10s. 6d. a-day; a free passage out and home; lodgings or lodging-money; free rations; pensions for wounds; and many other advantages. He explained the nature of the force they were invited to join; and, referring to the very liberal terms offered by Government, pointed out the vast opportunities young men accepting service would have of acquiring a practical knowledge of their profession, and the *éclat* that would be attached to their names during the rest of their career, from

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having been engaged in a service which must add much to their professional experience and reputation. The class of men required are surgeons of some years' standing, and about thirty years of age; assistant-surgeons who have just got their diplomas, and dressers, young men in their second and third year's course of studies. The call was most liberally responded to, and was received with much acclamation.

GENERAL CORRESPONDENCE.

THE MEDICAL EVIDENCE IN THE CASE OF THE FOLEY PLACE MURDER.

[To the Editor of the Medical Times and Gazette.]

SIR,—The recent trial of Luigi Buranelli for murder presents so many points of interest and importance that I cannot but consider it incumbent on me, as one intimately acquainted with all the circumstances of the case, to communicate to my Medical brethren some account of its more prominent features. It is a trial likely to be ever memorable in the annals of jurisprudence, as an example of the small value attached to the opinions of Medical men, when opposed to popular prejudice; and it also illustrates the sad results to humanity that may arise from that disagreement amongst the members of our Profession, which the world in general has agreed to consider inseparable from the practice of medicine.

The Medical evidence, and the opinions expressed in the case, were as opposite as light from darkness,—a circumstance that cannot fail to exercise a most injurious influence on our credit as guides to justice in criminal trials for many years to come.

It is not a little remarkable that the evidence, which both satisfied the jury of the prisoner's sanity and condemned him to the gallows, was given by two gentlemen whose acquaintance with the man began and ended with a visit to his cell of an hour-and-a-half's duration on the day preceding the trial,—a period of nearly four months after the murder. It is true that their evidence was endorsed by the Surgeon of the jail in which the prisoner had been for some weeks confined; but that gentleman acknowledged that his investigations into the principal feature of insanity, the man's delusion, were comprised in some questions addressed to him on the very morning of the trial.

The impression that Drs. Mayo and Sutherland and Mr. MacMurdo left upon the minds of many of those who heard them, and among whom I feel persuaded the jury were included, was, that there are certain marks, or signs, by which the initiated can distinguish a sane person from an insane one, as constant and certain as those which distinguish a black man from a white one. This idea, the popular one entertained out of the Profession, has been throughout promoted by the paragraphs which from time to time have appeared in the public press. Thus we are informed that, after the execution, "a post-mortem examination of the body was made by the Medical Superintendent of St. Luke's Hospital (the asylum to which Dr. Sutherland is Physician), when the brain and its membranes were found to be perfectly healthy, thus confirming the opinion of the jury as to the sanity of the man, and his consequent responsibility for the crime into which his vicious nature had impelled him." It is very possible that the brain was free from those material changes which are cognizable to our senses; but the absurdity of such a test in determining the question of the man's insanity during life must be evident to all who are familiar with post-mortem examinations. The mischief of these paragraphs circulated among the public is, however, incalculable, and I am sure they cannot have originated with either of the gentlemen named above. I should not refer to this matter, except that it shows the extreme difficulty of arriving at the truth, and the sort of statements which fasten on the public mind, and lead it astray from the material issue. That issue is the correctness of the distinctions drawn at the trial between hypochrondriasis and insanity. If Drs. Mayo and Sutherland are correct in the opinions they expressed, then have they done a service to public justice in negativing a plea of insanity improperly set up, albeit solemnly maintained, by men whose knowledge of the Prisoner extended to many months before the murder, and whose views are supported by the matured convictions of some of the highest names in our Profession, as well as by the ablest writers on insanity in this and other countries. No question can be more serious, nor is it set at rest by the execution of the person implicated in this trial. There may yet be many trials, and many pleas of insanity to be negatived by the same gentlemen and by the same kind of evidence. How great, then, their responsibility! how vast the power reposed in their hands! how momentous for weal or woe the correctness of the tests they apply! the soundness of the data on which their conclusions are formed!

As in this case their opinions were broadly and positively stated, there can be no danger of misrepresentation, no discourtesy in free discussion. If, however, notwithstanding metaphysical distinctions, Buranelli was really insane when he committed the murder, then was his execution a dreadful tragedy, which will hereafter be regarded with feelings of horror and amazement.

But, again, the trial is remarkable in this respect, that a Medical Witness, whose opportunities of knowing the state of the Prisoner's mind were peculiarly great, was for three days under subpœna from the Crown, and present in Court to give his evidence both as to facts and opinions, but was not placed before the jury because it had transpired from a private examination of him during the trial, that he had no doubt of the Prisoner's insanity.

Is it, then, the custom of the Crown, in trying the question of a Prisoner's insanity, to bring forward only such Medical testimony as will have the effect of insuring condemnation? Must we for the future know that when a Medical Witness for the Crown appears in the box, he is there only because his evidence has been ascertained to be unfavourable to the Prisoner? It has ever been the belief of Englishmen that the object of all State prosecutions in the present day is the discovery of the truth, and the vindication of justice. What was the purpose for which the Crown summoned to its aid Medical testimony at all? Was it not to assist the jury in coming to a righteous conclusion—to give protection both to the public and to the prisoner—on the one hand, to insure the just punishment of the guilty, and on the other, to prevent the scandal involved in the execution of an insane man? Then why were those only examined who could see no evidence of insanity, in a case which other eminent men consider a very type of the disease? Why was Mr. Shaw, who, from his lengthened personal observation of the Prisoner, was prepared to state that he "considered him insane, and incapable of distinguishing right from wrong," kept in the back-ground? The question is not answered, as was attempted at the trial, by the legal quibble, that Mr. Shaw's name was not on the back of the Bill of Indictment. The names of the Medical witnesses adverse to the Prisoner, summoned like Mr. Shaw by the Crown, were also *not on the back of the Bill*. Can any man doubt that had Mr. Shaw's opinion been different from what it was, he would duly have appeared before the jury? This is not the place in which to express the indignant feelings that must arise in the contemplation of such a mode of conducting a trial involving the life of a human being; but in forming an estimate of the trial, and of the effects of the Medical testimony, it was impossible to omit all mention of a circumstance so remarkable.

The strenuous exertions of so many persons to avert the scandal of executing an irresponsible being, and the names of those eminent men who, after the trial, carefully examined into every particular of the case, and joined in the Memorial to the Home Secretary, of which a copy is subjoined, afford a guarantee that it was no false sentiment that prompted the efforts to save Buranelli's life, but the genuine conviction of those best qualified to judge that he was in truth an insane and unaccountable being when he committed the murderous act. Nothing can be more striking than the spontaneous and independent nature of the evidence as to his insanity. The three most important witnesses came forward altogether unknown to each other, and spoke of events in the prisoner's life, which took place at different periods of time, and strongly impressed them with the doubts they entertained respecting the soundness of his mind. If Buranelli was not legally exempted from the penalties of his crime by the evidence brought forward on and subsequently to his trial, then is the door closed on any such plea in future, and no amount of

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Medical testimony can suffice to shield a man from the gallows when once a jury has convicted him.

Your leading article of last week has placed on record an outline of the Medical questions here involved, but the magnitude of the interests concerned renders it necessary to subject the case to a searching investigation, in the hope that the great outrage on humanity recently committed may not prove an unmixed evil, but may succeed in awakening the public mind to the consequences of ignorance and error, the sure parents of cruelty and crime.

I am, etc.

Harley-street, May 7th, 1855. MITCHELL HENRY.

Memorial to Sir George Grey, Baronet, M.P., Secretary of State for the Home Department in favour of Luigi Buranelli.

We, the undersigned Physicians and Surgeons, having carefully examined the evidence hereunto annexed, relative to the case of Luigi Buranelli, now lying in Newgate under sentence of death for murder, do hereby express our solemn and matured opinion that the prisoner was insane at the time he committed the crime.

We do further affirm that had we been consulted on the evidence now disclosed, as to the condition of the prisoner's mind before the act was perpetrated, we should have had no hesitation in subjecting him to medical treatment for mental disease.

We, therefore, are confident that had the prisoner been in a different rank of life, such steps would have been taken respecting him as would in all probability have prevented the commission of the murder; and, accordingly, we earnestly pray that the extreme sentence of the law may not be carried into execution in the case of a person whom we believe to have been a lunatic when he perpetrated the act for which his life has been declared forfeited.

(Signed) JOHN CONOLLY, M.D., Consulting Physician to the Hanwell Lunatic Asylum, etc.
WILLIAM BALY, M.D., F.R.S., Physician to the Millbank Prison, Assistant Physician to St. Bartholomew's Hospital, etc.
FORBES WINSLOW, M.D., D.C.L., etc.
ALEXANDER SHAW, F.R.C.S., Surgeon to the Middlesex Hospital, etc.
MITCHELL HENRY, F.R.C.S., Assistant Surgeon to the Middlesex Hospital, etc.

[To the Editor of the Medical Times and Gazette.]

SIR,—Without attempting to discuss the question of Buranelli's moral guilt or innocence, which must be matter of opinion, differing according to the peculiar views entertained by different psychologists, there are matters of fact connected with this trial worthy of consideration. The one particularly upon which I wish to offer a remark is, that the life of this individual was made to depend upon the distinction supposed to exist between two words.

The tendency of the human mind seems to be in all ranks and circumstances of life to decide and act according to some admitted theory, some recognized routine, some established usage; and such is the frailty of human nature, that we cannot look at things habitually as they are, but as we suppose —under the influence of preconceived notions—they ought to be. It seems that we are unable to judge of the merits of a case abstractedly, that we dare not trust ourselves to deal with it strictly and solely with reference to the facts, but that we blindly submit it to the test of some fanciful standard, which is too often set up as a monument of our ignorance, and is worse than useless for any other purpose; and so, whilst individually and nationally we are deploring the lamentable consequences of rigid adherence to prescribed rule and established precedent, we hang a man because the Medical witnesses are not agreed as to the orthodox interpretation of a word. It is not only unphilosophical but it is idle to attempt to set up a standard by which to judge with absolute precision of the sanity of all individuals, seeing that their peculiarities are as various as their features, and that in truth what is insanity in one is not necessarily insanity in another. It seems that here there was no question of the culprit having entertained wrong impressions, and that the point of difference between the Medical witnesses was whether these should be called *de*-lusions or *il*-lusions. It might be supposed that difference of opinion on such a point was of small importance, but it was in this case a question of life or death. We look anxiously, then, for some good reasons in support of an opinion involving such momentous consequences; but they are entirely wanting. In truth, there is not, there cannot be, any such accurate definition as that attempted to be given. Not only are the two words so identical in signification that one is used in the dictionaries as a definition for the other, but the two distinct conditions which they are supposed to indicate are commonly, or at least frequently, co-existent. There is frequently some ground for a delusion, although it is difficult and occasionally impossible to trace it until after the lapse of a considerable time; and then, according to the rule laid down, it would cease to be considered a delusion, and would be called an illusion. For want of tact, then, in seeking the source of a wrong impression, we may arrive at an incorrect conclusion, either, on the one hand, declaring that an illusion exists because we fancy we have discovered some flimsy ground for it; or, on the other, deciding that it is a delusion, because we have been unable to trace any cause; but who will presume to say that some obviously impossible evil with which an individual believes himself to be tormented is absolutely groundless, or positively state that some remote cause to which a false impression might be attributed had, in reality, any necessary connexion with it? It requires more than human knowledge to determine such doubtful questions, and therefore is such a distinction worse than useless. If I come to entertain the false impression that my dearest friend is my bitterest enemy, how is it possible that anybody shall know whether this is a *de*-lusion or an *il*-lusion, in the sense in which these words have been used? To do so involves not only a very accurate knowledge of my character, temper, and idiosyncrasies, but of all my thoughts. It may be that I have misinterpreted some act, mistaken an expression, or attached a particular meaning to a look, and so founded my impression upon an actual occurrence, which, however, under the influence of mental disturbance I had greatly exaggerated. Supposing that with this conviction of my friend's malevolent intentions towards me I had, either with the idea of revenge or of self-defence, proceeded to some act of violence, would it be reasonable that my moral guilt or innocence should be determined by the fact—supposing that this could be ascertained —of my having or of my not having any apparent ground for my wrong impression.

A wrong impression may, assuredly, be the result of an unsound state of mind, whether it has some trifling foundation, or is without any ground whatever. Mental unsoundness is not a positive quantity which can be demonstrated; it is a comparative condition which can only be determined by observation, aided by the weight of evidence, which often requires to be very nicely balanced; and if we persist in setting up a fanciful standard by which to judge all cases, we shall always see the same conflicting testimony offered by Medical witnesses which has brought so much discredit upon all Professional evidence.

We act as though we thought common sense too fickle a guide to trust, and we mystify, with fine-spun distinctions, those we should instruct, and hamper ourselves with rules of faith which often involve us in confusion and contradiction. It should never be forgotten, that the actual state of mind of any individual cannot be defined with strict accuracy. With our limited powers, we can only arrive at an approximation to the truth; but this, it is probable, will be so much the greater in proportion as we take common sense and experience of facts for our guide, and discard all fanciful tests; these cannot assist us, but they may, and often do, deceive; for we are apt, in applying them to interpret facts according to these ideal standards, and so take a limited, instead of a comprehensive, view of all the circumstances submitted to our judgment. There are other points of interest in this case, but I have already occupied more space than I intended; and I will only repeat, that my object has not been to discuss the question of the existence, or non-existence, of insanity in this particular case, but to point out what appears to me important, as to the manner in which Medical evidence should be given in such cases, so as to command attention and respect.—I am, etc.

WILLIAM WOOD, M.D.

Kensington House, May 8, 1855.

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DR. PARKES ON PYREXIA.

[To the Editor of the Medical Times and Gazette.]

SIR,—I was about to offer a few remarks upon the very interesting lectures by Dr. Parkes, had not that gentleman left London. His researches tend to throw much light upon the subject of pyrexia, one of the most common morbid conditions with which we are familiar, and yet one hitherto so little understood. His investigations alone of the functions of the various organs, whether these be increased, diminished, or in any way altered, during the febrile state, have been productive of important facts. There is one part, however, of the subject which I should like to have seen more fully investigated—the state of the respiration. I do not know that this is more important than other functions, but the facts hitherto published with reference to it have been so scanty and so contradictory, that a much more extended observation is required before any theory can be framed; and perhaps I too closely looked into this part of the lecture to seek for information, because my own mind had been directed to the subject.

My own observations (published elsewhere) showed that in all febrile diseases the number of respirations was increased, (care being taken always to exclude those instances where there was the slightest symptom of pulmonary complication or obstruction,) and this increase was quite irrespective of the pulsations of the heart. For although the action of the heart and lungs is no doubt, to a certain extent, associated, and the amount of work done by one organ is a measure of that done by the other; as, for example, when each is increased during any violent exertion; yet this is by no means invariably the case. There are times, undoubtedly, when the blood, containing more effete matter than it does at others, requires for its purification an increased action of the lungs, and yet the number of cardiac contractions may be of the ordinary amount. I believe this occurs in fever, and accounts for the phenomena which are observed—the constant dissociated action of the heart and lungs. In looking over a large number of reports, I find, as a rule, that the respiration continued high as long as the fever lasted, while the pulse was often at the natural standard, or even below it.

Taking the ratio of the respirations to the pulse in health to be 1 to 5½ or 6, *i. e.*, reckoning the former at 12-14 per minute, and the latter at 70, and then looking at continued fever, we find the average pulse in that disease to be 100, and the respiration 25-30 per minute, making the ratio 1 to 3, instead of 1 to 6. Often even during the course of fever the pulse may be descending while the respiration remains high. Thus, for example, a woman with typhus and a mulberry rash, and having no chest or abdominal symptoms, had a pulse 116 and the respiration 36 in the minute; the former soon became 100 and the latter 32; the pulse then sank to 90, and afterwards still lower to 52, while the respiration had only reached 26; the skin was still hot and dry, and the pulse descended still farther to 42 while the respiration was 22. The respiration is here seen as much above the standard number of health as the pulse is below it. Perspiration broke out, and the patient convalesced, and at the same time the pulse rose and the respiration fell until each had reached its natural number. In all cases of fever the pulse does not descend so low, but constantly in typhus towards the height of the disorder the pulse may be at 70 while the respiration is, as a rule, double that of health. The same facts as above stated may be found in scarlatina, measles, and other febrile diseases, but as it may be objected that a congestion of the lungs in fever and the exanthemata may be sufficient to account for the phenomena, we may take rheumatism, and selecting cases where no pulmonic or cardiac complication existed, we still find that while the pulse in number was only half as many again as in health the respiration was doubled or trebled. In cases where lemon juice was given this difference was more than usually marked, for, as is well known, this drug is often observed to have a direct influence in lowering the action of the heart. In one case the pulse was 120 and the respiration 36; in three days the former was 70 and the latter 32; after three days more the pulse was still 70 and the respiration had reached 24. Thus the effects of the remedies had been to depress the heart's action while the respiration was only lowered as the disease more slowly departed. In another instance of a lad where the pulse was 110 and the respiration 40, on the following day the former was 100 and the latter 32: in three days the pulse had fallen to 76 while the respiration was still 32, and during convalescence the pulse remained steady while the respiration gradually subsided to 17.

The fact then being that the number of respirations in all febrile diseases is increased, I *assume* that this is indicative of a positive increase of function of the lungs, that the blood comes to the lungs loaded with an increased amount of effete matter to be eliminated, that the *besoin de respirer* is more felt, and that the function is for the time augmented. I say, having assumed this from the above-observed facts I anxiously sought in Dr. Parkes' lectures for some direct observations or experiments to prove the point, but I found that little had been added to this part of the subject. It would be, however, a matter of the highest importance in relation to the subject which that gentleman so well discusses, if it could be shown that during a patient's fortnight's illness with typhus two or three times as much carbonic acid and other excreta are given off by the pulmonic exhalation as in health.

I am, etc.

17, St. Thomas-st., Southwark. SAMUEL WILKS, M.D.

TURPENTINE IN YELLOW FEVER.

[To the Editor of the Medical Times and Gazette.]

SIR,—It is by no means pleasant to an original observer or writer to find his observations and remarks, the results of dangerous or laborious research, appropriated by others, many years—in some instances more than a quarter of a century—after they had been published to the Profession. This remark is elicited by an article in your Journal of the 14th of April which has only now attracted my notice. It is, "Treatment of Yellow Fever by Turpentine, by James Laird, E.R.N." In this communication he states that "the principal treatment pursued consisted in the exhibition of turpentine in small doses, as first recommended by Dr. Gilmore King." Now Dr. G. King's recommendation of turpentine appeared years after it had been recommended by me for yellow or hæmagastric fever in my "Dictionary of Practical Medicine," and more than thirty years after it had been successfully employed by me in that disease.

As to the use of turpentine in malignant and pestilential fevers, I may remark, that it was first resorted to by me in May, 1817, when a passenger in a ship proceeding from Sierra Leone to Cape Coast Castle. Yellow or hæmagastric fever broke out among the crew, in consequence of several of them having gone on board a slave-ship for a short time, under circumstances which are now of no importance, and it attacked all those who had not previously had the disease in the West Indies, and who amounted to about one-half of the whole crew. I was the only passenger; the ship had not a crew sufficiently numerous to require a Surgeon, according to the Act, and, consequently, did not carry one, and the captain's chest was very imperfectly provided with drugs. I was fortunately the last to be attacked, the whole number infected having been thirteen, of whom two died. These two were the first attacked, and were both bled; the others were treated as I have described in my work. To about two-thirds of the number I prescribed turpentine; and to several of them brandy with capsicum and other stimulants were given. I returned from Africa in 1818, and soon afterwards went for a second time on the Continent. I came to London in 1820, and was elected Physician to the Infirmary for Children, and about the same time originated, with the aid of others, the South London Dispensary. In both these institutions I employed turpentine for fevers and many diseases for which it had not up to that time been recommended; and in 1821, I published a Memoir, with experiments, on the use of terebinthinate remedies in disease. In 1822, I had the pleasure of attending, with Mr. Bushell, of Crawford-street, a dangerous case of typhus fever, for which turpentine was successfully prescribed; and in 1823 I employed the same medicine as I had done in other malignant fevers, both internally and externally, in the puerperal fever which prevailed in Queen Charlotte's Lying-in Hospital, to which institution I was Consulting Physician. In these and subsequent years I prescribed turpentine in erysipelas, especially when affecting the scalp and face, with or without coma. One of these cases, which was under the care of Mr. Harry Cox, in 1824, and which he considered hopeless, recovered after the use of this medicine. This case was soon afterwards published by that gentleman,

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and due credit given to the prescriber of that medicine. In the memoir just mentioned, turpentine exhibited internally was strongly recommended by me for all hæmorrhagic diseases and excessive discharges. The first part of my Dictionary was published, I am sorry to say, as far back as 1832, and in several places of that part, the use of turpentine, both internally and externally, with numerous formulæ for its exhibition, was advised, when the blood became vitiated or contaminated in fevers or other maladies. (See Art. "Blood," pp. 157, *et seq.*, also various other articles in that Part.) In the second and third parts of this Work, more particularly when treating of fevers, of intermittents and remittents, of an insidious and malignant character, of typhoid and typhus fevers, I recommended turpentine in various modes of exhibition. These parts were published in 1833 and 1834, and the reader may find this topic discussed at pages 198, 305, 306, 930, 954, and in numerous other places, where the treatment of the more malignant or adynamic states of fever is described.

Under the head "Hæmagastric or Yellow Fever," in the work just referred to, a recourse to turpentine was advised by me, from the experience I had of it in that pestilence in 1817, and subsequently in other malignant states of fever. That the treatment I have recommended for that malady has been found more successful than any other hitherto employed, is shown by the very interesting account of yellow fever, as it appeared in Peru, published in the April number of the *Edinburgh Medical and Surgical Journal*, by Dr. Archibald Smith (a). The history of that pestilence, so ably and clearly given by that experienced Physician, shows the advantages of having recourse to the spirits of turpentine, and to the other means recommended in my work against that malady. I may mention, in conclusion, that I advised the employment of this medicine in pestilential cholera, both in a treatise on that disease, published in 1831, and in the article on Pestilential Cholera, in the Dictionary of Practical Medicine; and that I have seen great benefit result from it in many cases which came before me in 1832, 1849, and in 1854.

I am, etc, JAMES COPLAND.

Old Burlington-st., May 3, 1855.

THE NAVAL MEDICAL SERVICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I trust you will permit me to address a few words to the Members of our Profession on the recent measures which the Admiralty have been compelled to adopt, from their want of Medical Officers to supply their fleet. Permit me to ask them what reply they are prepared to make to the last insulting proposals emanating from the Board; that they will feel sensibly the dishonouring nature of the proposition I have no doubt. The degraded position in which one portion of their body—the Assistant-Surgeons—has been placed, and obstinately kept, by the Admiralty, has been long patent to all, and hence their absolute refusal to take service under the Board; hence their recent meetings, and spirited resolutions to avoid the Naval service until the Medical officers were placed in their proper position, yet, will it be believed, the Admiralty have had the effrontery to put forth a circular—offering what, Sir?—to buy off the just aversion which the Profession entertained towards a service where their members were treated with every species of indignity by an extra shilling a day, thus bribing an honourable Profession to forget the respect due to themselves, to their members, and to their high calling. Sir, I much mistake the members of our Profession, if they will not, to a man, scout this outrageous proposal; after previously and obstinately refusing to yield one jot or tittle to the just demands of the Medical body, that their members should be treated as Professional men, instead of as boys, they have, in the fulness of their liberality, proposed to grant a boon such as was never asked of them. I beg to remind my Professional brethren of this one fact, that in no instance has an increase of pay been demanded, although a miserable stipend as our pay has been, it has never been put forth as a grievance that pressed upon us as a body, yet this is the price that the Board is ready to pay (and not out of their own pockets, be it observed) as a compromise for all the indignity they have heaped upon the Medical men in their service. In the absolute dearth of Medical Officers, they have been compelled to open their doors to Medical Students. I beg to ask the attention of our young men, and the Profession in general, to the position in which they will be placed. In the midshipman's berth will be passed that summer that ought to be devoted to study, to digesting the scientific matter taken in during the past winter, or in preparing the ground for the future seed. Those who have known a midshipman's berth, can tell how appropriate a place it is for this. Again, instead of being permitted to dress like gentlemen, they are to wear the undress uniform of Assistant-Surgeons. Will they let me tell them that this uniform, which we all are compelled to wear, from the Inspector of Fleets down to the Assistant-Surgeon, is in no way distinguishable from that worn by non-commissioned officers; and the highest of our class may find himself arrayed in the same garb as the boatswain or carpenter, just seen to issue from some beer-shop, and reeking of its contents? I wish Medical men to know what they have to expect when they enter the service. Yet all these humiliations the Board of Admiralty propose to pay for by an extra shilling a day. Surely the spirit of the Profession will revolt against such an outrage on common decency, and will teach the Admiralty that nothing but a complete reform in their regulations will reconcile the Medical Profession to Her Majesty's Naval service. I am, etc.

A SURGEON R.N.

GELATIO, OR FROST-BITTEN FEET.

[To the Editor of the Medical Times and Gazette.]

SIR,—It surprises me much that important communications of a nature well calculated to benefit those at a distance from us are not more frequently sent from our large Hospitals and Dispensaries. I do not refer to severe or difficult operations, with which all the journals abound, but I allude to the absence of subjects which must daily occur of the greatest interest and instruction to the Medical Officers of our army in the Crimea. I may, in illustration, remark, what is the experience of our Hospital Physicians in dysentery? It cannot but be observed how many of our brave troops have fallen under this dire disease, yet silence prevails. Again, on "gelatio," or frostbitten feet, after so severe a winter, much valuable matter ought to be forthcoming; therefore I ask, why do they not communicate for the benefit of others? The great liberality and readiness in inserting useful and practical cases, so evinced by the Journals of this country, is too well known to require any comment from me; I therefore entreat that no opportunity may be lost in dispensing knowledge on these subjects, in order that our poor fellows in the East may reap some benefit from our metropolitan experience. I do not impute any want of skill to our Army Medical Staff, but, in the words of a late Professor, "We are students to the end of our days," thirsting for knowledge, and I hope with Christian desires to relieve the sufferings of our fellow-creatures. I cannot but notice how few cases of genuine gelatio, if I may be allowed to judge from the publications, and from my own public experience, have occurred in the past winter, but if each Surgeon contributed his mite, how valuable would be the collection. Still, out of a large number of Surgical cases admitted during the late inclement winter under my care at the Bloomsbury Dispensary, to which institution the poorest and most wretched flock in thousands for relief out of the purlieus of St. Giles, strange to say, but one single case, which, I am

(a) I may be excused for giving the following extract from a letter addressed to me by this Physician, who has had an experience of more than thirty years' residence in an intertropical country. I should state that Dr. A. Smith was quite unknown to me until he did me the honour and kindness of addressing to me the letter from which the following is quoted:—"I have often consulted with you, in the pages of your valuable practical works, and never have I had occasion to do so with more interest than recently in Peru, when the yellow fever for the first time broke out in that part of the world. Your treatise on this subject, in your 'Dictionary of Practical Medicine,' was really the only work which seemed to guide our practice in the any way hopeful or successful treatment of that dreadful malady. We were there Doctors of Germany, France, Italy, Spain, and England, in co-operation with the native Practitioners; and it surely is no small thing to say, that more relief was procured to the sick from the application of your principles of practice in this disease, than from the joint medical knowledge of all of us put together. I think you must be gratified by knowing that at least to one forlorn class of sick—the Indian race—your turpentine treatment was signally successful; and that to all the different races, whether brown or white, your general treatment to prevent the patient from ever sinking to the stage of black vomit, or irrecoverable prostration, was peculiarly fortunate above that of all other writers, English or Continental, as far as I know. Your work, in consequence, was by the whole Profession in Lima sought after eagerly, and your name mentioned with the respect due to the prophet—though not in his own country.'

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happy to say, terminated favourably, presented itself, the notes of which I beg to forward to you for insertion, in the hopes that the spark may catch the train, and illuminate the scene before us.

I am, etc.

GEO. L. COOPER, F.R.C.S.
Surgeon to the Bloomsbury Dispensary.

7, Woburn Place, Russell-square.

Ellen Carter, aged 50, a laundress, her husband a blacksmith, was admitted at the Bloomsbury Dispensary, under my care, February 21st, of this year; she complains of a burning pain in both of her feet, with a benumbed condition of her toes. Her health has always been good, showing no tendency or symptom of disease of the heart, but in consequence of her husband being out of work, has been deprived of nourishing food and warmth. She states that on Saturday, four days previous to my seeing her, she walked through the snow in badly-conditioned boots, and remained in a cold wash-house during the day, in the evening felt much pain in her feet, but did not venture near to the fire. On the subsequent days, the toes becoming blackish, she became alarmed, and applied for relief at the Dispensary.

Both feet are much swollen, and painful, all the toes of the right foot are quite black, and three of the left one, the skin being vesiculated, and sending forth the peculiar smell of gangrene. She has no feeling in the toes when they are touched, being quite benumbed. The pulse is under 60, and regular; her tongue darkish and coated; bowels open.

Ordered the feet and legs to be wrapped in carded wool to the knees, and kept in the horizontal position. Hot flannels wrung dry, and to be applied for five minutes in the morning and evening; diet to be nourishing.

℞ Infus. calumbæ ʒx., ammon. sesquic. ʒss. M. tria cochl. ampl. bis die.

22nd. She feels better, the feet are much the same.

25th. Much improved. Remed. repetend.

To March 12th she has continued to improve daily, the swollen state of the insteps has gradually subsided; the toes became dry like leather, subsequently a complete desquamation of the skin took place, and the nails came off, but a reaction in the circulation saved the toes, and she is at the present time perfectly well.

May 5th, 1855.

AMERICAN PIRACY.

[To the Editor of the Medical Times and Gazette.]

SIR,—Of all the instances of impudent American piracy which have come under my notice, I have seen none equal to the one I am now about to mention. I have just seen an octavo pamphlet of 92 pages, entitled the "London Lancet," edited by Thos. Wakley, Surgeon. Sub-Editors, J. H. Bennet, M.D., T. Wakley, Jun., M.R.C.S.E. Vol. I., February, 1855. No. 2. Published Monthly. Terms:—

One Copy, One Year	. . .	5	Dollars.
Two Copies,	,, . . .	9	,,
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One Copy, Two Years	. .	9	,,

All subscriptions are expected in advance. New York: Stringer and Townsend, 1855. Postage, 9 cents a quarter, or 36 cents a year to any part of the United States.

Under the present state of the law of copyright, the proprietors of the *Lancet* can say nothing against this republication. It is part and parcel of the system of American dishonesty. But Messrs. Stringer and Townsend go farther than the rest of their pilfering tribe,—their asserted *republication* is nothing of the sort—many parts of the *Lancet* are omitted, and many parts of the *Medical Times and Gazette* are inserted in this precious journal without one word of acknowledgment. For instance, in this February number is Dr. Russell's Lecture on the Pathology of Nutrition, Mr. Fergusson's Clinical Lecture on a case of Malignant Disease of the Pleura, Dr. Stokes's Twelfth Clinical Lecture on Fever, Dr. Frank's Paper on Subcutaneous Osteotomy, Dr. Pritchard's on Piper Methysticum, with a number of Societies' Reports and Cases from the London Practice of Medicine and Surgery, all taken from the last volume of the *Medical Times and Gazette*, and appearing as part of the "London *Lancet*," edited by the Messrs. Wakley, and Dr. Bennet.

I trust that this bare-faced imposition will be exposed in America, by some of your American subscribers, and that Messrs. Stringer and Townsend may be made ashamed of the imposition they are practising, even if they continue to profit by the practice of literary piracy.

AN ENGLISH SURGEON IN TURKEY.

Constantinople, April 24th.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, MAY 5, 1855.

Dr. ROUTH in the Chair.

DR. RICHARDSON exhibited an œsophagus which was the subject of stricture terminating in ulceration and perforation. The patient who had formerly suffered from secondary syphilis, had for some months felt great difficulty in swallowing, and could take no solid food. He (Dr. Richardson) endeavoured to pass a probang, but could not get it beyond a certain point without using, as he believed, too much force. He gave the patient cod-liver oil, mixed with milk, by the rectum twice a-day for three weeks, under which treatment he greatly improved in appearance. He then went to another Medical man who succeeded in passing the probang, but the patient could not swallow on account of the excruciating pain. He soon afterwards died, and on examination two points of stricture were observed: one about the middle of the œsophagus, and the other lower down. There had been a good deal of ulceration, and a large hole passed from the œsophagus on the right side into the pleural cavity. This hole, he believed, was made by the probang, which could not have passed into the stomach. The practical conclusions to which he arrived from this case were, that when there was real stricture it was useless to pass the probang, and that treatment by cod-liver oil in the way he had mentioned was beneficial.

The President said that nearly all the cases of stricture which he had seen turned out to be cancerous, indicated by the expectoration of a thick tenacious mucus. In one instance he passed the probang, and the patient was much relieved for a time, but he subsequently died. He had given cod-liver oil per rectum, but had been obliged to leave it off owing to the disagreeable taste produced in the mouth.

Dr. Richardson had not noticed anything peculiar in the expectorations, and he believed the case to be one of simple stricture.

Mr. Dendy said all the cases he had seen had arisen from a pouch in the œsophagus or from a cancerous condition. The appearance of cancer, however, in the œsophagus, was comparatively mild, owing probably to the healing character of the saliva and the circumstance of the cancer being often washed in the act of swallowing.

Mr. Henry Lee mentioned a case of stricture with simple ulceration, in which the patient died from continual vomiting and irritation. He had been lately urged to pass a probang down the œsophagus of an elderly gentleman who suffered from difficult deglutition, but he declined. The patient died, and malignant disease was found to have eaten through the œsophagus into the surrounding cellular tissue.

Dr. Andrew Clarke exhibited some small, yellowish pellets expectorated by a patient who, he said, was the subject of "latent phthisis." When examined by the microscope they were found to contain a number of air vescicles, filled with matter which he believed to be tubercular. The expectorations, he said, which were intermittent, went through a series of changes: first, they contained air vesicles and a little purulent matter; afterwards fat was found to be present in the form of globules; then cholesterine appeared; and finally, at the end of about three weeks, there was seen the broken-up elastic tissue of the lung, fat globules, a large quantity of cholesterine and a little chalk. The patient then got well for some time, and the expectorations returned, always passing through the same stages. He had no cough, but often made

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a loud expulsive "Hem," and he was unable to make a long continuous expiration.

Dr. Routh then read a paper on

THE EXPERIENCE OF VARIOUS KINDS OF TREATMENT IN PNEUMONIA.

The author, after recapitulating the leading points of his former paper, considered, 1st. The question as to the influence of blood-letting in the treatment of pneumonia in regard to mortality. He denied the normal mortality from that disease could be accurately given, showing from a table he had collected, that it varied from 3 up to 31 per cent. out of some seven thousand cases. He particularly alluded to age, sex, and complication as affecting mortality. At the extremes of life it was very fatal, but benignant at intermediate periods. It was more fatal among females; and complications of other diseases, chiefly phthisis and Bright's disease, greatly increased it. Thus a selection of favourable ages only, a diminution of the number of females, in the number of complicated cases would generally diminish the mortality.

2nd. Dr. Routh then considered the treatment by blood-letting singly, instancing first two series of cases from Bouillaud, which he showed were not fairly selected according to age, sex, and complication. Also two series of cases from Grisolle, in one-third of which only had blood-letting succeeded in curing the disease; in the remaining it had failed, necessitating the conjunction of antimonials; lastly, he alluded to cases similarly treated by Dietel of Vienna; the mean mortality from the blood-letting treatment was 16·5 per cent. Dr. Routh then considered the treatment by blood-letting, combined with tartar-emetic, instancing the cases recorded by Dr. Hughes, of Guy's Hospital, and others occurring in the practice of Drs. Walsh, Peacock, and Taylor. These cases appeared to be in no way selected; indeed, as a rule, very unfavourable, the complicated cases amounting in those of Dr. Hughes to 51 per cent., in the others 53 per cent. He also alluded to some cases similarly treated by Grisolle. The mortality obtained by these gentlemen was—

	Simple Pneumonia.	All cases.
Dr. Hughes	2.2 per cent.	24 per cent.
Drs. Taylor, Peacock, and Walsh	3.2 ,,	30 ,,
Grisolle		25·4 ,,
Mean		26 ,,

3rd. He then alluded to the treatment by tartar-emetic singly, instancing cases from Louis, and Grisolle, and Dietel, giving a mortality out of 170 cases of 18 per cent. These cases were remarkable as generally recovering with very little loss of strength; and in comparing this kind of treatment with that by tartar-emetic and blood-letting, conjoined by blood-letting singly, the result proved that that by blood-letting and tartar-emetic conjoined was the most fatal, because the most depressing.

4th. Dr. Routh then dwelt on the treatment by chloroform, selecting Varentrapp's cases as the best recorded; but even these were not fairly selected, because containing too small a number of females. The mortality he obtained was 4 per cent., or, including some other cases, which he ought not to have omitted, 11¼ per cent. A larger number of cases collected by Vacherer, Baumgartner, and Helbeing (193) gave a mortality only of 4¼ per cent., but he could not speak as to their assertion, not having been able to find the original documents.

5th. Dr. Routh then spoke of the results obtained by dietetic treatment only. These were of two classes, those obtained by homœopaths (*i. e.* in those cases where they had been also diagnosed and investigated by legitimate practitioners) and those obtained by experiments directly made by legitimate practitioners themselves. From Jessier's cases the mortality was 14 per cent.; from Dritel's experiments out of 189 cases so treated the mortality was 7·4 per cent.; Dr. Todd's treatment was also much less energetic. He discouraged blood-letting and tartar-emetic, trusting chiefly to the liquor ammoniæ acetatis, and giving the patient support.

6th. Dr. Routh then proceeded to speak of the treatment which he recommended. The indications were, first, to diminish the general fever, especially the increased cutaneous and pulmonary respiration. The former was affected by the tincture of the root of the aconitum napellus, on the action of which, in small and poisonous doses, he dwelt at length, and especially in reference to its certainty of action and utility as compared with the ordinary tincture of the Pharmacopœia; the latter indication was effected by oleaceous inunctions which cooled the skin very rapidly.

The second class of indications was to relieve the local symptoms, which was best effected by the employment of Junot's exhausting apparatus, which did all that blood-letting could do, but saved the patient's blood, and by dry cupping, or counter-irritation largely, by turpentine according to Dr. Todd's plan, or blisters followed by repeated dressings of cotton, so as to deprive the system of a large quantity of fluid ingredient. The last class of indications to be fulfilled was that which had reference to the support of the patient. He objected altogether to the "diète absolue" of the French, recommending the ordinary middle diet of hospitals, or beef tea from the first, to obviate the tendency to death by depression. He occasionally gave small doses of tartar-emetic during the first days of the disease, to promote expectoration, and perhaps an alterative mercurial. Under this treatment he had been generally very successful in pneumonia.

Dr. Webster said his experience was in accordance with the Registrar's Returns, that the mortality from pneumonia was greater amongst males than females. Prior to the period of puberty the disease was very fatal. In the case of insane patients, especially those recently become insane, pneumonia often terminated in gangrene of the lungs, though such a termination was very rare with ordinary patients. The method of treatment pursued in France, Germany, and Italy he thought ill adapted to Englishmen, owing to the diversity of constitution and diet. He would occasionally bleed for pneumonia, but not to such an extent as formerly. In the case of children he preferred real to dry cupping. Tartar-emetics he considered a valuable remedy in addition to bleeding. One of the best remedies was that of blisters applied repeatedly. He would give mercury after bleeding and blistering to produce moderate salivation.

Dr. Richardson said that he had referred some years ago to the fact that chloroform would almost of necessity cure rheumatism, pneumonia, or any other disease attended with hyperinosis of the blood, since the time he had treated a child suffering from acute inflammation of the lungs by keeping it for three days under the influence of chloroform without the use of medicine. On the fourth day the child expectorated freely, and on the sixth was well, having recovered without any of the depressing symptoms usually following the ordinary method of treatment. Like bleeding, chloroform should be administered early.

Dr. Camps advocated a mild treatment of the disease, and said he believed many cases recorded as pneumonia would be found on a more careful diagnosis to be capillary bronchitis.

The author having replied, the Society adjourned.

THE PATHOLOGICAL SOCIETY OF LONDON.

April 17.

Mr. Arnott, President, in the Chair.

Dr. Bristowe exhibited specimens of

TUBERCLE IN SUBPERITONEAL TISSUE OF THE INTESTINES.

The mucous membrane of the affected tracts of bowel showed numerous ulcerations, and in one place actual perforation had occurred, from which death by peritonitis had resulted. The interesting feature in the case was that the deposit of tubercle had been not in the mucous membrane but in the peritoneal investment. That such had been the case, and that the ulcerative processes had proceeded from without inwards was conclusively shown by the specimens which exhibited the tubercles in all stages of progress. The bronchial glands contained tubercle, but the lungs were quite free from it. The symptoms of the disease had existed for about a year.

Dr. Brinton showed two specimens of

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DISEASED AORTIC VALVES.

In the first case a man who was known to have been three months ill, and to have suffered from pericarditis had died of dropsy. He had displayed the usual symptoms of diseased heart, and the pulse had been characterized by a well-marked jerk. The chief stethoscopic peculiarity was the absence of the second sound. The autopsy showed a perforation the size of a pea in the aortic semilunar valve nearest to the pulmonary artery. In the second case the man had never had dropsy, and had died apparently from bronchitis, the heart not being supposed to be diseased. The pulse had manifested no jerking quality, and to the stethoscope the only difference from the sounds of health was, that the second sound was scarcely so sharp and clicking as usual. The autopsy discovered extensive disease of the aortic valves, which were much thickened and contracted. It was not, however, certain that they had been functionally incompetent.

Dr. Peacock exhibited the

LIVER OF A MOUSE, WITH CYSTS CONTAINING CYSTICERCI.

The cysts attached to the liver in this case had originally been three in number, but one of them, which must have been of considerable size, had been removed before the preparation was sent to Dr. Peacock; the others, one of which was still entire, were about the size of small peas. Two specimens of the cysticercus fasciolaris(?) removed from the cysts were also shown in the preparation. One of them was about four lines long, and exhibited to the naked eye the remains of the usual caudal vesicle of considerable size, and under the microscope displayed the hooklets encircling the anterior extremity, but no distinct suctorial disks. The second worm was about 3½ inches in length, the caudal vesicle was very small, the body rounded by regular transverse rugæ, and the anterior extremity provided both with hooklets and four suctorial disks, but there was no appearance of any sexual system. The appearance of the worms under the microscope was carefully described and illustrated by sketches by Mr. Tuffin West.

Dr. Peacock said, that the interest of the paper did not consist in the rarity of cysticerci occurring on the liver of the mouse, for he was informed by Professor Owen that they were very commonly found both in mice and rats during winter, but in the fact, which might be regarded as well ascertained, that the cysticercus fasciolaris is only the preliminary stage in the development of a species of tænia—the crassicollis, which infests the alimentary canal of the dog and cat. The worm while confined in the cyst in the liver of the mouse or rat, having no sexual system, but becoming fully developed and acquiring a sexual system when received into the alimentary canal of other animals. It was also probable that other of the cystic worms, as the echinococcus, which are found in cysts in the viscera of some animals, underwent a similar development into worms of the cestoid order when received into the alimentary canal of other animals.

Mr. Ward brought before the Society a specimen of

FIBRO-ADIPOSE HYPERTROPHY OF THE AREOLAR TISSUE OF MUSCLE.

The tumour, the size of a flattened goose-egg, had been removed from the upper part of the gastrocnemius muscle of a child under the care of Mr. Curling in the London Hospital. The disease had been progressive for at least five or six months, and had apparently caused the severe form of talipes equinus, from which the child suffered. It had at length been excised by operation. During the excision, the tumour was found to be much less distinctly limited than it had previously felt. When cut across, it was seen to consist of whitish-yellow fibrous material, through which ran bundles of muscular tissue. Under the microscope, the added elements were seen to be partly fatty and partly fibrous, and the disease appeared to consist essentially in hypertrophy, with degeneration, of the cellular tissue intervening between the muscular bundles. Mr. Ward remarked upon the extreme rarity of the specimen, and stated that he conversed with Professor Paget on the subject, who informed him that he had never met with a like example.

Mr. Ward also showed a specimen of

BOWEL RUPTURED BY ATTEMPTS AT TAXIS.

The specimen, and a drawing which was also shown with it, exhibited a portion of the ilium, from which hung a large pouch, bearing the evidences of recent constriction at its neck, and ragged and sloughing at its extremity. The part which had been strangulated had included only about two-thirds of the calibre of the gut. The case was one in which the taxis had not been roughly employed, but used with considerable caution. The tumour had diminished under its employment, but had not been quite reduced.

Mr. Salter exhibited an example of

CANCELLATED EXOSTOSIS FROM A TOOTH-FANG.

In ordinary exostosis from the fangs of teeth, the deposit consists merely of layers of crusta petrosa, and is destitute of vessels. In the example shown, the structure was very vascular. Specimens, showing the peculiarity, were put under the microscope.

Mr. Salter showed also a specimen of

FATTY DEGENERATION OF THE TOOTH-PULP.

The tooth had been extracted some time after its death from the ordinary form of necrosis of its whole fang. On examining its pulp with the microscope, it was found to contain enormous numbers of fat globules, the result of fatty degeneration. Mr. Salter remarked on the circumstance that the tooth-pulp does not normally contain a particle of fat. The specimen adduced was an interesting proof that, notwithstanding the absence of adipose material, yet, as soon as death has occurred, the same form of degeneration occurs in it as in other structures. The dentinal tubes themselves had also been found to contain fat molecules.

Dr. Quain presented specimens of

RUPTURED HEART, AND SANGUINEOUS CYST FROM THE ARACHNOID.

Both specimens were taken from the same subject by Dr. Cave Brown and Mr. Blake, of Tamworth. The individual, at his death aged 55, had some years previously received a severe injury of the head, and subsequently suffered from fits. Recently, whilst running in the streets at Tamworth, he died suddenly. On removing the skull, on the surface of the arachnoid was seen the cyst presented to the Society. It will be seen to be about 5 inches long, 3 inches wide, reniform and flattened; it is elastic, and seems to contain fluid. The cyst was considered by Dr. Quain to be formed by changes occurring in blood which had been effused at the time of the original blow on the head. The rupture of the heart, which was the immediate cause of death, is seen to be situated on the anterior surface of the left ventricle. It is about half an inch in length, and extends through the walls. Leading up to this rupture is a branch of the coronary artery ossified and obstructed. The walls of the heart are covered more or less with fat, they are pale and flabby, and will be found to present fatty degeneration in various stages and degrees. The change being most evident near the seat of rupture,—that is, in the part of the heart to which the branches of the obstructed artery were distributed.

Dr. Quain said that, independently of the various interesting facts which this exhibited, it was curious to observe, as in the preceding specimen, presented by Mr. Salter, in which a tooth pulp had undergone fatty degeneration, that, whether it was in the pulp of a tooth, or in the most vital organ of the body, when nutrition was interfered with this process of fatty decay or degeneration occurred.

(To be continued.)

EPIDEMIOLOGICAL SOCIETY.

MONDAY, APRIL 2.

Dr. BABINGTON, President, in the Chair.

THIS being the Annual Meeting, a Report of the proceedings of the Society during the past year was read by the Secretary, Dr. McWilliam. The financial statement showed the amount of receipts during the year (including a balance in hand at the previous annual meeting of £58 8s. 9d.) to be £153 14s. 9d.; expenses, £99 12s. 7d., leaving a present balance in hand of £54 2s. 2d. The following was the return of the number of

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Members:—Resident, 100; Non-resident, 27; Corresponding, 78; Honorary, 6. The Report alluded to an unsuccessful application on the part of the Society to Government, through Lord Palmerston, for pecuniary assistance; and, having enumerated the papers read and books presented during the year, it detailed the labours pursued by the various committees of the Society. Reference was made to the Compulsory Vaccination Act, the result of which was, that the public vaccinations of children under one year old, in England and Wales, had increased from 201,271 in 1853, to 408,824 in 1854. This result, however, fell short of what might be attained under a better administrative system; which the Small-pox and Vaccination Committee was endeavouring to introduce. The Cholera Committee had received some satisfactory answers to queries sent to the Medical officers of the Baltic and Black Sea fleets; but the returns from the Profession at home and in the colonies were insufficient to afford a basis for a report on cholera. Another committee was doing its best to urge on the Government the adoption of a system for supplying the labouring classes with nurses in times of epidemic and other sickness; the nurses to be chosen from the many now unemployed females in the workhouses, who might be trained for the purpose.

A paper was read by Mr. F. J. Brown, on the prevalence of typhoid fever, and the absence of typhus fever at Rochester and Strood.

The object of this paper is to show, that only two out of the four species of continued fever, enumerated by Dr. Jenner, have prevailed in Rochester and Strood, during the last four years.

The author, prior to the beginning of 1851, had not learned to distinguish betwixt the species of continued fever, having not till that time read Dr. Jenner's views "On the Identity or Non-identity of Typhoid and Typhus Fevers;" and having been in the habit of using the designations of "Typhus," "Synochus," "Synocha," and "Relapsing Fever."

From abundant opportunity of observing the fevers that occur in Rochester and Strood, Dr. Brown has come to the conclusion, that the only fevers prevailing in these two towns, are typhoid and febricula. Since November, 1850, he has sought diligently, but without success, for typhus, and for relapsing fever, as well in Chatham as in Rochester and Strood.

Typhoid fever, according to Dr. Brown, is now absent for more than a month at a time, but at certain periods of the year there is an increase in the number of cases.

Dr. Brown is at a loss to account for the absence of typhus fever from these two towns, and the adjacent country. There is communication with London, where typhus and typhoid fevers occur in tolerably equal proportion. Tramps pass through the town, sleeping in the lodging-houses, yet no typhus is propagated by them. Two of the predisposing causes of typhus do not exist to any amount in Strood, Rochester, and Chatham—there are destitution and over-crowding.

As a cause of typhoid fever, bad drainage exists in these towns. The author, indeed, considers that typhoid fever is nothing else than night-soil fever, and that in every instance of this fever of nuisance, night-soil, if looked for, may be detected in or near to the residence of the fever patients.

Respecting the contagious nature of typhoid fever, the author states, that a succession of cases in the same house, was of frequent occurrence; but that he knew of no instance in which the fever was contracted by a temporary visitor. The author next proceeds to a complete analysis of the disease, developing the character, cause, and duration of its symptoms, and concludes with a series of elaborate statistical tables, illustrating the ratio of febrile complaints to other forms of disease, the proportion of typhoid fever, among febrile complaints; the numbers occurring during each of the four years; the mortality in each year; and the pathology of typhoid fever; and conveying other valuable information regarding this disease.

A paper was then read by Dr. Camps, on the occurrence of fever at Cowbridge, South Wales, and at Sible Hedingham, Essex.

Dr. Camps commenced his paper by remarking that towards the end of the past year, 1854, in consequence of an outbreak of cholera at Bridgend, in Glamorganshire, he visited that place by order of the General Board of Health, and whilst there his attention was directed to the occurrence of fever, in the autumn of the preceding year, at Cowbridge, in the same county, a small town situated between Bridgend and Cardiff, and containing a population not much exceeding 1000 persons. Horse-races are held at this place, and during the race-week it has been the custom of the neighbouring gentry to assemble together at one or more balls. In November, 1853, two balls were held, separated by one intervening night, and it was immediately after these, that many of those who were present were seized with symptoms of alarming disorder, and which, in not a few cases, terminated fatally. From repeated inquiries, and of various persons, some of whom had attended these balls, the author learnt that this disorder assumed all the characters of a very bad and malignant fever; and no matter what part of the country they came from, or returned to afterwards, very many of them suffered, and some died, of a disorder described and designated as fever. These balls were held at the chief inn in the town; and in rooms partially fitted up for the occasions. Dr. Camps then read an extract (too long to quote here) from the report of the Inspector of Nuisances of the town of Cowbridge, drawn up after an authorized inspection, made soon after the occurrence of the fever, as bearing upon the presumed origin of the disease. He stated that, although there were some slight discrepancies in the statements made by different persons, in regard to the number of individuals of both sexes who were present at these balls, as well as to the number of those who became ill afterwards, and even of those who died; yet, in the main, there is that amount of agreement between them, so that these statements are in nowise invalidated by each other. He was frequently in the company of those who had been present, as well as in that of a very intelligent medical practitioner who had attended upon many of those who suffered; and all authorities from whom Dr. Camps had been able to procure trustworthy information on the subject agreed in representing the disorder as typhus fever of a very low and malignant type, characterized by extreme debility and prostration of strength, and in some cases attended with hemorrhage from the intestinal canal. At this distance of time from the outbreak of the fever, it was by no means easy to procure exact statistics as to the numbers of both sexes who were present, of those who were seized with the disorder afterwards, or of those who died; yet it may be affirmed, with tolerable certainty, that from 100 to 140 persons attended these balls; and it is certain that many of these were attacked with severe illness afterwards, and of these it is almost certain that not less than eight or ten, and possibly more, died in consequence of the disorder; and it should be remembered that this fever, whether fatal or not, occurred for the most part, in a class of persons who when ill would procure for themselves all that medical skill could accomplish towards their recovery.

On the second part of his paper, viz., "The occurrence of Typhus Fever at Sible Hedingham, Essex," Dr. Camps remarked that there had been such an amount of an epidemic disease—typhus fever—in the parish of Sible Hedingham, almost throughout the year 1854, and which increased to such a further degree towards the end of that year, and especially, although not exclusively amongst the poorer population, that the Board of Guardians of the Halsted Union, acting upon the report of their medical officer, made application to the General Board of Health for a Medical Inspector to visit that place and report upon its sanitory condition, and more especially with reference to the prevalence of fever there. The area of the parish measures 5289 acres, having a population amounting to 2346. As might be expected, it is precisely in those parts of the parish where the foulest nuisances have been suffered to exist and continue, together with other sources of epidemic disease, that fever had most extensively prevailed.

In the first house containing fever patients, that he entered, six or seven human beings had been attacked with fever. The husband, wife, three or four young children, and a young man in their employ, had all suffered with more or less severity; the latter, and the mistress of the house, were then lying in a critical state, with well-marked symptoms of typhus fever.

Close to the churchyard and below the level of the churchyard walls, was a group of cottages altogether unfit for use as dwelling-houses, as well from their position, as from other conditions; and here fever had done its deadly work, for in one family as many as ten or eleven persons had been attacked: and in another eight or nine persons; and in many cases on this spot the fever had proved fatal. Since the end of March, 1854, there had been no less than one hundred and twenty-

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two cases of fever under treatment, and the disease had existed, and had even proved fatal before that time. During the year there had been upwards of thirty fatal cases, and most of these had succumbed since the month of May. At the time Dr. Camps left Sible Hedingham, there were forty-eight cases under treatment. There had been, moreover, five or six fatal cases of cholera during last year, and one of these was a respected Medical practitioner. The author visited these fever-patients in company with the Medical Officer of the district. Mr. Mullings, a very intelligent practitioner, had observed that many of them had suffered from typhus fever in its severest form. In some of the worst and fatal cases there was frequent hæmorrhage from the intestinal canal; in many there existed severe pulmonic complication; and some of the cases were attended with relapse of the disorders. Dr. Camps concluded his paper by reading some extracts from the Registrar's notes, as showing still further the close connexion that exists between the general sanatory condition of many places in England, and the greater or less prevalence of epidemic disease, and particularly of fever.

Mr. Charles Hawkins alluded to several circumstances connected with the fever at Cowbridge, and stated that while many of the persons present at the hunt ball left the district and were attacked, those who remained in the immediate neighbourhood, and who did not attend the ball, were unaffected; out of forty cases, about twelve died.

Mr. Pilcher related the particulars of the attack, and subsequent death, of several persons known to himself.

Dr. Glover asked if no suspicion attached to the food taken on the occasion of the ball.

Mr. Hawkins said there was no derangement of the stomach or bowels in the early stage of the attacks, so that it was not probable that the poison could have been taken in the food. Moreover, other persons partook of the food after the ball, and no ill effects followed.

Dr. Jeanneret related a case in which several persons died of fever after a sudden exposure to severe cold, and suggested that the very low temperature of the ball room (which had been a matter of complaint on the occasion) might have been the means of producing the fatal results at Cowbridge.

Dr. Snow said that common poison would have produced its effects earlier than in most of the Cowbridge cases, and that death must have resulted from some morbid poison. This might be taken into the alimentary canal; and he thought the circumstances attending the deaths, combined with what was known of other cases, threw some suspicion on the diet.

The author having replied, the following members were declared duly elected as officers of the Society for the ensuing year:—

President.—Benjamin Guy Babington, M.D., F.R.S. *Vice-Presidents.*—Thomas Addison, M.D.; Richard Bright, M.D., F.R.S.; Sir B. C. Brodie, Bart., F.R.S.; Sir William Burnett, K.C.B., K.C.H., F.R.S.; Sir C. M. Clarke, Bart., M.D., F.R.S.; Rev. Thomas Dale, M.A., Canon Residentiary of St. Paul's; R. D. Grainger, Esq., F.R.S.; Sir Charles Hastings, M.D., D.C.L.; *H. F. Hough, M.D.; Sir John Liddel, C.B., M.D., F.R.S.; John Nussey, Esq.; John Propert, Esq.; Andrew Smith, M.D., Director-General of the Army and Ordnance Medical Departments; Thomas Southwood Smith, M.D.; Colonel Sykes, V.P.R.S.; Thomas Watson, M.D. *Treasurer.*—Thomas Addison, M.D., *Vice-President. Honorary Secretaries.*—J. O. M'William, M.D., F.R.S., R.N.; J. H. Tucker, Esq. *Foreign and Colonial Secretaries.*—Belgium: A. Sayer, M.D., 28, Upper Seymour-street, Portman-square. East Indies: James Bird, M.D., 27, Hyde-Park-square; C. Finch, M.D., 58, Porchester-terrace, Bayswater. Egypt and Syria: William Camps, M.D., 52, Park-street, Grosvenor-square. France: Waller Lewis, M.B., F.G.S., 11, Hanover-terrace, Regent's park. Germany and Russia: E. H. Sieveking, M.D., 3, Bentinck-street, Manchester-square; W. E. Swaine, M.D., Scarborough. Greece and Italy: C. R. Walsh, Esq., 42, Half Moon-street, Piccadilly. Portugal and the Brazils: J. O. M'William, M.D., R.N., F.R.S., 14, Trinity-square, Tower-hill. Sweden, Norway, Denmark, and Iceland: R. Gordon Latham, M.D,, F.R.S., 7, Upper Southwick-street, Hyde-Park. West Indies and North America: G. Milroy, M.D., 30, Fitzroy-square; Hector Gavin, M.D., 5, Thurlow-place, Hackney-road. *Other Members of Council.*—*C. L. Bradley, Esq.; A. Bryson, M.D., F.R.S., R.N.; Burford Carlill, M.D.; R. Cross, M.D.; Headlam Greenhow, M.D.; *Rev. Richard Holt, M.A.; E. Headland, Esq.; T. Hunt, Esq.; *J. N. Jakins, Esq.; C. F. J. Lord, Esq.; J. F. Marson, Esq.; *Rev. M. Mitchell; G. Pilcher, Esq.; B. W. Richardson, M.D.; E. C. Seaton, M.D., F. Sibson, M.D., F.R.S.; J. Snow, M.D.; *J. Waters, M.D.

The Society then adjourned.

* Those gentlemen to whose names an asterisk is affixed were not on the Council last year.

HEALTH OF THE ARMY BEFORE SEBASTOPOL.

[We have been favoured by Dr. Andrew Smith with the following official communication.]

Before Sebastopol, 23rd April, 1855.

At the close of last week the number of sick that remained under treatment was 3599; at the close of this there were 3499, and of these 356 are cases of wounds.

Last week the number of deaths was 100; this week it has been reduced to 60, and of these 7 were from gunshot injuries.

The ratio of admissions to strength this week has been 3·85 per cent., and the deaths 0·19 per cent.

Fevers and bowel complaints continue to be the most prevalent diseases, but since active operations recommenced in the trenches gunshot accidents have again become an important item in the returns, and no fewer than 356 cases are now under treatment, nearly all of which are doing well; those that have been brought down to the new Hospital on the Castle-hill at Balaklava remarkably so; and I think from the limited experience we have yet had of this establishment it promises to realize the favourable opinion that was formed of the locality when it was first selected; and Staff-Surgeon Dr. Jephson, the Medical Officer in charge, by his talent, attention to the wounded, and careful supervision of the Hospital, does all in his power to further this desirable object. The new or regular Hospital huts, 60 feet in length, well ventilated and lighted, which have recently been erected there are a great improvement on the common barrack hut, and we have got them fitted up with light iron bedsteads, with canvass bottoms, which adds greatly to the comfort of the patients. We are having one of the long huts divided into compartments for the accommodation of officers, which will be an improvement on the close cabin of a steamer in Balaklava harbour.

Fevers, though still numerous, are much milder in character; and in the 41st, 79th, 93rd, and 95th regiments, which were suffering most from these complaints, there has been a decrease of mortality of more than one-third this week, as compared with the last.

Last week the deaths in these regiments from fever were 18; this week they have been 11, and the decrease in the number under treatment in them for fever is 64.

The Hospital of the 79th Highlanders has been removed to a more eligible site within the last few days, and a reinforcement of Turks having arrived in the lines the whole of the regiment was to change its ground on the 21st instant.

Bowel complaints have decreased in number, and are for the most part much milder in character. But two cases of diarrhœa have been admitted, one into the Hospital of the 7th Fusiliers, on the 19th instant, and the other into the Hospital of the 34th regiment, on the 21st instant; which have exhibited symptoms of cholera. There is nothing in the general character of the bowel complaints prevailing at present to lead one to suppose these cases to be anything more than sporadic cases; but still cholera in any shape is a disease that cannot be viewed without anxiety.

The duty, both trench and fatigue, has been heavy, but the general health of the troops has not suffered materially from it; and the morning parade before daybreak, though perhaps a very necessary precaution, in a military point of view, in an army before a besieged city, is not a measure one would recommend on sanitary grounds—but in such cases the greater risk necessarily outweighs the anticipation of lesser evils.

At present, the Army is as well fed, clad, and cared for, as any army can possibly expect to be in the field, and the men exhibit it in their healthy, cheerful countenances,—a happy contrast to what it was three or four months ago.

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The best proof we have of what the sanitary condition of the Army would be under ordinary circumstances, is to take the Brigade of Guards, and the Cavalry Division where the duty is moderate, and there is no exposure at night in the trenches, and here we find that no casualties have occurred during the week; and the sickness does not exceed 6½ per cent. in the Cavalry.

THE DEATH OF DR. GAVIN.

Just as our last paper was put to press, we received the melancholy intelligence of the sudden death of Dr. Hector Gavin, at Balaklava. The simple announcement led us at first to conclude that this gentleman had been overtaken by some fatal disease, and that, like many of his brethren before him, he had fallen in the midst of Professional avocations.

The telegraphic communication, however, brought the mournful intelligence that our late friend has fallen by the hand of a brother, who, by the accidental handling of his rifle, thus in one moment deprived himself of a valued relative, the country of a highly esteemed Professional servant, and an attached family at once of husband and father, plunging them into sudden and overwhelming grief.

The most reliable intelligence yet received states the death of Dr. Gavin to have taken place at Balaklava, on the 21st ultimo. It appears that he had been at Balaklava about a month, and had taken up his quarters in the hut of his brother, Mr. William Gavin, a Veterinary Surgeon. On the night of the 20th, the conversation after dinner having turned upon their revolvers, Dr. Gavin referred to one with which he had provided himself before he left England, and handed it down to his brother for inspection. The latter took it, and the probability is that he was ignorant of the fact that it was both loaded and capped, or it may be that, though he knew this, he was not aware of the fact that the construction of the revolver was such, that the mere pressure of the trigger discharged the piece. Certain it is, that, taking it into his hands, the trigger instantly fell, and the piece, pointed at his brother, became the vehicle of the murderous ball which entered the groin and lodged in the back. It is stated that Dr. Gavin at once was conscious of the fatal character of the wound, and sought to meet his approaching end with calmness and resignation. Drs. Sutherland and Matthews were summoned, but no help could be afforded, and, after three hours of great agony, the victim of this melancholy catastrophe expired. Mr. William Gavin, it is said, has made a deposition of the facts of the case.

Dr. Gavin's career has been very brief, but one of great practical usefulness. He died in his 39th year, and the best part of his life had been devoted to the interests of the poor of this great metropolis. Of his early history we know little, but the following facts may be taken as a fair index of his public works:—He was M.R.C.S. Eng., 1843; M.D. Edin., 1836; L.R.C.S. Edin., 1835; F.R.C.S. Edin., 1838; Physician to the General Post Office; Superintending Inspector to the General Board of Health, 1853; Medical Inspector to the West India Colonies 1851-53; formerly Surgeon to the London Orphan Asylum; and British Penitent Female Refuge; Lecturer on Forensic Medicine, Charing Cross Hospital; Editor of the "Journal of Public Health;" Author of works on "Feigned Diseases;" on "The Unhealthiness of London, and the Necessity of Remedial Measures;" "Sanitary Ramblings;" "Investigation into the Sanitary Condition of London;" "On the Habitations of the Industrious Classes;" and other Sanitary Reports.

At the close of last year, his great experience in sanitary matters, gained in Newcastle, Leeds, and other places, added to the valuable services rendered during the visitation of cholera in the West Indies, marked him out as a proper man to be sent to the seat of war. In accepting an offer of Lord Palmerston to go out as a Sanitary Commissioner to the Crimea, Dr. Gavin, it is well known, made a great sacrifice in relinquishing a prospective lucrative, and permanent appointment at home. The cause in which he went out was one near to his heart, and though his death is not attributable to causes connected with his duties, he may truly be said to have fallen in the service of his country.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 27th ult:—Messrs.

Bletchly, Edmund, Ashley-crescent, City-road.
Capron, Edward, Guildford, Surrey.
Ferguson, Charles, Army.
Heathcote, Godfrey, Army.
Lever, John, Army.
Lownds, James Richard, Newcastle-upon-Tyne.
Procter, James Cooper, Lydd, Kent.
Shoolbraid, John, Army.
Wales, Thomas Garneys, Downham, Norfolk.

At the same meeting of the Court, Mr. Robert Creighton, of H.M.S. *Trafalgar*, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date 18th May, 1849.

Licentiates in Midwifery.—The following members of the Royal College of Surgeons of England, having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board on the 1st inst.:—

Burton, William, Chatham, Kent, diploma of membership dated April 9th, 1855.
Dolman, Bernard Chapman, Melbourne, Derbyshire, August 10th, 1849.
Edwards, Septimus, Oswestry, March 9th, 1855.
Gummon, Benjamin William, Ellesmere, March 23rd, 1853.
Jones, Walter, Fetter-lane, December 10th, 1841.
Penhall, John Thomas, Brixton, April 23rd, 1855.
Rees, Harding, April 30th, 1855.
Strong, Henry John, Sloane-square, Chelsea, December 22nd, 1854.
Tylecote, Edward Thomas, Haywood, Staffordshire, April 20th, 1855.
Whalley, Thompson, Holbeck, near Leeds, April 30th, 1855.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 3rd May, 1855:—

Aldridge, John Henry, Christchurch, Hants.
Allingham, William.
Cooke, William Harry, Wordsley, Staffordshire.
Dolman, Bernard Chapman, Melbourne, Derby
Fox, Samuel Tregellas, Falmouth.
Johnson, William Greaves.
Jordan, Thomas Furneaux, Birmingham.
Sumpter, Walter.
White, Frederick Broad, Barnet, Herts.

University of St. Andrew's.—List of gentlemen who had the degree of Doctor of Medicine conferred upon them May 4th, 1855:—

Adamson, Alexander Rattray, L.A.C. Cupar, Fife.
Atkinson, James, L.A.C. Co. Durham.
Bland, Edward, M.R.C.S. and L.A.C. Denbighshire.
Brown, Edward, M.R.C.S. Ed. Lancashire.
Caparn, John, L.A.C. Enderby, Leicestereshire.
Coleman, John Major, M.R.C.S. and L.A.C. Wolverhampton, Staffordshire.
Dixie, Wolstan F., M.R.C.S. London.
Fennell, Sydney, Lic. Fac. Phy. and Surg. Glasgow, London.
Griffith, John, M.R.C.S. Barmouth, N. Wales.
Halse, Charles Smith, L.A.C. London.
Hedger, Alfred, M.R.C.S. and L.A.C. Guy's Hospital, London.
King, John Bishop, M.R.C.S. and L.A.C. H.E.I.C.S. Bengal.
M'Gregor, George, M.R.C.S. Ed. Glasgow.
Mantell, Alfred Adams, M.R.C.S. and L.A.C. H.E.I.C.S. Bitton, Gloucestershire.

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MARSDEN, WILLIAM FREDERICK, M.R.C.S. Guy's Hospital, London.
PORTER, HENRY, M.R.C.S. Northamptonshire.
SHEPPARD, EDGAR, M.R.C.S. and L.A.C. Enfield.
SULLIVAN, EDWARD W., M.R.C.S. and L.A.C. Ilford, Essex.
THOMPSON, CHARLES THOMASON, M.R.C.S. and L.A.C. London.
VITALIS, OTHO F., M.R.C.S. Constantinople.
WILLDERS, FREDERICK WILLIAM, M.R.C.S. London.
WILLIAMS, EUBULUS, M.R.C.S. and L.A.C. Somerset.
WILLIAMS, JAMES, F.R.C.S. and L.A.C. Southwold, Suffolk.
WILLIAMSON, JAMES, M.R.C.S. Perthshire.

APPOINTMENTS.

ST. PANCRAS ROYAL GENERAL DISPENSARY.—Dr. Smiles has been appointed one of the Physicians to the above institution.

MR. WILLIAM THOMAS FERNIE, House-Surgeon to the Royal Portsmouth, Portsea, and Gosport Hospital has been appointed Resident Medical Officer at the Birmingham Workhouse.

DR. JENNER is appointed Physician to University College Hospital.

BEQUESTS.

MISS HEBERDEN, of Exeter, has bequeathed £100 each to the Exeter Dispensary and the Devon and Exeter Institution for the Blind.

MR. R. C. CRANE, of Charlton Kings, has bequeathed £500 to the Cheltenham General Hospital.

BY the will of Miss Anne Thompson, formerly of Sackville-street, latterly of Brighton, eleven hospitals and charitable institutions are left residuary legatees. It is calculated that they will each receive about £400.

DEATHS.

CAMPBELL.—In April, Edward Willis Campbell, Esq. This gentleman entered at Guy's, and passed his examination at the London University in July, 1853. In November, 1854, he passed the College of Surgeons, and was commissioned as an Assistant-Surgeon, and appointed to the troop of Royal Horse Artillery under orders for the Crimea. In the discharge of duty there he caught scarlatina, which was followed by congestion of the brain, and he died at the early age of twenty-six years.

GAY.—March 1, at Black Town, Madras, Dr. W. Gay, aged 60.

GAVIN.—April 21, accidentally shot, at Balaklava, Dr. Hector Gavin, F.R.C.S.E., deeply regretted.—(See Memoir at p. 479.)

LEWIS.—Lately, at Hanley Castle, Worcestershire, of apoplexy, James Lewis, Esq., Surgeon, aged 68.

ROYAL INSTITUTION.—At the General Monthly Meeting, on Monday, May 7, the Duke of Northumberland, K.G., F.R.S., President, in the chair, George Ade, Esq. and William Stuart, Esq. were duly elected Members of the Royal Institution; and the following Professors were unanimously re-elected:—William Thomas Brande, Esq., D.C.L., F.R.S., L. and E., as Honorary Professor of Chemistry in the Royal Institution. John Tyndall, Esq., Ph.D., F.R.S., as Professor of Natural Philosophy in the Royal Institution.

DR. JENNER has been appointed, by the Council of University College, substitute for Dr. Parkes, as Special Professor of Clinical Medicine during the year for which Dr. Parkes has obtained leave of absence.

ROYAL MEDICAL BENEVOLENT COLLEGE.—The second Annual General Meeting was held on Tuesday, to receive the Report of the Council, and also one from the architect, as to the progress of the building. Viscount Ebrington presided. From the Council's Report, it appeared that the Annual Festival, on February 28, produced £2300; and the following bequests had been left to the Institution:—The late Mrs. Martha Jane Barr, of Brixton, £100; the late Ralph Howit, Esq., of Lincoln, £500; the late Richard Glyn Crewe, Esq., of Charlton Kings, £100; and a munificent donation of £500 from "Mrs. E. B." The building is recommended not to be opened before the first of October next, on sanitary considerations. The balance-sheet to the present time showed the receipts to be £30,809, and the liabilities to be £24,000, thus leaving £6809 in hand.

UNIVERSITY COLLEGE HOSPITAL.—The munificent offer of the Treasurer to give £300 if other contributors raised £370 has had the desired effect. By May 1 the subscriptions, in addition to the £1330 collected at the late dinner, amounted to £480, and the Baron de Goldsmid has paid his promised £300, thus raising the collection to £2110.

LOCK HOSPITAL.—At the anniversary festival held on Saturday week, the Duke of Cambridge presiding, the list of subscriptions amounted to £2200.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—The Anniversary Dinner in aid of the above Charity took place on Wednesday, at Willis's Rooms, St. James's-street. The Chair was taken by Lord Ravensworth, supported by about one hundred gentlemen, friends of the Charity. From the Report, which was read by the Secretary, it appeared that during the past year 434 patients had been admitted to the Hospital; of whom 293 had been discharged, 51 had died, and there were remaining in Hospital 90 cases, During the same period the number of out-patients relieved had been 3224, while the average daily number treated was 98. Since the opening of the building, in 1846, the statistics of the Hospital had been as follows:—In-patients, 2879; out-patients, 24,665; total, 27,544. To complete the Hospital, a sum of £3000 would be required, and towards the acquirement of that amount the efforts of all friends of the Charity were earnestly requested. The Secretary added the gratifying fact that a temporary falling off in the subscriptions, occasioned most probably by the war, had been fully made up by the legacies which had been bequeathed to the Institution. The Committee, he said, had determined upon throwing open the whole of the west wing, capable of receiving 130 patients. This extension would increase the annual expenses of the Hospital to £8080, being an average of £35 for each bed, a large sum in the gross, but considerably less per head than was entailed at present, the average being £50 per head. Having glanced at the progress of the auxiliary Sanitorium at Burnemouth and the "Home" at Chelsea, Mr. Cross concluded with the gratifying announcement that the Emperor of the French had recognized the value of the Institution by subscribing £25 to its funds. The collection resulted in an addition to the funds of the Hospital of about £1500.

SIR WILLIAM BURNETT.—A Treasury Minute has just issued, granting a special retired allowance of £1000 per annum to Sir William Burnett, K.C.B., late Director of the Navy Medical Department.

RECONSTRUCTION OF THE ARMY MEDICAL BOARD.—It is generally believed that Dr. Balfour, of the Royal Military Asylum at Chelsea, will be one of the officers intrusted with this most important office, as he has long devoted himself, and with much success, to the study of hygiene, or preventive medicine. The selection would be a most admirable one. This gentleman is well known as having laboured most indefatigably in the preparation of the Statistical Reports on the Health of the Army, copies of which were applied for by the French Government. But we need not go so far in search of his great talents and reputation. The model system of the Chelsea Asylum over which he presides, and the extraordinary improvements that have taken place in that military seminary during the last few years, are proofs sufficient of his unwearied industry and eminent skill.—*Morning Chronicle.*

ROYAL MEDICAL SOCIETY OF EDINBURGH.—During the past session, Professor Sharpey, of University College, has been elected an Honorary Member, and Joseph Toynbee, Esq., Aural Surgeon to St. Mary's Hospital, etc., a Corresponding Member of this Society.

VACCINATION.—The Annual Report of the National Vaccine Board states, that during the past year 222,532 charges of lymph have been distributed; 9198 persons have been reported as vaccinated by the stationary Vaccinators, and 153,510 by other Practitioners. The latter number, however, forms but an insignificant portion of the cases actually vaccinated, as the Return, though urgently requested by the Board, being quite voluntary on the part of our correspond-

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ents, is more frequently omitted than made. The demands for the Public Service have been numerous and unceasing. Large supplies have been sent to the Black Sea and the Baltic fleets, to two hundred and sixty emigrant ships, and to a largely increased number of depôts of regiments both at home and abroad. The militia force has also been plentifully supplied. Lymph has been sent to France, Belgium, Prussia, Hanover, Holland, Spain, Portugal, the Azores, particularly St. Michael's, Madeira, St. Helena, Sierra Leone, Persia, East Indies, Ceylon, Manilla, China, Nova Scotia, Newfoundland, Martinique, Bahia, and other places. We are informed that Small-pox has prevailed with great severity, both in isolated cases and also epidemically, in several parts of the country; as at Plymouth, Putney, Amersham, Oxford, and Inverness. Our attention has been called to the fact of contagion having been communicated in some cases by the clothes of patients who have died of Small-pox. The Board cannot urge too strongly the importance, where the destruction of the clothes of the deceased is resisted, of thoroughly disinfecting them before returning them to the relatives. The necessity of compulsory Vaccination appears from a letter of the Vaccine Institution of Cape Town. The Secretary applies for lymph, in consequence of the ravages caused by Small-pox in the Isle of France, and reports the great difficulty of keeping up a supply, in consequence of the apathy of the people, and the absence of any law compelling them to have the children vaccinated, and to bring them after Vaccination to the Institution or the District Surgeons in order to secure a supply. We regret to find that Vaccination is still imperfectly performed in some parts of England, and feel that no law can extirpate the Small-pox without great care and attention on the part of the Vaccinator. We continue, however, to receive in most cases very favourable accounts both of the lymph distributed in Great Britain, and of that sent to distant colonies. Letters from Australia, the West Indies, and Upper Canada, speak equally well of its success, and the Medical Institute of Valencia expresses its gratitude for the supply, and pronounces its brilliant results to have exceeded, in an extraordinary manner, all that had been hoped or expected from its application.

CHOLERA IN THE EAST.—Cholera has appeared, though not to any alarming extent, in the great French camp forming on the heights above the European shore of the Bosphorus. Some cases have also occurred at Pera. Scutari remains free. The hospitals at Scutari are now in admirable order, and the mortality is trifling.

CALCUTTA.—Dr. Wilson will, it is said, succeed Dr. Duncan Stewart as Professor of Midwifery at the Medical College. Dr. Bedford is expected to be appointed the Vaccine Superintendent. Dr. Allen Webb has been elected Superintendent of the Native Hospital, in succession to Dr. Jackson, who returns to England. Dr. Webb will, it is said, resign the Professorships of Anatomy and Surgery at the Medical College, on taking up his new appointment.

BOMBAY.—Surgeons Arbuckle and Stowell, and Assistant-Surgeon Mead, have been appointed Assessors at the examination for diplomas at the Grant Medical College, Bombay.

MORTALITY NOTABILIA.—The present Return discovers an increase in the deaths of the week that ended last Saturday on those of the two previous weeks. Having been in these weeks 1087 and 1132, they rose last week to 1185, of which 597 were deaths of males, and 588 of females. In the ten corresponding weeks of the years 1845-54 the average number of deaths was 990, which, if raised for increase of population by a tenth part for the purpose of comparison, becomes 1089. Nearly 100 deaths occurred last week more than the ordinary rate of mortality would have produced. Of 38 deaths from scarlatina, four occurred in Woolwich, and three in Plumstead. Five deaths from fever are returned by the Registrar of Christchurch, Southwark. Bronchitis and pneumonia were fatal in 188 cases, which are assigned in equal proportions to the two diseases. BIRTHS.—The births of 845 boys and 779 girls,—1624 children,—were registered. Average 1507.

METEOROLOGY.—The mean height of the barometer in the week was 29·844 in. The reading of the instrument rose to 30·11 in. by nine o'clock a.m. on the last day of April, which was the highest reading in the week. The mean temperature was 44°, which is 7° below the average of the same week in 38 years. It was the same as in the preceding week. The mean temperature was below the average on every day of the week, and on Friday the extent of depression below the average was so great as 11°. The mean temperature of that day was only 40·8°. The highest temperatures of Thursday and Saturday were 63·0° and 63·6°, and these were the highest in the week. The lowest temperature in the week occurred also on Saturday, and was 28·3°; the lowest on Thursday was 28·7°. The mean dewpoint temperature was 37·7°, and the difference between this and the mean temperature of the air was 6·3°. Wind north-east. No rain. Horizontal movement of air, 735 miles. No electricity.

DEATHS IN PUBLIC INSTITUTIONS for the Weeks ending April 28 and May 5 :—

	In the Week ending April 28.			In the Week ending May 5.		
	Males.	Females.	Total.	Males.	Females.	Total.
Workhouses	73	62	135	52	51	103
Prisons	9	..	9	1	..	1
Military and Naval Asylums	4	..	4	8	..	8
General Hospitals	33	14	51	49	24	73
Hospitals for Special Diseases	3	3	6	4	..	4
Lying-in Hospitals	1	2	3	..	..	..
Military and Navy Hospitals	9	..	9	10	..	10
Hospitals and Asylums for Foreigners	2	..	2	..	..	..
Lunatic Asylums	7	4	11	4	9	13
	145	85	230	128	84	212

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	...	6	17	...	4
North	490,396	4	2	7	14	2	9
Central	393,256	2	1	4	7	1	4
East	485,522	6	7	6	4	1	13
South	616,635	2	5	15	11	7	15
Total	2,362,236	15	15	38	53	11	45

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, May 5, 1855.*

CAUSES OF DEATH.	In the Week ending Saturday, May 5, 1855. Deaths of Persons.						Averages of Temperature and Deaths in 10 Weeks.
	AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	
Mean Temperature	Mean Temp° 44·0						° 48·7
ALL CAUSES	1185	575	205	166	200	39	989 9
SPECIFIED CAUSES	1182	573	205	166	199	39	982·2
DISEASES:—							
1. Zymotic Class	214	165	25	13	10	1	204·9
2. Dropsy, Cancer, and others of uncertain seat	53	9	4	20	17	3	42·8
3. Tubercular Class	229	96	88	35	10	..	193 9
4. Of Brain, Nerves, etc.	131	61	19	22	24	5	119 0
5. Of Heart, etc.	49	9	7	13	17	3	38·8
6. Of Respiratory Organs	219	110	30	23	47	4	164·9
7. Of Digestive Organs	90	30	9	18	22	1	56·0
8. Of Kidneys, etc.	9	3	1	2	3	..	10·6
9. Of Uterus; viz. — Puerperal Disease, etc.	14	..	11	..	3	..	7·7
10. Of Joints, Bones; viz.— Rheumatism, etc.	10	3	2	3	2	..	8·4
11. Of Skin, etc.	3	1	..	..	2	..	2·2
12. Malformations	5	5	..	..	..	..	3·0
13. Debility from Premature Birth, etc.	31	31	..	..	..	..	22·6
14. Atrophy	37	29	..	1	7	..	23·3
15. Age	48	..	..	..	27	21	46·7
16. Sudden	7	2	1	2	2	..	8·0
17. Violence, Privation, etc.	43	19	8	9	6	1	29·4
CAUSES NOT SPECIFIED	3	2	..	..	1	1	7·7

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BIRTHS IN ENGLAND IN THE QUARTER ENDING MARCH, 1855.—166,186 children who were born alive had their names inscribed on the registers in the three months of January, February, and March. This number exceeds by twenty thousand the numbers that appear in the return for the preceding quarter, and by five thousand the numbers in the return for the corresponding first quarter of 1854. The rate of births was 3·60 per cent. The increase of births is chiefly in London, in the West Midland Counties, in the Northern Counties, and in Wales. The natural increase of the population was 31,581 in the first three months of the present year. In the same period 36,677, or, exclusive of 2217 foreigners, 34,460 emigrants, left the ports of the United Kingdom at which the Government has Emigration officers. About 15,806 of the emigrants were of English origin; so that the natural increase by births would be diminished to this extent, if there were no compensating immigration of the Irish and Scottish population into England.

TO CORRESPONDENTS.

IN OUR NEXT NUMBER WE SHALL PUBLISH THE FIRST OF A SERIES OF ARTICLES ON THE "DIFFICULTIES OF HOMŒOPATHY."

We must apologize to several of our correspondents for the delay in the appearance of some of the original lectures and communications with which they have favoured us. When a paper is declined, early notice will be given to the author, but those papers which are accepted cannot always appear immediately, owing to the pressure upon our space, and the numerous questions of public interest which are now urged upon the attention of the Profession.

Dr. Snow will see that the subject to which his note refers has not been neglected.

Varix.—The continuation of Mr. Chapman's paper will appear very shortly.

R. M. D.—The prescriptions sent to us, supposing that the copy is correct, are not unchemical; no good effect could result from their publication. Whether they were adapted to the necessity of the case or not we have no means of judging.

Dr. Jeanneret's paper is declined with thanks. We consider that the efficacy of the proposed remedy is not sufficiently well proved at present to enable us to join in censuring the Medical Committee of the Board of Health for not recommending it. When a sufficient number of cases are collected we shall be happy to notice the subject.

Dr. Black's Lecture will appear next week.

Observer should remember that "Misery [decay] acquaints us with strange bedfellows," and therefore must not be surprised at the strange reunions and succumbing combinations to which he has called our attention.

Mr. Tucker.—There were no deaths from cholera in Christchurch and Ringwood, in 1849, on the lower part of the Avon, in Hampshire; but the epidemic was excessively fatal in Salisbury, higher up the river, which is connected with Southampton and Portsmouth by railway.

St. Bartholomew's.—We regret the circumstance; it was purely an oversight.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you kindly oblige me with your opinion on the following case:—A young woman is delivered at the eighth month, attended by a midwife. The child, which is illegitimate, goes on very well for the first ten days or so. On the afternoon of the fourteenth day it is slightly convulsed, and dies at 12 or 1 the same night—*no Medical aid* having been sought for or received. The friends apply to the Sub-Registrar, *who grants a certificate for burial.* The above facts were only ascertained upon visiting the mother, being ill with cold, etc. By what right or on what authority does the Sub-Registrar grant such certificate, without any Medical evidence? I remain, etc.

Leicester, May 9th. G. P. S.

The Sub-Registrar, in such a case, should have had a Medical certificate, or should, in its absence, have informed the Coroner of the circumstances.

Veritas.—We are not acquainted with the legal qualifications of the Practitioner alluded to. In the second case mentioned, we should recommend our correspondent to forward the particulars of the case, *with the receipted bill*, to Mr. Upton, Clerk to the Society of Apothecaries, who will no doubt sanction a prosecution. With the evidence adduced a conviction is certain.

Mr. Robert Cock will receive a private note.

Dr. Handfield Jones's paper will shortly appear. The request contained in his note cannot be complied with in consequence of the great inconvenience which has formerly been occasioned by the practice.

M.R.C.S., L.S.A.—In any scheme of Medical Reform, the circumstances alluded to by our Correspondent would no doubt be duly weighed and considered, so that therein actual practice would not be injured by an *ex post facto* law.

Mr. George Cordwent.—The meanness of Poor Law Guardians in their treatment of Medical Officers is notorious, and it is to be regretted that the Poor Law Board too often take part with the Guardians. In the present case, however, the Poor Law Board offered no opinion upon the merits of the case, and Mr. Cordwent obtained his object by appealing to a Court of Law. We congratulate Mr. Cordwent upon the result.

COMMUNICATIONS have been received from—

MR. TOYNBEE; DR. LANKESTER; THE SECRETARY OF THE ROYAL INSTITUTION; A SURGEON, R.N.; MR. LIZARS; MR. PROPERT; MR. G. L. COOPER; DR. SNOW; MR. M. HENRY; DR. JEANNERET; MR. BARWELL; DR. SMILES; DR. DAY; MR. FERNIE; DR. WOOD; MR. ANDERSON; DR. BLACK; DR. HASTINGS; G. P. S.; MR. G. CORDWENT, Taunton; VERITAS; MR. GAMGEE; MR. R. COOK, Gainsborough; DR. HANDFIELD JONES; DR. ANDREW SMITH.

APPOINTMENTS FOR THE WEEK.

MAY.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
12. SATURDAY....	Royal College of Surgeons: Lectures by Professor Hewett, On the Anatomy, Injuries, and Diseases of the Head. Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	MEDICAL SOCIETY OF LONDON, 8 p.m.: Mr. H. Smith "On Some Inflammatory Affections of the Bone and their Treatment." ROYAL BOTANIC SOCIETY, 3½ p.m.
14. MONDAY.....		MEDICAL SOCIETY OF LONDON, 8 p.m.: Physiological Section.
15. TUESDAY	Operations at Guy's, 1 p.m.	PATHOLOGICAL SOCIETY, 8 p.m. PHARMACEUTICAL SOCIETY. Noon. Anniversary.
16. WEDNESDAY..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.	LONDON MEDICAL SOCIETY OF OBSERVATION, 8 p.m., at Dr. Ballard's, 42, Myddelton-square, "Diseases of the Cerebro-Spinal System." GEOLOGICAL SOCIETY OF LONDON, 8 p.m.
17. THURSDAY....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.	HARVEIAN SOCIETY, 8 p.m.: Mr. Coulson "On Secondary Inflammations of Joints." MEDICAL SOCIETY OF UNIVERSITY COLLEGE, 8 p.m.: Mr. Gamgee "On the History of the Discovery of the Circulation of the Blood before Harvey."
18. FRIDAY	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	ROYAL INSTITUTION, 3½ p.m.

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ROYAL MEDICAL BENEVOLENT COLLEGE.

At a Meeting of the Council of the Royal Medical Benevolent College, held on the 7th of MARCH, 1855, Sir JOHN FORBES, M.D., in the Chair, the following Resolution was unanimously adopted :—

"That Ladies presenting a Donation of Five Guineas, on or before the opening of the College, on the 25th of June next, be constituted Life Governors."

The COUNCIL deeming the opening of the Institution a suitable occasion on which to secure the moral and pecuniary support of a large body of persons friendly to the cause, with a view of facilitating their accession, it has been determined that LADIES presenting FIVE GUINEAS on or before the time specified, shall be constituted LIFE GOVERNORS. It is not probable that another occasion of sufficient importance to justify a similar step will occur ; the Council therefore hope, that this exceptional Resolution will bring a numerous body of supporters and contributors, whose interest in the Institution they are most anxious to conciliate.

LADIES availing themselves of this privilege, will be entitled to a VOTE at the ELECTION of PENSIONERS and FOUNDATION SCHOLARS, which is appointed to take place on the 19th of JULY NEXT. A FORM FOR ENROLMENT may be had on application at the Office.

The FIFTEENTH LIST OF CONTRIBUTORS, which will contain the names of the Ladies presenting Purses of Five Guineas on the Opening of the College, will be published in the FIRST WEEK IN JULY.

Office, 37, Soho-square, May, 1855. JOHN PROPERT, Treasurer.

ROYAL MEDICAL BENEVOLENT COLLEGE.

Notice is hereby given, that the Election of Pensioners and Foundation SCHOLARS is appointed to take place in London, on THURSDAY, the 19th of JULY NEXT.

The Governors vote by ballot, either personally or by proxy, having votes in the proportion of One for every Guinea subscribed annually, every Ten Guineas given, every Twenty Guineas collected. Proxy papers, containing a list of the Candidates, with particulars relative to the Election, will be duly forwarded to every Governor, one month previously.

Those gentlemen whose Subscriptions are due would oblige by remitting them at their earliest convenience, as no Annual Governor whose Subscription is in arrear will be entitled to vote. The Subscriptions of New Annual Governors must be paid one month previous to the Election to entitle them to vote.

Office, 37, Soho-square, May 10, 1855.

HENRY HANCOCK, F.R.C.S., HON. SEC.
HERBERT WILLIAMS, ASSISTANT SEC.

Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.—"Mr. Dinneford's solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

This excellent remedy, in addition to its extensive sale among the public, is also very largely used in dispensing, for which the best form is in the stone jars, (half-gallon, 5s. 6d. ; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the Manufacturers.

DINNEFORD and Co., Chemists, 172, Bond-street; and all respectable Wholesale Druggists and Patent Medicine Houses.

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The objects of the Society are—

1st. To provide a safe and efficient medium by which the Medical Profession may secure more certain and regular payment for their services ; with every consideration for the convenience of those who are willing, but unable directly to discharge their liabilities ; with rigour from those who are able, but have not the disposition, to remunerate medical men.

2nd. With the machinery necessary for carrying out the foregoing purpose, to establish a means of privately negotiating the transfer of Practices and Partnerships.

3rd. A Register is kept for Assistants and Pupils.

4th. To raise a Benevolent Fund, by devoting to that object the profits arising from the general operations of the Society.

The Members of the Society consist of qualified Practitioners *only*. Annual Subscription, One Guinea ; a Firm, consisting of Two Partners, a Guinea and a half; a Firm of three Partners, Two Guineas. Fixed rates of Commission are charged on Business transacted.

Impermeable Cloth for Hospital Sheets,

SURGEONS and NURSES' APRONS, etc.

Among the numerous Indian-rubber appliances, none have been more successful than the (deodorized) preparation of cloth for Hospital Sheets, as is shown by the following letter to S. W. Silver and Co. :—

(Copy of R. G. Whitfield, Esq.'s Letter.)

"St. Thomas's Hospital, February, 1855.

"Sirs,—Your Indian-rubber sheeting having been in use in this Hospital for some time, I can strongly recommend it, feeling confident that it possesses great advantages over everything previously introduced ; it is admirably adapted for the protection of couches, beds, or for whatever other purpose such articles are usually required, not only from its great pliability and durability, but because neither the various secretions from the body nor boiling water will injure its texture ; it is far more economical (from the fact of its not being liable to crack or peel off) than the Green Issue Cloth hitherto in use after operations, and more cleanly, as a wet sponge readily removes all soil or taint from its surface.

"The stump pillows made of the same material are well conceived, and will be found invaluable in the sick room either of the peer or the peasant.

"I have the honour to be, your obedient servant,
"R. G. WHITFIELD, Resident Medical Officer.

"To Messrs. Silver and Co., Nos. 3 and 4, Bishopsgate-street,
"Opposite the London Tavern."

Adnam's Improved Patent Groats

and BARLEY.—THE ONLY EXISTING PATENT, and STRONGLY RECOMMENDED BY THE MEDICAL PROFESSION.

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The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged.

A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined :—

"Chemical Laboratory, Guy's Hospital,
"February 19, 1855.

"I have submitted to a microscopical and chemical examination the samples of Barley-meal and Groats which you have forwarded to me, and I beg to inform you, that I find in them only those principles which are found in good Barley ; there is no mineral or other impurity present, and from the result of my investigation, I believe them to be genuine, and to possess those nutritive properties assigned by the late Dr. Pereira to this description of food. (Signed) "A. S. TAYLOR.

"Messrs. J. and J. C. Adnam and Co."

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call the attention of the Medical Profession to his PATENT FERRUGINOUS, or STEEL BISCUITS. They are a most agreeable and efficacious tonic, perfectly destitute of medicinal flavour, prompt and certain in their action, and particularly adapted to cases in which the ordinary steel medicines have become irksome of offensive to take, as also in the ailments of children.

Sold in boxes, at 1s. 6d., 2s. 6d., and 5s. each, at the Patentees, 254, High-street, Southwark.

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—"I am myself an admirer of this beverage, and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English Physicians, as a very agreeable and efficient tonic, and as a general beverage both for the invalid and the robust.—Giessen, May 1."

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IMPERIAL MEASURE Quarts, Pints, and, for Luncheon, Half-Pints. Also in Casks of 18 Gallons and upwards.

Dr. Kahn's Museum Re-opened at

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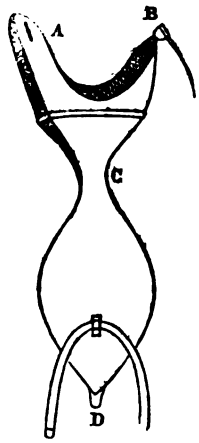

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F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot warrantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

F. WALTERS,
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SQUARE.—Under Her Majesty's especial patronage.—The West-end Depôt for the Sale of Dr. STRUVE'S celebrated MINERAL WATERS, prepared at the Royal German Spa, Brighton.—W. BEST begs respectfully to inform the Medical Profession, and the public generally, that he has been appointed West-end Agent for the sale of the above Waters; and, as he is continually receiving fresh supplies direct from Brighton, all the Mineral Waters will be warranted in the highest state of perfection.

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TESTIMONIAL.

We, the undersigned Physicians and Surgeons, having been requested to state our opinion of this Asylum, can truly affirm that in the exercise of our Profession, we are frequently called upon to witness cases of suffering of the class which it is proposed to relieve by this Institution.

We know but too well that many incurable cases annually pass through our hands, either as Hospital Physicians and Surgeons, or whilst engaged in private practice.

The proposed Hospital can in no way interfere with any existing Hospitals; it will, on the contrary, by providing a refuge for Incurable persons whose former station in life unfits them for the workhouse, relieve us from the pain of dismissing these afflicted individuals to certain want and increased suffering, often the more poignant from their having partaken of the care and comforts of a Hospital.

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SIR JAMES ANDERSON, M.D.
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To the Governors of the Royal Medi-

CAL BENEVOLENT COLLEGE.—Your Vote and Interest is earnestly requested on behalf of JOHN OLDHAM, aged eight years, (son of the late Mr. George Oldham, M.R.C.S. and L.S.A.,) who is a Candidate for admission as a Foundation Scholar into the School of the Medical Benevolent College.

The father (Mr. George Oldham) practised as a Surgeon for nineteen years at Alfreton, Derbyshire, and was instantaneously struck dead by lightning on the 29th of May, 1854, leaving a Widow, and *eleven* Children all under fifteen years of age. Any further particulars, if required, will be gladly furnished on application to the Rev. Thos. Lund, Morton Rectory, near Alfreton; or to Mrs. Radley, 56, Torrington-square.

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Tenders, with Testimonials of character and fitness for the office, together with the age of the Candidate, are requested to be forwarded to me not later than the 1st of June next, and the same will be taken into consideration by the Board of Guardians, on Monday the 4th.

The Dispenser will be required to enter on his duties at Midsummer next.

T. GRIFFITHS,
Clerk to the Board of Guardians.

Bromyard Union Office, Bromyard,
14th May, 1855.

Operative Surgery.—Theatre of

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R. W. BURFORD, Secretary.

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"Honorary Surgeon to the Royal Free Hospital, etc., etc.

"To Mr. Brown."

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ORIGINAL LECTURES.

ABSTRACT OF CROONIAN LECTURES,

DELIVERED AT THE

Royal College of Physicians,

By PATRICK BLACK, M.D.

Assistant-Physician to St. Bartholomew's Hospital.

Lecture III.

Having illustrated the law of tension, and shown that it is identical with the law of the pressure of fluids, we may now state that this condition of tension overrules or supersedes every consideration dependent on the blood's *real movement*.

Hence, in speaking of the resistances which the heart has to encounter, we should not say that it has to overcome the united resistances of tension, plus friction, plus the influences of curves, (though the last scarcely deserves consideration,) but that it is opposed by tension only, for this embraces these obstacles: they are in fact absorbed into tension, which represents their cumulative influence.

Tension is not a cause of resistance *per se*, for if you were to remove all the real resistances, all tension would cease.

The state of tension, or equality of the blood's pressure in similar conditions throughout the whole arterial system, does not imply an equality in the rate of the blood's movement through all the arterial channels—yet this has been universally affirmed, though such an assertion involves a glaring absurdity. Keill argued, but his reasoning involves a fallacy, that in those small arteries which have an early origin from the aorta, and after a few divisions discharge their contents into the veins, the blood's velocity must suffer only a very slight rebatement.

Müller says, and others have followed him, that "the time in which the blood performs its course from one side of the heart varies much, according to the organ it has to traverse;" in illustration of which he says that the blood circulates through the vessels of the heart itself in a much shorter time than it circulates through the feet, and returns to the right ventricle. This would be the case if the blood's movement were everywhere of the same velocity; but this cannot be conceded. For, if we suppose that the resistance is equal at all the capillaries, the blood will be forced with greater velocity through the capillaries of the feet when an animal stands on its legs than through the capillaries of the heart itself, and in such a case there will be a more rapid transit of the blood leading to those capillaries.

So again, if an artery bears any proportion to the organ it supplies, it will result from such an admission, the pressure being the same, that the circuit of the blood will be made in equal times, whether this circuit be long or short. But the statement we are combating assumes, first, an equal rate of motion in all the vessels at an equal distance from the heart; which, if admitted, will imply an exact geometrical ratio between the sectional areas of arteries and their capillaries at unequal distances from these vessels; and, in the second place, it admits an equality in their ratios at equal distances from their capillaries, if our opponents allow that an artery bears any proportion to the organ through which it is distributed. Hence they are obliged to affirm this conclusion, that two different ratios are proportionate to each other. Therefore their argument is untenable, and it is no paradox in physiology to say that the heart, if we measure by time, instead of by distance, is as near to the capillaries of the feet as it is to those of its own walls.

Erroneous views on the subject of fatal occurrences by chloroform have received some sanction from the false doctrine we have refuted. It has been contended that the heart has, from its position, been fatally narcotised, before the chloroform has had time to reach other parts of the system. But such an opinion must fall to the ground, together with the false views on which it rests.

The physiology of the pulse claims from us some remarks in this place; for surely, if there be any point which demands from us some consent of judgment, it ought to be this. We profess, practically at least, to obey its indications, and, amidst other differences, appeal to it as a ground of common agreement.

We ought, therefore, to have no doubt as to its nature and causes, and only a little as to its value in pathology. But does this agreement really exist? Are we not, on the contrary, too justly reproached with our diversity of opinion on this fundamental point? Dr. Young (Croonian lectures) considered the pulsations of the heart so analogous to the motion of waves, or that of a sound transmitted through air, that the same calculations would be applicable to either kind of motion. But this analogy cannot be sustained; for the waves on the surface of water are the result of its motion being less resisted in one part than in another part. But in the case of the arterial pulse, the resistance is everywhere equal. If the water offered an equal resistance everywhere to an impinging force, there would be no undulation; if the arteries presented a condition analogous to the open surface of water, there would be no pulse.

Dr. Young, in opposition to his predecessors in general, held the doctrine that the pulse is not synchronous, and he deduced the velocity of its transmission from the law of gravity, whose force is generated in time; but it is perfectly clear that the pulse must be explained by a different law of motion, *i. e.* the law of the pressure of fluids, according to which the force produced is not generated in time. The two laws of motion are perfectly distinct: in one the force is generated in time, in the other it is instantaneous. Dr. Young erred in confounding the two laws, which are different in that particular which affects the question at issue, and in referring the phenomenon of the pulse to the law of gravity, instead of the law of the pressure of fluids. Though Newton was able to reduce the two to a common calculus, this does not affect our position on the point in question.

Besides, the synchronism of the pulse must be affirmed, because the contrary doctrine involves an absurdity. Thus, if the portion of blood thrown into the arteries at each contraction of the heart dilates at once in an equal degree the whole arterial system, then is the synchronism of the pulse admitted. But let us, for the argument's sake, deny this equal or simultaneous dilatation. How, then, should we deal with such a position? As the blood is incompressible, and the whole arterial system is in a state of equal tension, the whole must be equally exposed to the effect of any influence which would tend to augment that tension. If therefore only one part yielded to some new force, the part so yielding must have a less power of resistance than the part which is equally exposed, but does not yield. Therefore the commencement of the aorta must have a less power of resistance than the part which is beyond it. But the hypothesis now demands that the elastic reaction of this part shall overcome the resistance of the part beyond it. Now it cannot recoil with a greater power than that with which it has first resisted expansion. Therefore this power must be greater in the first than in the second portion of the artery; but it has also been shown to be less, so that one part has at the same time a greater and also a less power of resistance than the remaining part, which is the absurdity we proposed to indicate.

We must, therefore, affirm the synchronism of the pulse, because the contrary proposition involves a contradiction.

Professor Guy has referred the influence of posture on the pulse to muscular exertion. This is correct as the principal cause, but it can hardly be accepted as the only cause. The explanation of the increased frequency of the pulse, where muscular exertion is eliminated, is to be found in the additional force with which the blood would be pressed through the capillaries, when the weight of a vertical column of considerable height has to be added to the force, which in the recumbent posture results only from the elastic reaction of the arteries.

An attention to this is of much practical importance, pointing to the necessity of adopting the recumbent posture in sudden hæmorrhages, from a rupture of a superficial vein of the leg.

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We are indebted to Wintringham for a knowledge of the fact, that the smaller arteries are proportionally stronger than the larger ones. This fact, though so full of interest, has not been commented on by physiologists: yet how much of our security from outward violence do we not owe to this simple provision? Without it, what danger of fatal hæmorrhages; for the blood would not cease to flow from the wounds of even small vessels until secured by art, or the hæmorrhage had proved fatal.

As we have shown the power of the left ventricle to be determined by the elastic resistance of the arterial tunics, so the power of the right is determined by the analogous condition of the pulmonary arteries: and, in either case, the condition of the two arterial systems is dependent on the resistance at their respective capillaries.

As the heart's *primary* function has not been generally understood in reference to the left ventricle, we are not surprised at finding that the physiology of the right ventricle has been wholly misunderstood.

Hales has offered some judicious remarks on this subject; but no other physiologist, either ancient or modern, has thrown any light on the subject. Magendie states, that a greater amount of force is required from the left ventricle, on account of the greater length of the vessels in the systemic circulation. It is quite clear that this can have no influence on the subject. We may even say, that if an animal fabric could be so constituted that the lungs should be expanded to the same, or even a greater, length than the body, and the body itself compressed in some manner within the compass of the lungs, that no alteration in the heart's fabric would be required to adapt it to such a change. The right ventricle would still be quite equal to its function; the left only just sufficient for the execution of its task.

It is not in the length of the vascular circuit, but in the difference of the capillary resistance, that the explanation of the different force of the two ventricles is to be found. But why should this difference have been made? It is an adaptation to the relative condition of the parts. Situated as the lungs are, they are exempt from the danger and insecurity to which a weak left ventricle would necessarily expose the rest of the body. No traction or ordinary violence from without can affect their feebler vessels, nor can pressure overpower their diminished tension. They are as secure from the influence of pressure as the vessels of the brain itself. But what would be our condition if the left ventricle, and the corresponding parts of the circulatory apparatus, had been formed on the plan of the right ventricle? The velocity of the blood might have been as great as at present. But what would be its other relations? Why, every blow would be productive of a bruise; any greater violence of a hæmorrhage. The pressure from only the weight of a part would obliterate the circulation; and to lie down to rest would be to lie down to die.

Again, what other effects would ensue, if the two ventricles had been of equal power? Is it not manifest that, at every inspiration, the muscles which accomplish this act would be loaded with an additional weight, equal to the excess of the elastic force of the systemic over that of the pulmonary arteries? Would not the function of respiration, which is now so easy that we are not even conscious of its performance, be under the change which we have supposed both laborious and fatiguing? In extreme faintness the act of breathing becomes difficult and laborious; but if the two ventricles were of equal power, this difficulty would be insuperable, and extreme faintness would be fatal.

We will now sum up briefly the principal points we have touched upon in these lectures.

We have, in the first place, endeavoured to disentangle the truth from amidst a great variety of statements in reference to the heart's force, or rather, perhaps, the principle on which this force should be estimated; and we have deduced from this principle the considerations which are applicable to the heart's hypertrophy, its dilatation, or the combination of these two conditions.

We have shown that the powerful reasoning of Borelli was directed to a false issue; and that, in all probability, the very vastness of his error was in a manner dependent on the truth of his reasoning powers.

It has appeared to us that Keill laid the foundation-stone of that superstructure of knowledge which we now possess on this subject; and that under the correction of Michelotti there were as sound theoretic views on the subject of the heart's force even as far back as one hundred years ago, as we possess at the present day.

We have not contended for the accuracy of Keill's experiments, or deemed them worthy to be used as the basis of a calculation; but we attempted to show that it was on his philosophy, as corrected by Michelotti, that the admirable experiments of Hales were founded.

We then considered the relation of the expulsive power of the ventricle to the elastic reaction of the arterial tunics; and endeavoured to show that it was in this relation that the heart's physiology as a dynamic organ consisted; and that, if this relation were altered, we should in one case have an organ which was wholly insufficient for the function it had to accomplish, while in the other we should have an organ whose ordinary exercise would be fatal.

The condition of the arterial tension, as wholly independent of the blood's velocity or real movement, then claimed our attention.

We examined the question of its equality throughout the whole arterial system; a question which had been generally, and as we showed it to be, justly, answered in the affirmative, though this had been denied by some late physiologists of eminence.

The resistance of the capillaries was considered, in its relation to the arterial tension, thus forming an essential part of the mechanics of the circulation; for we showed that its actual amount was absolutely necessary to our continued existence, being the means by which we are shielded from the influence of pressure.

The phenomenon of the pulse was considered, in relation to the question of its synchronism. Dr. Young denied this synchronism, but erred in confounding two distinct laws of motion; viz., the law of the accelerating force of gravity, and the law of the pressure of fluids.

We showed, too, that the doctrine which denied the synchronism of the pulse involved an absurdity, and was therefore untenable.

Arguing on similar principles, viz., that of proving our proposition by showing the fallacy of its contradictory, we demonstrated that the circulation of the blood must be effected in equal times, notwithstanding the length of its circuits; and that the heart was virtually as near to the capillaries of the feet as to those of its own walls.

We then offered a supplementary explanation to the one which has been given by Professor Guy of the influence of posture on the circulation, as indicated by the pulse; and we pointed out the value of the fact, which was first discovered by Clifton Wintringham, that the arterial channels became relatively stronger as they diminished in size.

We then briefly discussed the physiology of the pulmonic ventricle, and showed that the relative force of this portion of the heart had been generally misunderstood by physiological writers, who had erroneously associated it with the length of the vascular circuit of the lungs (a circumstance which would not have affected the heart in its dynamic relations), instead of viewing it in connexion with a diminished resistance at the capillaries.

Whatever point we examined, we were enabled to perceive, imperfectly indeed, yet in some degree, the wondrous skill which had guided the formation of this portion of the body.

If in any part we discovered what had the appearance of weakness, that very condition was proved to be an element of strength; it was shown to be absolutely necessary to our preservation.

If in any part we found strength and power of resistance, where, with our limited knowledge, we might not have expected it, that unexpected excess of strength has been shown to be the very safeguard of our lives.

A deeper insight would, doubtless, exalt our admiration; but, even with such imperfect knowledge as we have been able to attain to, may we not claim to participate in that feeling of Socrates, as recorded by Xenophon, and be permitted to use, in all humility, the language which was inspired by it: "Surely this organ" (this, like every other organ in the body) "is altogether the work of a supremely beneficent, of a consummate Artificer" (a).

(a) Xen. Mem., Book I., Chap. 4.

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CLINICAL LECTURE ILLUSTRATIVE OF THE UNCERTAIN ACTION OF MERCURY AND IODIDE OF POTASSIUM,

DELIVERED

By W. WHITE COOPER, Esq., F.R.C.S.

Ophthalmic Surgeon to St. Mary's Hospital, and Lecturer on Ophthalmic Surgery in the Hospital Medical School, etc.

(Concluded from page 457.)

On the third day after her arrival an improvement was perceptible: she voluntarily opened her eyes somewhat, and bore the light better. The improvement continued, and at the expiration of three weeks they were free from inflammation, and she was able to bear any amount of light.

January 31st.—I saw her this day, and the condition of the eyes is as follows:—Right cornea perfectly opaque, from buff-coloured deposit; nothing can be seen of the iris. The globe is soft from internal disorganization. Left eye: consistence of globe natural; cornea considerably mottled, from deposit of lymph on its posterior surface; the pupil is blocked up with a yellowish plug of lymph; there is, however, perception of shadows and large objects; iris has nearly recovered its normal tint; both eyes are free from inflammation; and she is wonderfully improved in appearance.

I recommended the use of a drop of solution of atropine in the left eye every night, and a weak solution of nitrate of silver to be used in the morning, to promote the absorption of the effused lymph.

February 22nd.—The young lady has been residing at home lately, and whether from that or from some other cause, there is a re-appearance of vascularity in the left eye. The cornea, too, is rather more opaque, but the pupil has dilated, though from the corneal opacity I cannot see to what extent the absorption of the lymph which filled it has proceeded. I suggested that she should be at once sent to the sea-side again; the atropine to be continued, but not the nitrate of silver drops.

March 6th.—I have this day heard of my patient, who is at the Isle of Wight. The inflammation ceased at once on her reaching the sea-side, and her sight is steadily improving.

This case presented so many peculiarities as to be full of interest. In the first place, as to the nature and precise seat of the inflammation. This did not appear to commence in the external tunics, but rather to arise in the deeper structures, and to involve those tunics by extension. The remarkable dilatation of the pupil—a dilatation so wide as to reduce the iris to a mere narrow ring—was very contrary to what is usual in iritis, where the tendency is rather to contract than to dilate that aperture, and the confusion of vision was greater than could be accounted for by the opacity of the cornea.

The extraordinary absence of pain, which characterised the case throughout, was not less surprising. When we see the sclerotic intensely inflamed, with a strongly-marked iritic zone, we naturally look for pain in the eye and the region around, and expect to hear that the patient is racked with torture during the night; yet here was an eye in such a condition, and the patient running about laughing and merry, eating and sleeping as if nothing ailed her. Then, again, there are few persons who do not complain of some discomfort when the whole of the back of the head is covered with a blister; our little patient thought it rather pleasant than otherwise, so that all that can be said is, that she possesses a nervous system obtuse to impressions beyond any one I remember to have seen.

Another singularity was her resistance to the influence of mercury. The difference presented by individuals in this respect is too well known to need comment, but I never met with one who so completely set the drug at defiance. However strong the resistance ordinarily is, the mercurial vapour baths generally overcome it, when from eight to ten have been taken; but in this case, two-and-twenty produced no more effect than if simple hot-air baths had been used. It is by no means necessary to expect salivation; indeed, I know not the age when this symptom displays itself, for certainly in children it is not found; nevertheless, the inflammation was expected to give way, yet did not do so.

Equally obstinate was the system to iodide of potassium; not the slightest effect either way was produced by large doses, continued for many days. In fact, the case was one of those instances in which the disease bade defiance to medicine, yet almost immediately after change of air was tried a beneficial effect was apparent. Had we been aware of the difficulties to be encountered, and the great effect produced by the change of air, that would have been tried at an earlier period; but these things could not be foreseen.

In strong relief to the previous case stands the following, showing how mercury and iodide of potassium alike failed to relieve inflammation, and produced pernicious effects upon the system:—

Case 3.—In February, 1854, I was requested by one of my colleagues to meet him in consultation on the case of a gentleman, under the following circumstances:—

The patient was a tall, strumous young man, who had led a gay life, and was suffering from tertiary venereal symptoms. He had lost the sight of his left eye some years before, from inflammation, though he had the advantage of the skill of the late Mr. Dalrymple and other men of eminence. He was now suffering from severe sclerotitis in that eye, with intolerable pain. A few grains of grey powder had been given him to act on the liver, and so susceptible was he, that his mouth was rendered sore thereby. We were informed that he could not take bark or quinine in any form. It was decided, therefore, to have him cupped to four ounces, and to give him five grains of iodide of potassium thrice a-day. After he had taken this two days, the paroxysms of pain became most distressing, but were subdued by full opiates at night. Nevertheless, the redness of the eye did not yield, the sclerotic was intensely injected, and the conjunctiva participated. About the fifth day after he had been taking the iodide of potassium, absolute priapism came on, with complete loss of sensation in the organ. Intensely alarmed at this unwelcome phenomenon, he sent in all haste for his surgeon, who, attributing it to the iodide of potassium, directed him to take no more; and meeting together the following day we decided to try a simple tonic of gentian and ammonia; still the eye remained intensely red, though the pain ceased.

We then arrived at the conclusion, that the inflammation must be of an asthenic character, and that stimulants, local and general, were required to impart tone to the vessels, and cause them to contract.

He was allowed to take a pint of pale ale daily, with good diet, and a drop of a solution of nitrate of silver was to be applied to the eye twice a day.

On the third day from the commencement of this treatment, the redness of the eye had entirely disappeared, and the patient was convalescent.

Case 4.—A gentleman was brought to me on the 23rd of October, 1854, by Mr. Willington Clark, of Sutton. During the previous twelve years, he had had numerous attacks of iritis in both eyes, and on each occasion, mercury in large doses had been administered, 15 grains of calomel daily having been the usual form in which it had been prescribed by a gentleman in another part of the country. Each time, violent salivation had been induced, and his nervous system had been thoroughly upset. When brought to me, he was in a most nervous, low, irritable condition, extremely depressed in spirits, anticipating a repetition of the ordeal through which he had so often and so painfully passed. The left eye presented a slight blush of the sclerotic; and, finding he was of a gouty diathesis, it was determined to try benzoic acid; if the iris became involved, he was to take a pill of Hydr. c. cret. gr. iij., and Ferri sesqui-oxydi, gr. iij., thrice daily.

October 29.—I was sent for into the country to our patient. Mr. Clark informed me that the benzoic acid had done no good, and, as the iris soon showed signs of inflammation, it was laid aside, and the pills commenced. Twelve had been taken, and the mouth was slightly touched.

On examination, the iris was found to be very dull, of an olive-green colour, and there was a considerable quantity of lymph effused in the pupil; large objects only could be seen, and those very imperfectly. The sclerotic was much injected, and the iritic zone strongly marked. The patient suffered greatly from hemicrania, but had found relief the previous night by taking a scruple of Dover's powder.

He was greatly depressed, even to the shedding of tears, his skin cold and clammy; pulse feeble, and very irritable. He was ordered to continue the pills, and to take this mixture:—

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℞ Ætheris chlorici ʒj.
,, sulph. co. ʒij.
Tinct. hyoscyami ʒij.
Mist. camphoræ ʒiijss.

M. Ft. mistura. A fourth part every six hours. Extract of belladonna to be applied to the brow.

Nov. 3rd.—Mr. Clark wrote me word that our patient was doing well. No pain; redness diminished; the sight daily improves; the ptyalism gradually increased, and has been kept moderate by diminution of the mercury.

I recommended that the pill should be taken on alternate nights only, and prescribed the following draughts:—

℞ Inf. cinchonæ frigid. ʒj.
Ætheris chlorici ♏vj.
Potass. iodid. gr. iij.
Vin. sem. colchici ♏vj.
Tinct. cinchonæ co. ʒss.

M. Ft. haustus, bis die sumendus.

November 12th.—I was again summoned into the country to see this gentleman, on account of intense pain in the head. The eye was nearly well, a slight blush only remaining, but the pain spoken of was peculiar, beginning in the occiput, and involving all the branches of the fifth pair about the head and neck. There was rather copious ptyalism, a profuse discharge from the nose, and the salivary glands were enlarged. The dose of iodide of potassium had been increased, and the paroxysms of pain, which were most intense, came on soon after a dose: these were rather alleviated by taking wine.

I at once recognized the present symptoms as due to the iodide of potassium, recommended it to be omitted, and prescribed instead—

℞ Æther. sulph. co. ʒj.
Tinct. lavand. co. ʒij.
Mist. camph. ʒj.

M. Ft. haustus, bis die sumendus.

Good diet, with three glasses of wine daily.

November 19th.—Saw the patient again. Mr. Clark informed me that a remarkable change took place within twenty-four hours after the omission of the iodide of potassium. The neuralgic pains ceased, his spirits recovered rapidly, and the difference in his appearance is great. The eye has recovered, with perfectly good sight, and without any irregularity of the pupil. I suggested a trial of saccharine carbonate of iron and manganese, and not having heard of this gentleman since, conclude that he soon became well.

The two cases last related, illustrate the peculiar effects produced in some constitutions by iodide of potassium: ptyalism, swelling of the face, running at the nose, and enlargement of the salivary glands, were all strongly marked in each, and there were also present, aggravation of hemicrania and circumorbital pain. In the first, there was the peculiar symptom of priapism, with loss of sensation in the penis. In both these cases all the unpleasant symptoms subsided immediately on the discontinuance of the iodide of potassium. One of these symptoms is especially deserving of your attention—I mean the neuralgic pain of the head; this almost always accompanies inflammation of the iris and rheumatic inflammation of the sclerotic, for both of which the iodide may be given, and often with the best effect; but I have known instances where neuralgia came on soon after commencing the medicine; the dose was increased; the pain became worse; the medicine was still poured in, under the impression that more was required to knock down the disease, and thus great and very unnecessary suffering was caused by the true character of the symptom not being recognized.

There are many cases where mercury is indicated, but in which we hesitate in prescribing it, from the feeble constitution or debilitated condition of the patient. In such cases its combination with iron is of great service. There are two forms in which this can be done satisfactorily. The grey powder and sesquioxide of iron go exceedingly well together, as do the bichloride of mercury, and the muriated tincture of iron. Two grains of the hydr. c. cretâ, with five of the sesquioxide, or 1 drachm of the liquor hydrargyri bichloridi, with 20 drops of the tincture of iron, in water, may be given twice or thrice a day; and they should be taken after meals. Attention to this point diminishes the tendency of the mercury to gripe. I may here remark, that the Baël or Ægle Marmelos, a remedy little known here, though highly esteemed in India, is a valuable adjunct to the bichloride, as it prevents irritation of the bowels, and does away with the necessity of adding opium, which is sometimes objectionable.

I am satisfied that when a rapid mercurial action is desired, or when we have to contend with a constitution callous to the influence of this drug, (as in Case No. 1,) the mercurial vapour baths are the most powerful means that can be employed. The heated air speedily relaxes the pores, and the impregnated vapour enters throughout the whole surface of the body. The effect is most marked when the head is also vaporized, but in that case the eyes should be kept closed (a).

My experience then amounts to this, that mercurial vapour baths present the most elegant and, at the same time, the most powerful means of rapidly bringing the constitution under the influence of mercury, but it is not proper to persevere with them when there are indications of exhaustion and general depression produced; in the same way the iodide of potassium ought to be suspended when it causes running at the nose, enlarged glands and neuralgia, but it is often highly valuable as a sequent to mercury when inflammation does not yield to that drug, though its influence may be fully established.

There are certain persons of such peculiarly irritable and excitable constitutions, that mercury, iodide of potassium, and the preparations of bark, alike act as poisons to the system, and instead of subduing inflammations of the eye, seem rather to aggravate them; in such cases, I believe the wisest course is to lay them aside, and to trust to full doses of sedatives and diffusible stimulants, together with change of air. The cases I have in view are almost invariably asthenic, and the improvement that takes place when such a course is adopted, together with good diet and cheerful, though quiet society, is often most marked. The relief from pain induces sleep, raises the spirits, and brings the system into a favourable state for the action of other curative means; and of these, I place change of air and scene at the very head. A disease which has baffled our art, and exhausted the patience of the sufferer, will succumb to this with a rapidity as agreeable as unexpected; and I believe that some of the vaunted cures effected by visits to the Continent, are less due to the means employed there, than to the change of air, and the beneficial excitement of novelty.

ORIGINAL COMMUNICATIONS.

ON THE TREATMENT OF VARIX.

By HENRY T. CHAPMAN, F.R.C.S.

Late Surgeon to the St. George's and St. James's Dispensary.

(Continued from page 282.)

As some modification of the treatment by bandaging is requisite to meet certain peculiarities of varicosity, I shall distribute its details under three heads, commencing with that suited to the simplest form of the disease:—

1. *Curative Treatment of Simple Uniform Varix.*—Whether it arise primarily or consecutively the tendency, to dilatation may readily be counteracted at an early period by equable and steady support in conjunction with cold and astringent lotions, although time will still be needed to restore the full tone and elasticity of its coats in order to guard against a relapse. Unfortunately the Surgeon is rarely consulted until the dilatation has become confirmed, and the duration of the treatment will, of course, depend very much upon the length of time it has existed.

Plaster strapping, as suggested by Mr. Hodgson, applied according to Mr. Scott's method from the toes upward, is not ill-suited to fulfil the end we must aim at,—that is to say, the closure of the vein to the circulation for a longer or shorter period,—if the requisite amount of pressure by such agency could be borne by the patient sufficiently long. After a while, however, the skin is sure to become heated, inflamed, and excoriated, and is sometimes deeply cut by the edges of the straps, whatever may be the plaster employed or the material on which it is spread. I have, accordingly, for some years entirely

(a) Valuable information upon this subject is to be found in Mr. Langston Parker's excellent work on Syphilitic Diseases. Second edition. P. 266.

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abandoned its use in the treatment both of ulcers and of varicose veins in favour of the following very simply constructed bandage, which possesses all the advantages of plaster strapping without its inconveniences:—

Placing the patient on a low seat, and elevating the foot until the veins empty themselves by the gravitation of the blood towards the trunk, I apply wet straps of linen or calico precisely in the same manner as Mr. Scott applied adhesive plaster. The bands for this purpose should be from two to three inches in width, and from twelve to sixteen in length, stout enough to prevent them tearing easily, but not too thick. Adjusting the middle of one of the shorter and narrower of these bands, previously soaked in water, just above the heel, the two ends are brought forward over the ancles, drawn tightly and crossed upon the instep. The middle of another is placed beneath the sole of the foot, its extremities brought up firmly over the instep, and laid down smoothly one upon the other. A third is applied, like the first, from behind forwards, but a little higher; and thus, ascending the leg, the process is repeated with the rest of the bands, each one in succession overlapping the upper half of that below it, until the limb is firmly and evenly cased to the knee. Over the straps a calico roller is carefully put on, the greatest attention being paid to its equable adjustment, so that the pressure may be uniformly distributed over the entire limb.

Through its texture the course of the varicose veins should be moistened several times daily with cold water, diluted Goulard lotion, or solutions of alum, sulphate of zinc, or chloride of lime. Whenever the bandage is taken off for renewal the dilated veins should be subjected to brisk friction upwards with the hand for some time, and a douche of cold water poured over them, the foot being kept in an elevated position until it is re-applied. In winter, and when patients are elderly or delicate, the free application of cold water or lotions is not always safe, and this part of the treatment must of course be left to the discretion of the Surgeon. It is better under such circumstances to confine the astringent influence of cold strictly to the vessels affected.

No one who has not tried this mode of bandaging can form an estimate of the power of adhesion possessed by the wet strapping, or the amount of steady even support it is capable of affording. In these respects—as I have elsewhere stated when advocating their employment in the treatment of ulcers and cutaneous eruptions on the leg—their action is in no degree inferior to that of plaster, at the same time that the softness of the material allows of its closer adaptation to the inequalities of the limb, and precludes all risk of cutting or excoriation, accidents so common when plaster strapping is made use of that its contact could never be borne long enough to produce any permanently good effect.

The wet straps are especially serviceable in compressing the bulk of the soft parts before the application of the roller, and they give the latter a much better hold than it can take of the bare skin, or even of plaster, thus materially diminishing the chance of the roller slipping. Their greater permeability, again, admits of the more efficient use of lotions, and their cheapness, when compared with diachylon or any other kind of plaster is no slight recommendation. Unless displacement of its turns should occur earlier, or uneasiness be felt at any point, if the skin be sound the bandage need not be renewed before the fourth, fifth, or sixth day of its application; indeed I have frequently left it undisturbed for a fortnight or three weeks.

In cold weather a flannel roller is preferable to one of calico in all respects. It is quite as elastic as Churton's cotton-web bandage, supports the veins more firmly and comfortably, and is not liable to rope. In summer, or with patients who find both flannel and calico heating, I employ rollers of coarse mull muslin, which are light and cool, and give as much support as calico.

Although an elastic stocking employed alone may sometimes arrest the progress of varix in its earlier stages it can never be regarded as a curative measure. In fact the heating properties of the material rather augment the tendency to dilatation; and as the ordinary pressure exercised by it but partially empties the veins of blood, lateral expansion in a saccular or serpentine form will often go on beneath the stocking. When combined, however, with wet strapping its efficiency is very considerably enhanced. But in order to derive the full advantage from this combination the dimensions of the leg for the stocking must be taken after the wet strapping has been worn for some days and the limb has been reduced a trifle below its natural size. Patients, accordingly, who are unable, or who will not take the trouble to bandage a varicose leg in the manner set forth above, may adopt the alternative of an elastic stocking drawn on over a casing of wet strapping.

2. *Curative Treatment of Saccular, Vesicular, and Serpentine Varix.*—In cases of long standing and more aggravated character, where great tortuosity, saccular expansions of the main trunk and larger branches,—numerous clusters often sprouting from these latter,—and vesicular enlargements of the cutaneous veins exist, the support distributed over the general surface of the limb by the wet straps and bandage alone, not entirely emptying the diseased veins, will do little more than palliate the complaint.

To direct the pressure, therefore, effectually upon those points where it is most called for, I have recourse to compresses of lint or spongio-piline in combination with the bandage, large enough to cover the chief clusters and each of the sacculated portions of the vein separately, and thick enough to close their channels. These compresses, moistened in cold water or astringent lotions, are placed on the most salient dilatations, and the straps and bandage carried over them. Many of the varicosities rapidly disappear; others require the maintenance of the compression for a longer period; and in serpentine varix, especially, the process of reduction is occasionally very tedious. In saccular expansion and mulberry-like vesicular clusters in the skin I seldom rely for the completion of the cure on the mere diversion of the circulation into other channels.

Taking advantage of the known tendency of the lining membrane of the veins to adhesive inflammation, I endeavour to obliterate all lateral pouches and vesicular protrusions through the skin by submitting them to a high degree of pressure, so as to maintain their opposite surfaces forcibly in contact; no very difficult matter when they happen to be situated over a bone; but when they lie upon the soft parts of the calf, as is most frequently the case, they recede beneath the pressure of the ordinary compresses, and require some more unyielding substance to close their cavities entirely. To meet this difficulty, I make use of the leather cones with which billiard cues are tipped, or smooth wooden or ivory buttons, choosing a size corresponding with that of the varicose pouch; and for the blue cutaneous vesicles, glass or porcelain shirt studs. The former are readily retained *in situ* by lint compresses and the bandage; the latter I insert into a small slit or button-hole in one of the wet straps, and carefully adjust it to the pit in the integument through which the vesicle has protruded; and by their aid I generally succeed, ere long, in effacing both large and small cells.

Where the saphena in the thigh, as well as the branches below the knee, are diseased, the pressure from within upon the walls of the latter will be more than doubled by the superadded weight of the column of blood in the former. Until this dilating force from above be neutralized, no rational expectation of reducing the enlarged veins to their natural size can be entertained. At the same time, therefore, that the several remedial measures described above are brought to bear upon the yielding branches, the dilated trunk ought also to be effectually supported. As, however, it is not possible, by any form of bandage, to exercise the same degree of equable compression upon the veins of the thigh, as on those of the leg, I never attempt to carry the wet straps and roller above the knee; but, leaving them to counteract all undue accumulation below, I trust to Mr. Startin's elastic riband, wound spirally round the thigh from the knee to the groin, to divide the column of blood in the dilated trunk, and take off its downward pressure upon the branches; and I have more than once had occasion to observe that by the time the veins of the leg are restored to a healthy condition, the dilatation of those of the thigh has likewise materially diminished.

3. *Curative Treatment of Varix when complicated by Inflammation.*—Subacute inflammation of varicose veins ordinarily arises simply as a consequence of over-distension of the venous tissues, and when that is fairly obviated, the morbid effect will soon disappear. It may, however, be caused by some local injury, or by exposure to cold and damp. In either case it is usually confined to a small section of the vein; and rest in the recumbent posture, with cooling topical

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applications—common antiphlogistic treatment in fact—will generally get rid of the attack speedily.

But when the case has been neglected, and the inflammation has become chronic, we shall have to combat not so much the inflammatory action as its products, thickening of the tunics affected by deposition of lymph within and without the coats of the vessel. The combination of antiphlogistic measures with repose, of which Mr. Vincent speaks so confidently, bids fair unquestionably to fulfil the requisite indications for successful treatment, "if," as he remarks, "patients would submit to the necessary confinement." Unless there be greater apparent necessity, however, for lying in bed, few persons in this busy land can or will indulge in such a *far niente* mode of life long enough to work out a satisfactory issue. And as the same object may, in this instance, be attained equally well without condemning the patient for a length of time to his bed or couch, there is the less reason to regret its impracticability.

The beneficial operation of leeches may be obtained quite as satisfactorily in conjunction with the bandage, as with perfect repose. Should an ulcer exist simultaneously with this condition of the veins, I direct the leeches to be applied at once to its surface, and, as a large flow of blood will take place from this source if the leg be immersed in warm water, the practice seldom fails in arresting all further inflammation. If there is no breach of surface, I apply them without hesitation to the skin, feeling little or no apprehension of the leech-bites degenerating into ulcers, as long as the limb is properly supported by the wet straps and bandage. Following Sir B. Brodie's advice, I avoid attaching them immediately over the vein, but distribute them alternately on either side of it, and at the distance of at least half-an-inch from it. If one application does not wholly succeed in removing the inflammation, the leeches must be repeated until the proposed end is attained.

Where much thickening from deposition external to the enlarged vein is present, I have found that nothing excites so rapid an absorption of the deposit as blistering along the line of induration. But here again it is necessary to act with caution. If the skin directly over an inflamed superficial vein be blistered, the patient will often suffer considerably, and the inflammation be aggravated by the proceeding. My usual plan is to paint a streak of the skin about half-an-inch in breadth, parallel to the course of the vein, but at the distance of from half to three-quarters of an inch from it, with a camel's-hair brush dipped in the acetum cantharidis, taking the precaution of allowing it to dry completely before the straps and bandage are reapplied, otherwise the lotion is liable to spread and affect a larger surface than was intended.

With the support of the bandage, patients seldom complain much of uneasiness from the blister, and very commonly walk about as usual, whilst vesication is going on. I have followed the practice of blistering the callous margins of chronic ulcers on the leg for some years, and have very rarely witnessed any extension of the ulceration or other inconvenience result from it, unless the strapping and bandage have been negligently applied.

It is only in obstinate cases of chronic varix, where inflammation is actually present, or its products excessive, that it is necessary to leech or blister the track of the diseased vein. In most instances the compression exercised by the bandage will alone excite the absorption of the lymph in which it lies imbedded; a process considerably expedited by mercurial inunction beneath the bandage at those spots where the thickening and induration are greatest.

It is almost superfluous to remark, in conclusion, that constitutional measures are no more to be neglected in the treatment of varix than in that of any other local affection. In the primary or idiopathic form of the disorder, which is so often traceable to local or general relaxation of the tissues consequent on an attack of some asthenic malady, mere topical treatment can but palliate the complaint. Whatever tends to invigorate the frame and give tone to relaxed fibre, will gradually renovate the lost or diminished contractility of the venous walls, and at length enable the patient to dispense with the support of the bandage; and of all tonic remedies there is none, perhaps, which tells so decidedly upon the passively dilated vein as cold bathing—more particularly the shower-bath—followed by brisk and frequently-repeated friction.

(To be continued.)

ON THE CURATIVE TREATMENT OF CHRONIC MORBUS BRIGHTII.

By DR. HANDFIELD JONES, F.R.S.

(Read before the Harveian Society, March 2nd.)

I CANNOT but have some fear lest the title which I have given to this communication should mislead the members of this Society into an expectation that I have some new and eminently successful plan of treatment to bring before them. To such, indeed, I make no pretensions; neither do I intend simply to review the approved remedies which have commended themselves to my hearers' experience, and to produce unneeded confirmation to their own convictions. I wish to employ the opportunity permitted me in directing your attention to the question of how far a condition, which hitherto has ranked among the "opprobria medicinæ," may be met and combated, and (perhaps often) arrested by persevering therapeutical efforts. Let me, however, before proceeding, say a few words respecting the treatment of chronic disease. When we are called to grapple with the stormy and violent outbreak of some attack that threatens life there are important aids afforded us which forsake us when the advance of the enemy is gradual and almost latent except to ourselves. In the one case the patient's obedience is secured, the anxieties of alarmed friends insure their cordial co-operation, our own views are clearer and more confidently expressed, and the manifest urgency of the case both stimulates us to exertion, and forbids our relaxing a moment. How different is the case in chronic disease, and, perhaps, particularly in the one under consideration. Our prophetical warnings are but half credited, friends incline to think us fussy or perhaps interested, our own minds may be less clear and decided, and we are discouraged from urging the continuance of measures which seem to produce little immediate good. The danger is remote, and so, as often happens, causes little alarm.

It is in these instances, as it seems to me, that the highest medical qualities are required. There must be the prescient eye that sees the peril afar off, the clear intellectual ken that fixes on the true cause of disorder among a multitude of phenomena, the decided judgment that steadily adheres to a proposed plan, and the confidence that is only born of experience, which, amid all discouragements, keeps still in view the desired result. Had I time I would gladly refer to some cases recorded in Mr. Tyrrell's admirable work, which seems to me most pregnant with valuable instruction on this difficult subject. Two or three weeks he has been content to wait before any melioration appeared as the result of treatment, yet feeling convinced that such Fabian delay was the sure road to ultimate success. I trust that what I may advance in the sequel will show that these remarks are not out of place.

It is quite unnecessary that I should enter into any detail respecting the structure of the healthy kidney. I would only refer to these points:—1. That the Malpig. tuft of capillaries lies bare and unsupported in its capsule communicating with the tubes. 2. That the tubes of the cortical structure have a distinct central canal, with a lining of glandular epithelium resting on homogeneous membrane. 3. That this glandular epithelium is an albuminoid substance, and has never been shown to contain any of the constituents of the urine, though it is doubtless intimately concerned in the secretory process. 4. That urea and uric acid are proved to be formed in the blood and eliminated by the kidney. 5. That the epithelium constitutes the main mass of the kidney.

With regard to the pathology of Bright's disease, I am anxious to say at once that I exclude totally and entirely from this appellation all instances in which acute congestion or active hyperæmia befalls a healthy kidney. I do not consider the state of the kidney in dropsy following scarlatina, or in that resulting from arrested perspiration, as having any essential connexion with that which exists in true M. Brightii. I believe the two conditions to be as distinct from each other as pneumonia and phthisis. I trust, therefore, that no one

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will suppose that I use albuminuria and Bright's disease as convertible terms. Albuminous urine is a sign of Bright's disease, but no pathognomonic one, nor absolutely a constant accompaniment. It will be quite sufficient for my present purpose if I take for our consideration the two principal varieties of morbid change that are met with in M. Brightii. The one is the large, pale, often mottled kidney, not usually presenting much appearance of granulation. The other is the small, contracted, wasted, granular organ, lobulated often like that of a fœtus. Enlargement sometimes to double or treble the natural size is the characteristic of one, atrophy and diminution of the other. What we gather from naked-eye inspection the microscope confirms, and converts into more precise information. If we examine a specimen of the large kidney, we find the epithelium in many parts accumulated in considerable quantity, both distending the tube, and more or less obstructing its canal. The individual particles may be larger and more completely formed than usual, or they may be stunted and ill developed. Not unfrequently a large quantity of oil is mingled with the granular matter, and this may be present in the cells to such an extent as to give them completely the appearance of glomeruli, or compound inflammation-globules, as they were originally, but wrongly, denominated. The existence of much oily matter in the diseased tissue, gives it a more or less decided milky appearance, which, contrasting with pale spots where there is less oily matter, or red where some blood congestion has taken place, produces the mottled condition. Fibrinous casts, themselves often undergoing fatty change, in most instances are present in some of the tubes, increasing the obstruction and distension. The Malpighian tufts may not appear notably altered, or may be obscured by some effused and coagulated fibrin, or may be compressed into a small mass at the bottom of their capsules by the refluent fluid from the obstructed tubes. Sometimes more destructive changes take place, and the tubes are found more or less broken up, and converted into a detritus of oily and granular matter. The urine secreted by kidneys to which the foregoing description applies, is generally rather pale, somewhat turbid, highly albuminous, of low specific gravity, and deposits a sediment, often pretty copious, consisting of casts of the tubes, renal and vesical epithelium, with occasionally blood-globules. It contains far less of the solid constituents of the secretion than the normal fluid.

In the atrophied kidney, the wasting and destruction of the tubes is usually more considerable than in the enlarged. In extreme cases very little trace of them may be discernible, but in less advanced, *i.e.* one may say in the majority, the tubes are found obstructed by unhealthy, more or less fatty, epithelial contents, together with casts, and yellow pigmentary molecules, the traces of hæmorrhagic extravasation. The Malpighian tufts, in consequence of the general collapse, appear closer together; a varying number of them remain healthy, others are compressed and shrunken. Cysts may exist in vast numbers in diseased kidneys, usually, I think, in those that are wasted and granular, but they do not belong essentially to the disease. They seem to be produced partly from the tubes themselves, by obstruction of their canal, and subsequent dilatation, partly (and this especially applies to the case of a multitudinous growth of microscopic cystlets) by the formation of new vesicles. Their contents are never identical with the proper renal product, but consist of various cell-formations, and colloid, albuminous matter. The urine secreted by atrophied kidneys is usually more abundant, paler, less albuminous, of lower specific gravity, and deposits a less quantity of epithelial sediment than that from enlarged kidneys. It usually contains fibrinous casts, and sometimes, if any amount of congestion has been set up, blood-globules also.

I may add to the above description some notice of a pathological state, which is distinguished by Dr. Johnson as Non-desquamative disease. The name is applied to indicate the absence of renal epithelium, and fibrinous casts from the urine, which in all respects, saving the presence of much albumen, is tolerably healthy. The kidneys are enlarged, heavier and firmer than in health; their tubes are not obstructed; the central canal remains of its normal width, but the epithelium is of an opaque, coarse, granular appearance, manifestly different from its healthy state. Patients suffering from this variety of disease present nearly the same general symptoms as those who labour under either of the other two. Dropsy is commonly present, especially in the later stages, and death may occur from cerebral disorder, pulmonary inflammation, or effusion into the serous cavities.

If any one would know what microscopic research has done for pathology, and for rational medicine, let him compare the perplexing account of M. Rayer, containing six varieties of morbid changes, or that equally so, given by Rokitansky, containing eight, with the clear, intelligible descriptions of Dr. Johnson, whose observations accord in most respects with my own. I am no microscope-praiser, but I do know that I never could have obtained some tolerably clear and satisfactory conception of the nature of Bright's disease, had I not carefully studied the morbid changes by this mode of investigation. Reading the book of Nature by close personal study, and accepting information at second-hand from others, involves the same difference as there is between the perusal of an original work and an indifferent translation.

Two conclusions, of the utmost importance to us in practice seem to me fairly derivable from the knowledge we have gained respecting Bright's disease. The first is, that the morbid condition, whether attended with hypertrophy or atrophy, is of the nature essentially of depraved unhealthy nutrition, not in any wise the result of ordinary inflammation attacking a previously healthy structure. In the atrophied kidney, I see a change just such as befalls any part that, from defect of its own vital energy, gradually decays. I have found recently just the same occurring in the pancreas. The enlarged kidney is, I am sure, frequently associated with scrofulous disease in other parts. I have seen it co-existing with tubercles and vomicæ in the lungs, and deposit of bacony matter in the spleen, of a patient who died with tertiary syphilis. The enlargement of the kidney seems to take place much in the same way as the enlargement of a gland (lymphatic), which becomes the seat of scrofulous deposit. In both cases, unhealthy plasma is organised into low celloid forms, and in much the same relation to adjacent structures. The conclusion above stated is strongly supported by the latent, insidious manner in which Bright's disease usually comes on, by the efficient causes, and by the juvantia. To the former, as essentially of debilitating character, I have only space just to allude (a). When hyperæmia or inflammation actually makes its appearance, other symptoms are observed (especially in the urine) than those which occur in the degenerative state alone.

The other conclusion is that, in a great majority of cases, in which the symptoms announce degeneration of the kidney, it may reasonably be anticipated that a considerable part of the organ remains in a state which is capable of restoration more or less complete. As long as the tubes are undestroyed, we may have hopes of being able to reproduce a healthy condition of their epithelial lining; if they have perished, the attempt must be ineffectual, but at any rate can scarcely be in any case injurious. We shall, therefore, do wisely to act on the most favourable supposition, and employ all our efforts to prevent the degeneration advancing further, to repair as far as possible the damage that has been effected. The question is, how shall this be done? and to this, of course, experience alone can give a satisfactory answer. The chief purpose of my communication to-night is to lay before the Society such indications as I have obtained of the course to be pursued, and of the means found useful in pursuing it. Strongly convinced as I am that Bright's disease is not inflammatory, in any correct use of the word, but is purely a disease of depraved nutrition, I can entertain no doubt that the right method of treating it is to endeavour to improve the general vigour and power of the system, and therewith its nutrition, in every possible way. We must not be satisfied with the removal of the dropsy, and restoration to apparent safety; but we must go on in the task of corroborating the system, till the urine has recovered its healthy condition, and the blood again imparts a ruddy hue to the complexion, and the muscles are toned to strength and vigour. I do not say that we shall always, or often, be able to do all this completely, but this is what we should perseveringly aim at; and I think we have good ground for believing that such persevering effort may make all the difference to many of our patients, between an early death and many years of tolerable comfort and enjoyment. I have seen a patient this very day who has M. Brightii in a

(a) Spirit drinking, scanty and poor food, exhausting discharges, scrofulous caries and disease of joints, venereal excesses, the syphilitic and mercurial cachexiæ, are noticed by Frerichs among the causes which induce Morbus Brightii.

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marked form, with its perilous complications of dropsy, bronchitis, and threatening cerebral symptoms. His history is that he had small-pox at an early age, and has never been well since. How different might his condition now have been, had the renal degeneration, which no doubt dated from the debility induced by the small-pox, been observed and combated many years ago.

Case 1.—George B., aged 26, married, a smith; admitted September 1. He had ulcerated sore-throat fourteen days ago. Has had two attacks previously, exactly of the same kind, and has not been exposed to the contagion of scarlatina, nor has he since then observed any desquamation of the skin. He has dropsy of the legs, and pain in the lower limbs; his food digests badly; tongue whitish; akin cool; pulse quick; is rather spare, and of sallow aspect; urine is acid, of good amber colour, deposits a mucous cloud, consisting of pale, often corpuscular casts, not of large size, with blood globules and mucous corpuscles, or abortive nuclei, and some larger epithelial particles; it is markedly albuminous.

Acid. nitrici ♏. iij., tinct. cinchon. ʒj.
Infus. gent. co. ʒj. Ter die.
Tr. ferri muriatis ♏. x.
Aquæ ʒj. Ter die c. cibo.

12th.—Feels a great deal better indeed, swelling of legs all gone, feels almost as well as ever he did. 19th.—Feels a great deal stronger and better. 29th.—Feels quite well. Pt. in tr. ferri mur. Oct. 17th.—No return of dropsy, feels as well as ever he was, is as able to do work as well as ever he could. Rather anæmic. Urine clear, bright, rather pale colour; not albuminous. Oct. 27th.—Urine clear, of deep amber colour, sp. gr. 1027; contains a trace of vesical and possibly of renal epithelium; no albumen; one doubtful cast. June 5th.—Is now recovering from another attack of sore throat; urine clear, of healthy aspect, not albuminous. No evacuant treatment was employed in this case; the dropsy disappeared under the tonics. The urine became quite healthy, and remained so. It is probable that degeneration was not far advanced. There was nothing to indicate that the case was one of mere renal congestion.

Case 2.—Thomas Poston, aged 27, waiter, admitted Sept. 29th.—Is short and stout. He stated that he had had rheumatism, and fourteen days ago sore throat. His illness seems to have come on gradually, but my notes do not speak positively on this point. He complained of a kind of pain at the lower sternal region, with some dry cough. The tongue was clean. His food digested well. The heart's sounds were brief and clear, the impulse rather weak. His bowels were regular. He was anæmic, his feet swelled at night, he felt weak in himself; he acknowledged that he was in the habit of drinking to excess. The urine was rather cloudy, most highly albuminous, deposited whitish flocculi, consisting of small casts, granular, pigmentary, and corpuscular, together with multitudes of small (probably renal) epithelial particles and blood globules, mingled with many uric acid crystals. The sp. gr. was 1015. I put him on tr. ferri muriatis ♏ vij., acidi muriat. ♏ ij., inf. quassiæ ʒi., ter die, with a large plaster to the loins. Oct. 13th.—He reported that he was a good deal better, he had very little swelling of the feet at night, his eyelids were not swollen in the morning. Tongue clean. Urine was not quite clear, strongly acid, deposited flocculi, consisting of granular casts, ill-defined corpuscles, and granulous matter, with torulæ; sp. gr. 1010; it was decidedly but slightly albuminous. Oct. 24th. He reports there is nothing now the matter, has no dropsy, is getting quite strong. Nov. 7th.—He had no return of dropsy, felt quite well. The urine contained a mere trace of albumen, was of good though rather pale colour, deposited a slight sediment consisting of a little urates, with short fragments of granular casts, some very long homogeneous ones, and a few corpuscles, sp. gr. 1016. He continued under treatment till Dec. 29th, when he remained perfectly well. On Dec. 12th the urine gave no deposit with heat or nitric acid, was almost quite clear, without sediment; it contained some cells looking like altered scaly epithelium, no unequivocal casts. This case was very much like the preceding, and occurred about the same time. I regard it as a case of degeneration of the kidney in an early stage, which was arrested by appropriate treatment. It was very interesting to observe how gradually the urine recovered its healthy condition. The dropsy was the first symptom to disappear.

(To be continued.)

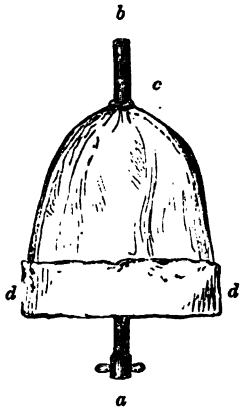
THE LONDON PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

PREVENTION OF HÆMORRHAGE AFTER LITHOTOMY.

[Case under the Care of Mr. HILTON.]

A few weeks ago Mr. Hilton had occasion to perform lithotomy on a man who was in a very feeble condition, and to whom the loss of even a small quantity of blood would have been of great consequence. As, however, the man was known to be the subject of an enlarged prostate, and had also suffered from calculus for a very long period, it was deemed likely that the parts about the neck of the bladder would be unusually vascular, and that the bleeding might, consequently, be more than ordinary. With this prospect, it became of importance to devise some means of effectually preventing the hæmorrhage which was so much dreaded. To the plan frequently adopted, of plugging the wound with sponge, there are several objections: in the first place, the escape of urine is prevented; in the second, the portions of sponge imbibe the urine, and become irritating to the parts in contact with them; thirdly, they adhere to the sides of the wound, and their removal is attended by difficulty, pain, and risk of exciting fresh bleeding. To obviate these difficulties, Mr. Hilton contrived the little apparatus which we here figure. It consists of an ordinary tube *a b* (such as those employed after lithotomy by Liston and others), to which is attached, by means of a ring *c*, fixed about an inch and a-half from its extremity, a conical bag of oiled silk, *d d d*. In use, the end *a* is passed up through the wound into the neck of the bladder, and the end *b* being left projecting externally, the cavity of the bag is next filled with sponge, so as to exert pressure on the surrounding parts. In this way the wound may be most effectually plugged, while the free escape of urine is provided for. When it is thought safe, or becomes necessary, to remove the pressure, the sponges may be taken out, one by one, without the least pain to the patient, as they are prevented, by the intervening layer of oil-silk, from adhering to the sides of the wound.



In the case for which it was devised, the expedient answered admirably. As had been expected, there occurred after the extraction a rather free oozing of venous blood, which was, however, most completely arrested by the plan described. The apparatus was, of course, introduced immediately after the completion of the operation, and previous to the removal of the man from the table.

The device is such a manifest improvement over the old method of plugging, that we hasten to attract the attention of lithotomists to it. Every one will have seen cases in which the oozing of even a few ounces of blood added very materially to the patient's danger, and in some such, the employment of the plan described might, perhaps, be the means of preserving life. Should the tendency to hæmorrhage be very great, Mr. Hilton suggests that portions of ice might be introduced among the sponge, thus to gain the advantages of both pressure and cold. The apparatus is made by Messrs. Bigg, of St. Thomas-street.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

COLCHICUM IN NEURALGIA.

In the out-patients' room at St. Thomas's Hospital, Dr. Peacock has recently had frequent occasion to remark upon the examples of neuralgia occurring seemingly in connexion with the rheumatic diathesis. In these the treatment by antiperiodics has always failed, and it has been requisite to employ either colchicum or iodide of potassium. In several quinine had been largely tried prior to admission, and with-

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out success, while the rapidity with which benefit ensued when the change in remedy was made, appeared to show conclusively the real nature of the disease. It is important to bear in mind, in the management of many of these so-called nervous diseases, that their true pathology may often be humoral, and that resort to eliminants is almost as frequently necessary as to nervine tonics and antiperiodics. An introductory treatment by purgatives, diuretics, or the specifics against gout and rheumatism, will, in fact, in the generality of cases, secure a much better action for the quinine afterwards. The employment, in the first place, of one or other of these is, indeed, a matter almost of routine with many practical Physicians.

TREATMENT OF PILES.

We have several times lately taken occasion to illustrate the treatment pursued in the Hospitals in the milder cases of hæmorrhoids, and it may not be without interest to our readers if we here add another prescription for that purpose, by a very excellent practical Surgeon. In the out-patients' room at St. Bartholomew's, the other day, Mr. Wormald ordered for a middle-aged man, of spare habit and yellow complexion, long the subject of piles, the following medicines:—A pill consisting of two grains and a half of blue pill every night, a scruple of extract of taraxacum, dissolved in water, three times daily, and an injection of two grains of sulphate of iron to the ounce of water, to be used every morning. For the relief of the irritation caused by the tumours, and by the tendency to prolapse of the rectum which attended them, the man was directed to place just within the bowel, after every motion, a small plug of cotton wool, well oiled.

MERCURY AND IODINE IN ENLARGED TESTIS.

There is a class of cases in which the testis becomes the seat of chronic and great induration, in which the diagnosis as to the exact nature of the disease is not easy. The history as to the previous occurrence of syphilis is often either wholly wanting or so obscure as not to be of use. Often, from the long continuation of the hardening, and the sense of weight and aching produced, the patient becomes willing to submit to extirpation, to which willingness the attending diminution or even suspension of the sexual instincts no doubt much contributes. In these cases the trial of a course of mercury or iodine will often both clear up the diagnosis and cure the disease. A man is now under Mr. Lawrence's care in St. Bartholomew's whose disease was exactly in point. The left testis was four times its natural size, heavy, and so hard that Mr. Lawrence stated that he thought a comparison with stone would be almost literally justified. Mercury has been given and the gums made slightly sore, with the effect of inducing very rapidly progressive diminution and softening. A few months ago a case was in St. Mary's Hospital, under Mr. Coulson's care, in which the iodide of potassium induced a like favourable result. In it both glands were affected, and the man, who was married, stated that he had quite lost all sexual desire. As the cure progressed the glands appeared to resume their function, and the instinct gradually returned. In some of these cases colchicum is beneficial. Mr. Paget is accustomed to remark to his clinical class at St. Bartholomew's that before the removal of an enlarged testis is ever contemplated, three remedies, mercury, iodine, and colchicum should each be allowed a fair trial.

IODINE OINTMENT IN CHILBLAINS.

The severe cold of last winter made chilblains extremely common, and often very intractable. Patients suffering from unhealthy sores on the feet, the consequents on chilblains, were frequently met with in the Hospital wards, and even thus far into the summer a few of the more severe cases remain under care. Stimulating embrocations externally and the use of tonics internally, with full nutritious diet, were the favourite remedies. Three months ago we quoted, in the "Answers to Correspondents," a recommendation from Dr. Wilson, of Florence, of the compound iodine ointment as a local application. Since then we have seen it used repeatedly, and in most cases with very pleasing results. In one case, in particular, under the care of Mr. Hutchinson in the Metropolitan Free Hospital, in which both the hands of a young woman had been most severely affected all the winter, and many remedies had been tried, the iodine succeeded in a manner and with a rapidity which left no room for doubt as to its influence.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

BRADFORD INFIRMARY.

CARDIAC DROPSY TREATED BY PARACENTESIS, ETC.—RELIEF—RELAPSE—DEATH—AUTOPSY.

(Communicated by Mr. POWELL.)

ELIZA H., aged 23, was admitted as a house patient of this hospital, under my care, Nov. 24th, 1854. About six years ago (1849), she had a severe attack of fever, believed by her parents to have been typhus, but it was probably rheumatic, as it was accompanied by pain and swelling at the knees, and was followed by palpitation of the heart. Soon after the fever, anasarca and ascites commenced, for which she was admitted as a house patient at this Infirmary, and the latter increased so much as to require tapping in September, 1850; the relief was but temporary, and the operation was repeated five weeks later, and a third time eleven weeks after the second. After this she improved so much in health that she was able to follow her employment for more than two years, when she again became a patient of the Infirmary, May 26, 1853, having been ill three weeks. Her symptoms were again those of cardiac dropsy; the accumulation was checked by hydragogues, etc., but, nevertheless, in July, 1853, recourse to tapping again became necessary. She was discharged relieved, August 25th, 1853.

She again followed her usual employment, that of a mill hand, till July, 1854, when the former symptoms returned, obliging her to leave off work; and, on November 21st, she was for the third time admitted as a house patient, and this time came under my care.

She was suffering from general anasarca and ascites, the flushed purple cheek denoting its origin to be cardiac. The heart's action was very tumultuous, the area of dulness much increased, and there was a well-marked double bruit heard over an extended area. She was, moreover, troubled with cough and shortness of breath. I believed from the symptoms that the aortic and mitral valves performed their offices very imperfectly, and so caused a double regurgitant bruit, that the pericardium was adherent, and that the heart was much hypertrophied. The dyspnœa was to be ascribed in part to œdema of the lungs, and in part to the diminution of the thorax by the diaphragm being pressed upwards.

Diuretics and hydragogues were unavailing to stop the accumulation of serum, and at length the dyspnœa became so urgent that I performed paracentesis abdominis.

December 5th, 1854, removing	10	pints.
January 2nd, 1855 ,,	15	,,
January 25th ,,	18	,,

The relief by tapping was marked, but, as shown by the dates, of short duration.

February 3rd.—I was called to see her, and requested once more to tap her, as the dyspnœa was urgent. I found the abdomen lax and containing but little fluid, so that paracentesis was useless, and indeed impracticable. Symptoms of hydrothorax were, however, discoverable, viz., dulness on percussion, and egophony on the right side. The weak state of the patient forbade a minute investigation.

The next day, at 7 p.m., she died, not appearing worse than usual even a few minutes before death.

Autopsy, Twenty-seven Hours after Death.—Weather cold, snowing. The cheeks and lips were of a livid purple; the skin of the thorax dark and livid. On cutting the skin fluid blood ran from the superficial veins; the chest only was examined. The thorax was much diminished in size from the diaphragm being forced up very high. The pleural cavities were crossed in every direction by bands of adhesion, evidently old, which in many parts obliterated the cavity; the right contained a small quantity of serum. The centre of the chest was occupied by the enormously enlarged heart, which pressed the lungs outward and backward against the walls of the chest. The lungs were flattened by this pressure, and very small and thin; they were not removed, but remained *in situ*, and seemed gorged with blood; the roots being divided, a large quantity of blood and frothy mucus ran from the divided vessels and bronchi. The blood was for the most part fluid. A few dark clots were found in the heart.

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Pericardium.—The two layers of the pericardium were adherent in the greater part of their extent, leaving only a few small interspaces, which were filled with serum. In two places the false membrane was the seat of calcareous deposit, one near the base of the left ventricle, the other near the base of the right, where this rests on the diaphragm.

The heart weighed, with the pericardium and base of the large vessels, twenty-three ounces avoirdupois, and measured round the base of the ventricles 12 inches, and from the base of the ventricle to the apex 5½ inches.

The right auricle was injured in removal; it appeared dilated; walls of natural thickness; musculi pectinati well marked. The auriculo-ventricular opening was very large, 5 or 6 inches in circumference. The tricuspid valves were thickened, and their free margin rendered very thick and rounded by the deposit of lymph between the two layers of membrane forming them. The right ventricle had thin walls, cavity large; columnæ carneæ well marked; tissue pale. There was no calcareous or other deposit in this cavity, nor in the auricle of this side. The pulmonary valves presented a small deposit of lymph between the membranes in one cusp, and the artery itself some whitish patches, like the early stage of atheromatous deposit.

The left auricle was enormously dilated; walls not thickened. Beneath the lining membrane, in many places, were small deposits of lymph, some of which were the seat of a calcareous deposit. These were, for the most part, covered by the lining membrane; in some places, however, this had given way, and the calcareous matter could be felt. The auriculo-ventricular opening measured 4½ inches in circumference; it was much deformed, and could never have been closed, as the valves were imperfect, both in size and structure. The aortic cusp of the mitral valve was very large, ½ inch from the attached to the free margin; thin and healthy in the greater part of its extent, but the free margin was thickened, and rendered perfectly rigid, by an immense deposit of lymph and calcareous matter, which not only occupied the valve between the two layers of membrane, but extended down many of the tendinous cords. The other cusp was much contracted, being reduced to a mere projecting rim, about one-third of an inch wide; it was thickened by interstitial deposit of lymph and calcareous matter. At the angle of junction of the two cusps the calcareous deposit, in other places covered by the membrane, projected through an ulcerated spot.

The Left Ventricle.—The walls were 7½ lines thick; cavity large; tissue firm, and of a deep florid hue; columnæ carneæ large; two of the papillæ carneæ were the seats of a deposit of lymph beneath the endocardium, and in one of these a small deposit of calcareous matter was felt.

The aortic valves were much thickened by the interstitial deposits of lymph and calcareous matter, the latter being limited to the attached border, and was, for the most part, covered by the endocardium. This had, however, ulcerated on one division of the valves, on the aortic side, and thus the calcareous matter was laid bare. The aorta was large, and measured a little above its origin, 2¾ inches in circumference.

Remarks.—A case in which the heart was so extensively diseased, and in which the disease had so far advanced, I have rarely met with.

All the valves were more or less affected, the lining membrane of the left auricle and ventricle, and the pericardium, shared in the disease; and the interest of the case is much enhanced by the subsidence of all severe symptoms on two different occasions for intervals of two years and of ten months respectively, although the disease had previously reached so advanced a stage as to require paracentesis. That pericarditis should lead to adhesion of the pericardium is an event sufficiently common; indeed, Dr. Watson believes it to be the constant result of this disease, and Drs. Fuller and Latham both believe it to be the most favourable result to be anticipated. Other observers, among whom I may mention Dr. Kirkes and Mr. Paget, are of opinion that the lymph effused in pericarditis may be entirely absorbed.

The changes in the valves here found are more rarely met with. Ordinary thickening from the deposit of lymph, between or on the surface of the membranes forming these valves, are frequently found; but that this lymph should become the seat of calcareous deposit is a comparatively rare event.

That it may and does occur is proved not only by our own experience but by the testimony of men who have devoted much time to the study of the heart's diseases. Dr. Hope and Dr. Fuller both mention this change. Dr. Hope states that he has always found the induration on the right side merely cartilaginous; but he gives many instances of osseous or calcareous degeneration on the left. Dr. Fuller writes: "In some case of old standing rheumatic endocarditis I have seen cartilaginous and calcareous deposits in the valves and in the fibrinous deposits; but this doubtless has resulted from earthy or atheromatous degeneration which has taken place subsequently to the attack in which the valves were injured, or the fibrin first deposited."

The other points of interest, namely, the subsidence of all severe symptoms in so advanced a case, and the enjoyment, for a time, of apparently good health is, I presume, still more rare. I can find no case recorded in which such an interval of health followed paracentesis, though from some remarks of Dr. Hope I can well believe such an event possible, even were it not proved by the case I have detailed above. The remark to which I refer is the following:—

"We may well be surprised at the success which occasionally attends our treatment of vast dropsical accumulations which accompany an unsound heart. But in such cases it will be found that but for the patient's unfortunate circumstances (poverty and hard work) there would have been no dropsy at all, the affection of the heart being not yet ripe for it."

May we not conclude that at the time the first attack of dropsy took place the heart was much less affected than at death, consequently, that when the accumulated fluid was removed by tapping, etc., and the patient's general health somewhat improved, dropsical effusion ceased because the dropsy was dependent on other causes besides the cardiac disease, that affection "being not yet ripe for it."

The same may be said of the second attack.

In the third, that which came under my own observation, I conclude that the affection of the heart had reached a more advanced stage, and now no accidental circumstance was needed to cause dropsy.

In like manner, no treatment would avail. The patient's debilitated state precluded the use of hydragogues, which were indeed tried, but could not be borne: diuretics were of no avail; they seemed, indeed, inactive. Perhaps kidney disease, so common an accompaniment to heart affection, existed also. This could not be verified at the post-mortem, as we were only permitted to examine the chest. I am, perhaps, justified in these opinions by Dr. Latham, who observes:—"But when we succeed in abating or removing dropsical swellings, the primary unsoundness of the heart itself must not be of the worst kind, neither valvular injury enough to produce great positive obstruction, nor attenuation or softening enough to produce great virtual obstruction. There must be no concomitant disease of great amount in other internal organs,—in the liver, in the kidneys, in the lungs, no diffused unsoundness of great amount throughout the arterial system, no marked constitutional pravity, no decided plethora or anæmia. A moderate hypertrophy, or a moderate attenuation, almost stationary, or slowly increasing, with very little valvular injury, or none at all, may be the actual form of unsoundness."

Case 2.—ASCITES.—PARACENTESIS ABDOMINIS PERFORMED 90 TIMES.

Catherine P., aged 47, has been a home patient of the Bradford Infirmary for ten years past. She was a woman of very intemperate habits. She had one child twenty-seven years since, and has been married eighteen years.

Four years before her first admission here, *i. e.* fourteen years from the present time, she began to suffer from dropsy; but the account of the previous symptoms is too vague to enable me to decide whether it was hepatic or renal. Two years later, she was tapped by a Surgeon at Bury, where she then resided: and, during the succeeding two years, she was tapped eight times by him; subsequently she was tapped once at Doncaster, and once at Huddersfield. During the ten years that she had been a patient at this Infirmary, the operation has been repeated seventy-nine times, the last four times by myself, on November 4 and December 12, 1854, and January 20 and March 1, 1855; about four gallons of clear fluid being removed on each occasion.

The operation was in this case extremely easy; for the abdominal walls at the linea alba were so attenuated, that the

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slightest touch of the knife opened the peritoneal cavity; hence the puncture was easy and painless.

The day after the last tapping, her breathing was much oppressed, much more so than usual, and the following day, March 3, she died.

Only an external examination was permitted. She was of on enormous size, the legs and feet very œdematous and swollen; the abdomen large, although paracentesis had been performed only two days before. On the left side I could detect an irregular lobulated tumour, extending from under the left ribs into the pelvis, probably an enlarged spleen; and beneath the right ribs I could easily feel the enlarged liver. From these signs, and the intemperate habits of the patient, I conclude that the dropsy was hepatic, and perhaps the long duration of the disease may be explained on this supposition; for, had the kidneys been the faulty organs, she would probably have died much earlier, from poisoning by urea.

CARDIFF INFIRMARY.

GUNSHOT WOUND OF THE LEG.

[Reported by JAMES T. RUDALL, House-Surgeon.]

James Driscoll (states his age to be 23, but looks much older,) was admitted into the Cardiff Infirmary, at 12½ p.m., on Monday, March 26, under Dr. Edwards. About an hour before he was shot in the calf of the right leg, at the junction of the gastrocnemius with its tendon. He was about six yards distant from the fowling-piece, which was loaded with slugs, for wild-fowl (this was not known at the time of his admission); the charge passed through a half-inch board, and entered his leg *en masse*, with the exception of three or four scattered shots. On examining the wound, the finger passed in to a considerable depth, but no foreign body or splinters of bone were felt. The muscles are much broken up, and there is no pulsation of either anterior or posterior tibial arteries below the wound. There is one shot-hole (of exit) on the front of the leg; he is in much pain. He was put to bed. Cold water dressing to the leg. Liq. opii (Battley) ♏ xxx. statim; low diet. 9 p.m.—Dozed a little after the opiate. Hæmorrhage has not been considerable. Tongue clean; pulse under 120; foot much hotter than that of the sound limb.

March 27.—Tongue furred, white; pulse 120; leg very painful; the muscles are protruding from the wound; surrounding integuments somewhat tense, but not so as to demand incision at present. Continue cold water dressing; draught repeated.

28.—Much pain in the front of the leg, where the skin is tense and red, and pus is oozing out of the shot-hole before mentioned. An incision was made to relieve tension, and partly also in the hope of giving exit to pus; but this latter was not the case. One of the slugs was found and removed. 8 p.m.—Pain very severe in the back of the leg. Liq. opii. sed. ♏ xxx. Poultice to foot and leg.

29.—Had no sleep, and was in great pain until this morning, when it remitted all at once; it is now a feeling of stiffness or tightness rather than pain. The foot and toes are colder than those of the sound limb. Tongue white; pulse strong, 120. Foot to be wrapped in cotton-wool. Ol. ricini ʒi., as bowels have not been moved since his admission. 9 p.m.—Bowels have been freely moved; foot and toes livid and cold, but not more so than they were several hours ago. A faint odour is perceived, but they are not fairly gangrenous. He does not know when his foot is touched with the finger. An incision was made over the fibula (below the level of the shot wound); it gave exit to a small quantity of dark purulent fluid and gas. Tongue white, but not much coated; pulse 130, with power. To have beef-tea and milk. Cat. lini with Sol. sodæ chlorid. Cotton-wool to foot. Liq. opii. sed. ♏ xlss.

March 30.—Slept a great part of last night; no pain; pulse 110. Foot same as yesterday; the integument above the outer malleolus is gangrenous; the incision made last night gapes, and there is a reddish serous discharge from it. He takes beef-tea and milk. Swelling and yellowish discoloration of the skin extend as high up as the middle of the thigh. Poultice to be left off. Sol. sodæ chlorid. on lint to the wound, and lint to be enveloped in cotton-wool. Ammon. sesquicarb. gr. v., inf. cinchonæ flavæ ʒj., 4tis horis. 5 p.m.—Pulse nearly as frequent and strong as this morning; was a little delirious in the forenoon. 9 p. m.—Surface cold and clammy; pulse almost imperceptible, 90. There is gangrene of the outer and inner side of the leg below the wound; the foot, though cold and livid, is not gangrenous. Brandy *ad libitum*. Strong beef-tea as often as he can take it. 11½ p.m. —Opii gr. ij. statim. He slept for some time, but not soundly. At half-past two he awoke, and took some brandy; according to the statement of the nurse he was then quite sensible. He slept again until 4 a. m., when he had more brandy-and-water. At 4½ a.m. he died.

Examination after death.—Body well formed and of average muscular development; countenance placid.

The integuments of the right leg above the ancle-joint, and more particularly on the lateral aspects, were in a state of gangrene. On the outer side the integuments were approaching that condition to within a short distance of the head of the fibula.

On removing the integuments the foot was seen to be much congested, but not gangrenous. The anterior muscles of the leg were sloughy at the site of the wound. The anterior tibial artery veins and nerve were destroyed in this situation for an inch of their length, but upon dissection both ends of the vessels were seen. Both tibia and fibula were denuded of periosteum for a considerable distance. Posteriorly, the deep part of the gastrocnemius, the soleus, and deep flexors, with the interosseous ligament, were a mass of débris; it was here that most of the slugs were found, but they were widely scattered, and at a much higher level than that at which they must have entered; also two or three pieces of worsted stocking. There was little suppuration, and nothing like a circumscribed abscess. The posterior tibial vessels had of course been destroyed much more extensively than the anterior.

Brain.—Right ventricle contained ʒviij. or ʒx. of clear serum; otherwise healthy, or but slightly congested.

Chest.—Right lung firmly bound down by old adhesions, except towards its apex; middle and lower lobes much congested, but crepitant; left lung healthy; heart hypertrophied.

Abdomen.—Kidneys surrounded by much fat; cortical substance very pale, and their whole texture flabby.

No other morbid appearance was observed.

Remarks.—Considering the amount of mischief disclosed at the autopsy, one cannot but regret that primary amputation was not performed; probably, however, not many Surgeons would have been inclined to adopt such a proceeding; for no information could be obtained as to what the fowling-piece was loaded with. The extent of muscular laceration could not be judged of, for, superficially, there was not much injury, except at the immediate site of the wound. It was not doubted that the vessels were injured; but this does not appear to have exercised any especial influence on the unfavourable issue, as the gangrene did not occur in the situation in which we should expect it first to be manifested, if arising from deficiency of vascular supply, viz., in the toes. No history of the patient could be obtained, but the examination showed that he had suffered from chest disease, and was otherwise an unfavourable subject for injury of any kind. The cerebral effusion probably came on gradually; for it produced no paralysis, and no very marked disturbance of the sensorium. There appears to be no reason for connecting it with the exhibition of opium.

METEOROLOGY.—The mean reading of the barometer was 29·636 in. The mean temperature of the week was 47·6°, which is 4.4° below the average of the same week in 38 years. The mean temperature was below the average on every day except Thursday, on which day it was the same as the average. The highest temperature in the week occurred on Thursday, when it was 65·8°; the lowest was 31·5° on Wednesday. The mean dew-point temperature was 40·0°, and the difference between that and the mean temperature of the air was 7·6°. Wind south-west, except on Tuesday and Saturday, when it was north-west. Rain, 0·52 in. On the afternoon of Friday, there was a heavy thunderstorm, with vivid flashes of lightning; the electrical apparatus exhibited very strong positive and negative electricity, with volleys of strong sparks and galvanic currents. Horizontal movement of air 1195 miles.

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Medical Times & Gazette.

SATURDAY, MAY 19.

CIVIL AND MILITARY SURGEONS.

The alleged defects of the Army Medical Department during the late campaign in the Crimea, and the establishment of Civil Hospitals at Smyrna and on the shores of the Bosphorus, have led to the institution of comparisons between the Civil and Military sections of the Medical Profession; and have induced discussions upon the relative merits of these two departments, as far as relates to the actual treatment of the injuries and diseases incidental to a state of warfare. We propose to offer a few observations upon the causes of the alleged short-comings of the Military department, and of the advantages likely to be realized by an infusion of the Civil element. In taking this course, we hope to do adequate justice to the services and the sufferings of our brave Military brethren, while, at the same time, we show the valuable assistance which, in times of exceptional emergency like the present, the Civilian Medical Officers are likely to render.

In the first place, we may remark that the Military service of the Army by no means holds the rank or exercises the powers to which it is fairly entitled, nor are the pay and the prospect of promotion at all commensurate with the education and the services of the Medical officers. The distribution of medical commissions also being dependent upon patronage, it has hitherto been almost hopeless for any one who did not possess the requisite interest to aspire to the position of an Army Medical Officer; while, on the other hand, it cannot be maintained by the most ardent admirer of the present system, that the best men have always been selected for the vacant appointments. Considering, too, the gigantic strides which Medicine and Surgery have made in the present generation, it is to be regretted that the Medical Department of the Army has been unable, owing to the present defective system of army administration, to keep pace with the advancing science of the day. We believe that we commit no error in stating that a diploma in Surgery, without any inquiry as to the candidate's preliminary education or any examination in Medicine and the collateral sciences, is held to be sufficient as a qualification for an appointment in the Medical service of the Army; and, although we are quite aware that the candidate is expected to pass an examination by the Director of the Medical Department, yet we believe that this ordeal is not of a very stringent character, and that few persons fail to pass it. It may be said, and perhaps truly, that if very high qualifications were required the Army Medical Service could not be adequately filled; but this argument would merely show what we have just hinted,—that the present rank and emoluments of the Medical officers are not such as to invite persons of the highest talent into the service.

Again, when the young officer has obtained his commission, he is sent, in the first instance, to study at some Military Hospital, probably at Chatham, where he becomes early initiated into the defects of the military Medical service. He finds a system of routine everywhere prevailing; the Medical officers crippled in their exertions by their military superiors; their time wasted by writing out long reports of cases, whether important or unimportant; a senior officer placed in positions of responsibility, because he is a senior; a junior officer, however able, doomed to inefficiency, because he is a junior; in fact, he beholds a miserable scheme of administrative bungling, in which age and incapacity are often intrusted with the deepest responsibilities, and youth and energy may pine in vain for opportunities of distinction. It cannot be a matter of wonder if the young officer gradually falls into the existing system, and wastes his time in compulsory inactivity, waiting till the period shall arrive when mere seniority shall grasp the reins of power, without any expenditure of labour, or any manifestation of genius.

Another, and a very important, disadvantage under which our military brethren suffer, is the want of adequate opportunities for the practical study of their duties. For this disadvantage, neither they themselves nor their superiors are in any way to blame; for it has fortunately happened that, except by those who have served in our Indian possessions, the injuries and diseases attendant upon war have been almost unknown. In fact, the energies of a military medical officer are almost in a dormant condition during a long period of peace; the men who enter the army are all healthy, and if they fall seriously ill, they are removed from the service. Hence the Medical officer has no means of becoming practically acquainted with gunshot wounds, and other injuries received in battle; nor has he frequent opportunities of witnessing the nature and treatment of the severe epidemics which often accompany an army on its march, or seize upon it in its encampments. From the generally healthy condition of the soldiers, also, the management of Hospitals has been little understood; and practical skill in this respect can hardly be expected from those who have possessed no means of acquiring it. The same miserable system of routine, to which we have adverted, carries its baneful influence into the field of battle and into the camp-hospital; and the same subserviency of the medical to the military authorities, the same want of independent action, the same preference for mere seniority over talent and energy, however great,—all these circumstances, individually and collectively disastrous, impair the efficiency of the military Medical service, and draw upon it a degree of disrepute, which, if applied to individual officers, is wholly unmerited and unjust.

The Civil Medical Officers, on the other hand, have been, and no doubt will be hereafter, selected, not for their age, but for their talents, from among those who have passed a distinguished career as Students, and who have subsequently diligently attended the practice of large Hospitals. The Medical Superintendents will be subject to no higher authority in the details of the Hospital management, but will make whatever arrangements are necessary for the welfare of the patients; they will select for attendance upon the sick, and the performance of operations, not the oldest persons or those who have been longest in the service, but those who are most competent; and we think that there cannot be any doubt that under such a system the patients are likely to thrive better than when they are subjected to a purely military management.

But we have not the smallest desire to underrate the importance or to undermine the authority of our Medical military officers. Those officers have individually done their duty to their country; the bones of many of them now whitening upon the soil of the Chersonesus sufficiently testify to their dangers and their sacrifices; while the bravery, the skill, the zeal, and devotion of many who survive, although not trumpeted forth in the despatches of the Commander-in-chief, will live long in the grateful recollection of their fellow-countrymen. We object strongly to the *system* which has in some degree blunted the powers of the Army Medical Officers, and exposed them, as a body, to undeserved reproach. The introduction of the civil element, by breaking down the system of routine, by consigning Medical duties to be performed by Medical men, by giving to the Medical authorities the supreme control over the Hospitals, and by

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promoting and encouraging talent and industry without reference to favouritism or seniority—will tend, we hope, in no small degree to consolidate the union of the civil and military services; to promote the general welfare of the sick and wounded troops, and to inaugurate a comprehensive scheme of Army Medical Reform, which we understand to be in contemplation, and which, in all probability, will speedily be introduced.

DIFFICULTIES OF HOMŒOPATHY.

We have received communications announcing the appearance, in various parts of the suburbs of London, and particularly in the western, of a new hybrid variety of Medical Practitioner; one who is willing to mould his medical faith and practice to the whims of his patients, and to be homœopath or orthodox, to prescribe globules and cocoa, or pills and draughts, as they shall be pleased to dictate. The only thing in which these persons are consistent, is, their determination to stick to their patients and fill their own pockets, no matter at what sacrifice of truth and self-respect.

If we venture to occupy our readers' time with this subject, it is because Homœopathy has gained a certain footing, and is often the subject of discussion in the polite world. Popular treatises, too, on the domestic practice of homœopathy are to be found in many families, where they occupy the shelves once consecrated to Drs. Buchan and Graham. Hence Medical practitioners are often brought into contact with the proselytes of homœopathy, and are dragged into disputations as to the merits of the rival systems. But if we may offer our advice we would say, never enter into any serious argumentation; grave irony and playful banter are far more efficacious; and, above all, never deny their facts or doctrines, but show, instead, how irreconcilable they are with each other. For our own parts we confess that we have diligently studied homœopathy at the fountain head, and that our intimate acquaintance with the writings of Hahnemann has often enabled us to silence, if not to convince, some who have been captivated by the more specious and superficial parts of his doctrines. We affirm that so baseless and illogical is the entire system, that the best arguments against it are to be derived from the books of its founder. Let us then attempt such a rapid sketch of the system as may exhibit its inconsistencies, and arm our readers with weapons of offence and defence drawn from the enemy's own armoury.

Samuel Hahnemann, the founder of the sect, was born in a small Saxon town in 1755, and was educated for the Medical Profession. But from the first he was unduly attached to the theory and literature of medicine, and altogether unsuccessful as a practitioner. The doubts and difficulties of diagnosis, and the uncertainties of treatment, soon disgusted him with the practical exercise of his profession, while he was especially grieved at his inability to reconcile the prevalent theories of medicine with each other, and with actual matter of fact. He wanted that which all false philosophers crave for,—a perfect theoretical system, embracing all known phenomena,—a thing not possible to be attained by the human intellect; and he further desired, to use his own words, rules of practice and results mathematically precise, such as, we need scarcely say, can only be obtained by mechanical forces, and such as no sane person can hope for in medicine. So, instead of grappling with his difficulties, and working on patiently, getting practical experience for himself, and storing up facts out of which general laws might hereafter be developed, Hahnemann, like a spoiled child, quits the sick room for the closet, becomes a literary hack instead of a practising physician, earns his livelihood by translations, and employs his leisure in excogitating a perfect theory of medicine. While leading this kind of life in 1790, and occupied in translating Cullen's "Materia Medica," he took by way of experiment a dose of cinchona bark, being in good health at the time. The bark produced, it is said, a fit of chilliness followed by fever. This was our theorist's nest-egg. What if medicines should be capable of causing in the healthy the maladies which they cure in the sick? What if their power of relieving disease depends on their power of causing it? This was the position which was formuled by the phrase, *similia similibus curantur*, and by the term *homœopathy*, ὅμοιον πάθος; and this Hahnemann spent the rest of his life in developing and maintaining. He first published a modest essay, in 1796, which met with no attention, but in 1810 he gave to the world that extraordinary compound of assumed and irrelevant facts and bad reasoning which is styled the "New Organon of the Healing Art,"—the Alcoran of the new sect; and in 1811, he published the "Materia Medica Pura," which contains his observations on the virtues of the medicines, and is intended to serve as experimental evidence of his doctrines.

Regarding the doctrine of the *similia similibus*, it is simply not true as a law. It may indeed be maintained plausibly, that *some* agents *sometimes* cause symptoms such as they cure at others; but the analogy is very flimsy, and vanishes when closely analyzed. Intense cold produces inflammation, which a less intense cold will soothe. But the property of causing inflammation is not peculiar to intense cold, but is common to all energetic agents; neither is moderate cold the only remedy for inflammation; neither is inflammation a uniform and simple process, of the cure of which anything whatever can be predicated as a general rule. An explosion of gunpowder may set a house on fire; an explosion of gunpowder is also used to extinguish extensive conflagrations: yet in each case the result is not due to the gunpowder *per se*, but to the accidental qualities and circumstances of that which it acts upon. To say that gunpowder has a fire-extinguishing property, is a parallel absurdity to the *similia similibus*. The same agent, in opposite states of the animal body, may produce opposite effects; in fact the best illustration of the homœopathic quibble is given in the old fable of the man who blew on his fingers to warm them, and on his pottage to cool it. If any one were to say that the breath cooled the pottage because of its warming power, or warmed the fingers because of its cooling power; or if he were to say that air has a pyrogenetic power, and that a small current through a blow-pipe gives intensity to a flame, *because* a larger gust would blow the lamp out, he would be merely giving the same explanation of a common physical fact as the homœopathists give of the curative effects of medicine.

Leaving this part of the subject for the present, let us glance at the "Materia Medica Pura."

We must premise that, as Hahnemann asserted that medicine cured disease through its power of causing it, so it was necessary for his purpose to show that medicine can cause disease. To prove this, he made an immense number of experiments, the results of which constitute the "Materia Medica Pura," and which form, so to say, the experimental proof of the homœopathic tenets. But these experiments were conducted under the guidance of a most preposterous assumption, which we proceed to expose.

The notion of the ὅμοιον πάθος is the basis of homœopathic *doctrine*; but the foundation of homœopathic *practice* is this:—It is assumed that the various causes which are capable of disordering the animal economy, are divisible into two classes: morbific agents, and medicines. Morbific agents comprise the common physical and moral causes of disease, including miasms and contagious poisons; of these it is said that they only act *conditionally; i. e.*, they cannot affect every individual at any time. But, on the other hand, it is affirmed of medicines, that they "at all times, and under every

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circumstance, work upon every living individual, and excite in him symptoms peculiar to each medicine." We are using Hahnemann's own words, who says on this point in another place, "ordinary morbific principles have only a conditional and often a very subordinate influence; while medicinal powers exercise one that is absolute, direct, and greatly superior to that of the former."

Now if this be true, (and we need scarcely say that it is not universally, for there are many medicines whose effects must be conditional,) it follows of necessity, that if any person in good health takes a dose of any one medicine, all the symptoms of every kind which ensue can only be caused by that medicine; for, as it has been assumed, medicinal are stronger than morbific agents, and while the medicinal are in possession, no morbific agent can avail aught. Hence, to use Hahnemann's words again; "the symptoms, modifications, and changes of the health that are visible during the action of the medicine, depend on that substance alone, and ought to be noted down as properly belonging to it." This principle is rigidly enforced in a variety of ways, and it constitutes, as we have said, the very basis of the homœopathic practice; whatever symptoms, of whatever sort, arise during the administration of *any one* medicine, can be due to that medicine only.

Now let us picture to ourselves, Hahnemann, with a knot of German disciples, guided by this dogma, setting seriously to work to discover the pathogenetic action of some medicine. Perhaps the substance experimented on is blacklead, or chalk, or charcoal, or common salt, or it may be some more potent drug. They patiently look out for, and faithfully record, every sensation, however trivial, that arises, and out of the records of such experiments, the *Materia Medica Pura* is afterwards to be concocted. It requires no great shrewdness to foretel what will be the result of such observations, made by Germans heated with metaphysics and mysticism. As a writer in the *Medical Gazette* observed, many years ago, the homœopathic volumes are a record of the most disgusting pruriency, flatulency, and filth. There is scarcely any medicine, after which there does not occur almost every kind of itching, tickling, scratching, hawking, retching, spitting, with various other personal phenomena too disgusting to be alluded to. Besides these, there are the various sensations of pain, pressure, tingling, —all purely *subjective* symptoms—and these, together with any symptom of any sort, a pimple on the nose, or redness of one eye, any phenomenon in fact which the observer may have noticed in his health, after the administration of any medicine whatever, were duly chronicled as effects of that medicine. Hence, in addition to the well-known medicinal or poisonous effects of any given drug, the homœopathic books contain lists of several hundred symptoms ascribed to almost every sort of medicine. These symptoms are of the most trivial, incongruous, and often contradictory character. For instance, of aconite, it is said, as the twenty-seventh symptom, that it produced a moderate thirst for beer; of arnica, that it caused thirst for water, also a desire to kick off the bedclothes when warm in bed. In fact there is scarcely any one variety of trivial bodily action or sensation which is not attributed to almost every medicine.

And now, if any one should object that the list of symptoms produced by substances commonly called inert, such as charcoal, chalk, or blacklead, (graphite,) is just as copious as that produced by opium or arsenic, the reply is, that we, of the orthodox school, have no knowledge of what the effects and operations of medicines really are. It is true that the physician conceives that he can understand the good effects of, at least, many medicines, because some remove what is noxious, others add elements that are wanting; some increase, and others diminish, the action of various organs. But this is too simple and matter-of-fact an explanation for the homœopaths. According to them, medicines operate by virtue of a specific, imponderable, immaterial force, whereby they extinguish disease immediately, and without the intervention of any secondary action. The term *dynamics* is used to embody this absurd dogma,—a term which seems to convey an idea, but really does not; but being Greek and unintelligible, it is very fascinating to some people. Rendered into plain English, it means that medicines cure disease because they do; or that their force is force;—a kind of explanation long ago satirized by Molière, "Quia opium facit dormire? quia vim habet dormitivam."

The homœopaths, then, allege that the curative effects of medicine are ultimate facts; inscrutable as the real essence of heat and light; due to inherent force: and further, they allege that in the case of many substances which the vulgar call inert, such as chalk, charcoal, or black lead, this force is developed by the intense friction to which they pretend their medicines are exposed in the course of manufacture. Nay more, that in the course of subdivision by friction, the forces are so exaggerated, that the greater the subdivision the greater the force; and consequently, the less the dose the greater the effect; especially in the case of bodies naturally inert.

We have now given a rapid sketch of two of the primary homœopathic dogmas—the first, that diseases are cured by medicines which have the power of creating similar diseases in the healthy: the second, that medicines have inherent and absolute powers of exciting disease; powers superior to all other morbific agents, medicines only excepted; insomuch that every medicine administered must produce its effect, and every effect produced be due to the medicine. Further, that medicinal virtues are developed in inert substances by subdivision and friction; virtues so great, that they are exerted on susceptible persons who merely smell a bottle containing a homœopathic globule; which globule, if carefully corked up, Hahnemann declares will keep its virtues forty years—which we are not disposed to deny.

Now let us for a moment suppose all these dogmas to be true; and then let us ask how it is possible to insure the conditions necessary for homœopathic practice, which consists in the administration of one drug at a time, in inconceivably minute doses, which must not be interfered with by the action of any other medicine whatever? Hahnemann says:—

"As it is requisite in the homœopathic treatment that the doses should be extremely weak, it may be readily conceived that everything which exercises medicinal influence on the patient should be removed from his regimen and mode of life, in order that the effects of such minute doses may not be destroyed, overpowered, or disturbed by any foreign stimulant."

Hence homœopathic practitioners are most scrupulous in interdicting "the use of tea, coffee, beer, liqueurs, chocolate, spices, sweet waters, perfumery of all kinds, medicated tooth-powder, perfumed bags, strongly-seasoned viands, pastry, wine with spices, vegetables consisting of medicinal herbs and roots; old cheese, stale meat, pork, goose, duck, and young veal. Every one of these," adds Hahnemann, "acts medicinally, and ought to be removed from the patient." But where is the patient who can be removed from such influences? How can the homœopathic practitioner, who prescribes any form of medicine, be sure that it will not be neutralized in half an hour by the medicinal substances which meet the patient at every breath? If a decillionth of a grain of opium is a potent remedy, will it not be neutralized by the effluvium of coffee which proceeds at times from most

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kitchens? If chalk and charcoal in doses of a decillionth of a grain are pathogenetic substances, is there no effect due to breathing London air or drinking London water? Does the trituration of the millstone give any medicinal virtue to the few grains of earth or silica adhering to corn? If a hundred symptoms arise from musk, how many are developed by passing the door of a perfumer? So we might go on to some length; but we think we have said enough to show that instead of seriously confuting the doctrines of homœopathy, we only need ask how we are to secure the conditions necessary, according to Hahnemann, for the due and undisturbed action of remedies? How are we to be secure from the influence of medicinal vapours floating in the air, which if homœopathic globules have any force, must also have force too? If we are required to agree to the cardinal point of homœopathic practice—the specific, absolute, and inherent force of medicines, and the necessity that they should not be interfered with, we are bound surely to take into account the number of medicines which we all inhale unwittingly; and must confess the difficulty of ascribing effects to medicines which may be altogether counteracted by a little nutmeg in the pudding, or pepper in the soup, or by the eau-de-cologne on the handkerchief, or by the vapours of sulphur, phosphorus, tobacco, camphor, or the minutely-divided dust of the streets, which, if homœopathy be true, must be pounded and triturated into medicine of tremendous force.

In a subsequent number we will pursue this subject, and show, out of the words of Hahnemann, the difficulties of homœopathic Practice.

THE WEEK.

The Pathological Society held its last meeting for the session on Tuesday evening. As usual, there was a crowd of specimens, and many more than could be exhibited. The winter has, we should think, been a very successful one, and the volume of Transactions may be expected at least to equal those of former years. Bearing in mind that the Society is essentially what its name indicates, and that it wisely keeps close to its duty, of collecting and examining original facts relating to the processes and results of disease, it is perhaps scarcely fair to ask from it any direct additions to our knowledge of therapeutics. These will follow in their due course, and can only be deduced with safety from large collections of well-examined and trustworthy data. The zeal and industry with which the Pathological Society has prosecuted its labours in this direction have deservedly earned for it a very high place in the estimation of the Profession. It was formerly not unusual for certain *soi-disant* "practical men" to speak lightly of the labours of the morbid anatomist; but the tables are now being turned, and the scientific investigator is taking his proper place. It is not that Pathologists forget that medicine is the art of healing, but that they correctly appreciate the remote sources whence true knowledge of that art is to be derived. They recognize, as clearly as Bacon did, that the one end of science is "fruit, to the good of man's estate;" but with Bacon also, they "absolutely condemn and reject the untimely and childish desire of seeing fruits of new works before their season, regarding it as the golden apple which hinders progress."

We might mention, however, several subjects on which light of great practical importance has been thrown, during the past winter, by the members of the Pathological Society. Mr. Gray has demonstrated that the flow of serous fluid from the ear after injuries cannot be deemed a certain sign of fracture. Mr. Ward has shown specimens which bear with much interest on the debated question of sac-opening in herniotomy. Mr. Hillman has exhibited proof that a cancerous growth may take place in the centre of an innocent tumour. A new class of loose tumours in the abdomen has been illustrated by a series of specimens by Mr. Shaw, Dr. Ogle, and Dr. Van Der Byl. Mr. Adams has set at rest a question in the anatomy of clubfoot, an operator's ignorance of which would have ensured his failure. Drs. Bristowe and Wilks in respect to an exudative form of bronchitis, Dr. Andrew Clark as to diagnosis by the microscopic examination of expectorated matters, Dr. Handfield Jones on the degenerations of the pancreas, Mr. Hutchinson regarding the nature, contagion, etc., of the diseases classed as ringworm, have all made communications which will prove of direct value to practical medicine.

The week does not yield us any important news from the seat of war. The Smyrna Hospital is fast getting empty. It would seem that nothing but "damnable iteration" can attract the attention of those in power, and we must, therefore, beg to repeat our opinion, that a most culpable degree of dilatoriness and want of energy are manifest in the present direction of Medical affairs in the East. We have now an enormous army in the field, probably not fewer than fifty thousand men, who, in case of injury or disease, would become dependent on English care. That army is in close proximity with a dangerous foe, and any post may bring us the account of a conflict of unparalleled magnitude. The hot weather is also close upon us, and endemic diseases will, to a certainty, soon become rife. Against these anticipated casualties we are at present provided with Hospital accommodation for but little more than 4000 men, and much of that is in buildings which have been proved to be unhealthy. Why not at once send out more huts, more Hospital ships, more Medical men? Why keep the Smyrna Staff without occupation at such a distance from the scene of action? Why not take advantage of the present lull to prepare for the future, and to get everything into readiness?

The greater part of the Staff attached to the Hospital under the charge of Dr. Parkes, has not yet left London; the end of June, or the beginning of July, is now spoken of as the probable time for sailing. The difficulty of finding a suitable site for the erection has been the chief source of delay. But a spot suitable has at last been found. It is a sandy spit of land running into the sea, seven miles south of the Dardanelles, and two miles from the village of Renkioi, marked on the maps Ghumez. The spot chosen is in a very lonely, though very beautiful situation. Dr. Parkes is entitled to much praise for the extraordinary pains he has taken in the selection of a site.

By the resignation of Mr. M'Murdo, after holding the appointment for upwards of twenty-five years, the Surgeoncy to Newgate has become vacant. It is now to be divided into two separate appointments, one concerning the Newgate prison itself, and the other the House of Correction at Holloway, hitherto held in connexion with it. The salaries are to be £150 each, against which, as being meagre and inadequate, we should have had much to say on behalf of the Profession, were it not understood that it is intended to increase them shortly, if the Court of Aldermen be satisfied with the officers whom they elect. As all readers of the *Times* advertisements will have noticed, the candidates are most numerous. They amount, indeed, we believe, to something not far short of forty. Both these are important and very responsible posts, but especially the Newgate one, which, on account of the frequent occurrence of difficult questions in Medical jurisprudence, ought to be filled by none but a man of great judgment and high scientific attainments.

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A letter, which we publish to-day in another part of our Journal, from the House Surgeon to the Hull Infirmary, would appear to show that chorea and its allied diseases have lately been noticed as unusually prevalent in Yorkshire as well as in London. It is much to be regretted that we have no statistical data by which to ascertain the degree of prevalence of particular diseases at different times. The registration of deaths is of course almost useless in this respect, at least as far as the less fatal affections are concerned. The past two months have perhaps rarely been paralleled in the unseasonable coldness of the weather, and it would be extremely valuable could we obtain accurate information as to the effect produced on the health of the community. To take an instance—the general "impressions" of many observers lead them to believe that chorea has been unduly prevalent; could we make positive these impressions by numerical calculations, it would become most important to discover what other forms of disease had also been above the average. Many reasons exist for thinking chorea of rheumatic origin. Now, if we could say whether or not rheumatism had prevailed coincidently with it, we should have gained a step towards the solution of an important problem. The trouble involved would certainly defeat any plan for the registration of all cases treated in private practice; but with regard to hospitals, dispensaries, etc., such an objection should not prevail.

We have been informed by Mr. Guthrie that he did neither suggest nor advise that the subject for the Jacksonian Prize for 1855, should be "Gun-shot Wounds and their Treatment." We are happy to receive the disclaimer of Mr. Guthrie, and we have little doubt that he will admit the justice of our remarks as to the inexpediency of proposing such a subject at so early a period of the war.

The observations of Judge Lonsdale, in the action against an illegal Practitioner at Bradford, mentioned in another column, show an unusual amount of clear-headedness. It is cheering, after the many examples of opposite conduct, to find the prosecution of an ignorant pretender to medicine made a subject of congratulation from the Bench.

REVIEWS.

An Essay on the Action of Medicines in the System. Being the Prize Essay to which the Medical Society of London awarded the Fothergillian Gold Medal for 1852. By FREDERICK WILLIAM HEADLAND, M.B., B.A., F.L.S. etc. Second Edition. Pp. 396. London: Churchill. 1855.

ON the first appearance of this book in 1852, we expressed our approbation of the manner in which Mr. Headland had treated a very difficult and comprehensive subject. In his second edition he has, without much increasing the bulk of the volume, introduced such additional matter as the advancing state of therapeutical science renders nesessary. Although the plan of the work is avowedly theoretical, it is founded altogether upon the results of practice; and, although we cannot go so far as to flatter Mr. Headland with having produced a perfect system of pharmacology, we congratulate him on having produced a very able work, and one which reflects infinite credit upon his industry and his judgment.

Practical Treatise on the Diseases of Children and of Infants at the Breast; including the Hygiene and Physical Education of Young Children. Translated from the French of M. Bouchut, with Notes and Additions, by PETER HINCKES BIRD, F.R.C.S, Author of the Jacksonian Prize Essay for 1849—on Erysipelas. 8vo. Pp. 776. London: Churchill. 1855.

Mr. BIRD has given to M. Bouchut's work a title to which its author never pretended that it has a claim. M. Bouchut's work is entitled, "A Practical Treatise on the Diseases of New-born Children and of Infants at the Breast."—"Traité Pratique des Maladies des Nouveaux-nés et des Enfants à la Mamelle," are the words we find printed on the title-page of the original; and how from them Mr. Bird has managed to extract his own title-page we wonder much. We regret to say that the work generally is almost as badly translated as the title-page. English practitioners of medicine are eminently practical, and very justly attach considerable importance to every hint for the improvement of the means at their disposal for the treatment of disease. M. Bouchut's work abounds in formulæ. In his own preface Mr. Bird informs us that he has reduced the French weights and measures to "the corresponding English ones." To Mr. Bird's translation of these formulæ we shall turn for a justification of our strong condemnation of his labours. We shall arrange side by side Mr. Bird's rendering of M. Bouchut, and the correct translation.

Mr. Bird's translation.		Correct translation.	
Lard	1 oz.	Lard	7½ drs.
Potassio-tartrate of antimony	2drs.—p. 225.	Potassio-tartrate of antimony	2½ drs.—p. 262.
Powdered valerian	12 to 15 grs.	Powdered valerian	9 to 15 grs.
Worm seed	12 to 15 grs.	Worm seed	9 to 15 grs.
Calomel	2 grs.	Calomel	½ gr.
White sugar	30 grs.	White sugar	30 grs.
Mix and divide into four powders —*one* to be taken every twenty-four hours.—p. 487.		Mix and divide into four powders —to be taken in the twenty-four hours.—p. 582.	

In the next formula Mr. Bird translates 240 grammes nine instead of eight ounces; and at page 489 he renders 300 grammes 12 ounces, instead of 9½ ounces.

Mr. Bird's translation.		Correct translation.	
Croton oil	1 dr.	Croton oil	8 drops.
Lard	½ oz.	Lard	½ oz.
Mix—formula 74.		Mix—formula 74.	

In formula 69 we find 250 grammes rendered by 78, in place of 8 ounces; and in formula 55, the quantity of tincture of digitalis in a mixture is 10 to 15 drops, instead of 3 to 5. We could multiply our quotations of blunders to an almost unlimited extent.

But to put Mr. Bird's carelessness yet more clearly before the reader, we may observe that 5 centigrammes of calomel are in three separate formulæ severally rendered 2 grains, 1 grain, and ½ grain, and that 50 centigrammes of croton oil is translated at page 303, 2 drachms, and at page 765, 1 drachm, 50 centigrammes being really only 7½ drops.

The Pocket Formulary and Synopsis of the British and Foreign Pharmacopœias, comprising Standard and Approved Formulæ for the Preparations and Compounds employed in Medical Practice. By HENRY BEASLEY. Sixth Edition. Pp. 556. London: Churchill. 1855.

THE fact that Mr. Beasley's Pocket Formulary has reached a sixth edition is a sufficient proof of the estimation in which it is held by the Medical and Pharmaceutical public. It is, in fact, a very comprehensive work, containing a great mass of information in a very small compass. The arrangement is alphabetical, as being most convenient, and contains selections from the American, French, German, and other foreign Pharmacopœias, in addition to the formulæ from the three British ones. The work, however, is so well known, that it is unnecessary to do more than announce the present edition, and to state that the doses of the various medicines have now been added.

A System of Instruction in Qualitative Chemical Analysis. By Dr. C. REMIGIUS FRESENIUS. Fourth Edition. Edited by J. LLOYD BULLOCK, F.C.S. Pp. 310. London: Churchill. 1855.

DR. FRESENIUS is a most laborious and indefatigable cultivator of the field of chemical science, and is one of the greatest authorities in quantitative and qualitative analysis which the celebrated school of Giessen has produced. The present English edition corresponds to the eighth German edition, and contains additional processes for the qualitative analysis of mineral waters, of common waters, ashes of plants, animals, and manures, and for the detection of poisons. As the work is a text-book in every chemical laboratory, we merely announce the appearance of the present edition, brought down to the existing state of chemical analytical science, by the joint labours of Dr. Fresenius and his translator, Mr. Bullock.

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PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

CASE OF MALFORMATION OF THE STERNUM.

Alexander Graux, 25 years of age, presented himself before M. Aran exhibiting a malformation of the sternum, consisting in an almost entire division of that bone along its mesial line.

In the whole of the region naturally occupied by the sternum there existed a depression or gutter-like cleft, its walls formed by the integument only. This depression was about three and a-half inches in length, measuring it vertically from a line drawn from one clavicle to the other, and assumed a triangular shape, the base above in the space between the two clavicles, and the apex below. At its base it measured about two-thirds of an inch, and at its apex about an eighth. The dimensions of this furrow could be considerably increased at the pleasure of the patient by putting his pectoral muscles into strong action, the integument covering it being then stretched so as to occupy the same level as the rest of the wall of the thorax, the depression being entirely effaced.

When in a state of repose an osseous rim, evidently formed by the two halves of the sternum, was distinctly seen on either side of the cleft, and to this the ribs were connected in the usual manner. This malformation entailed some considerable modification in the relations of the osseous and muscular structures of the neck and chest. The clavicles, natural in their curve and structure, terminate in a large extremity above either half of the sternum, without any trace of a sterno-clavicular articulation. The sterno-cleido mastoid muscles arise from the clavicle only; properly speaking they are cleido-mastoid, the right sterno-hyoid and thyroid are absent, but on the left side they can be seen, during a deep inspiration, resembling two prominent cords. The respiratory functions are no less considerably modified by this malformation. An ordinary inspiration is at once diaphragmatic and superior costal, with this peculiarity, that the diaphragm acts first, the upper ribs rising after the commencement of the recoil of the abdomimal walls. During a deep inspiration the chest is raised and enlarged by the trapezium and sterno-mastoid on either side, while there is no proportionate increase in the action of the diaphragm and upper ribs. There is nothing remarkable in an ordinary inspiration, but during a forced one the chest and the abdomen retract, the veins of the neck become conspicuous, some of the intercostal spaces become convex on the outer surface, and then the fissure commences to rise from its middle upwards until the integument becomes level with, or even projects beyond the level of the neighbouring structures.

Owing to this malformation the mode of performing some of the functions of the heart can be studied through the thin covering of integument. About the middle of the fissure an oblong tumour alternately dilates and contracts from sixty to sixty-four times in the minute. When most dilated the tumour is about two inches in its greatest or vertical diameter, and it diminishes from one half to two-thirds when contracting from above downwards; and from the right to the left side, the dilating and the contracting alternate, and the former occupies rather more time than the latter. This pulsating tumour is relatively less resonant on percussion than the neighbouring parts, and this dulness is continuous with that of the ventricles, or of the heart properly so called, measuring three inches from side to side, reckoning from the mesial line, and three and a-half from above downwards. At the level of the tumour the two sounds of the heart are very loud and clear, especially the second. At the boundary of the ventricular dulness, which extends beyond the level of the impulse, the two are equally loud, clear, and nearly of the same duration; but ascending obliquely towards the base the second sound becomes stronger and clearer, and near the sternum the first acquires a blowing character. The second sound derived from the pulmonary artery is more distinct and superficial than that of the aorta. When the hand is placed upon the spot at which the impulse is most distinctly felt, viz., in the fourth intercostal space close to the nipple, when the patient is lying down, or a little below the fifth rib if he is standing, this impulse is found exactly to coincide with the commencement of the contraction of the tumour. If the fingers are placed on the radial or the carotid while the eye attentively watches the movements of the subcutaneous tumour, an appreciable interval is noticed between its contraction and the dilating of the artery, the latter being always consecutive.

Such are the principal peculiarities presented by this malformation. The young man enjoys excellent health, though of a feeble appearance. For the present we record the phenomenon without seeking to deduce from it any argument in reference to the many different theories respecting the movements of the heart, and we abstain from bringing forward the diverse explanations which have been already offered.

A commission composed of MM. Aran, Beau, Béheir, Bouvier, Hérard, and Monneret having been requested to report upon the subject to the Medical Society of the Hospitals; we shall on that occasion be naturally led fully to investigate this question.

Gazette des Hôpitaux, April 7th, 1855.

INHALATION OF CHLOROFORM IN PNEUMONIA.

By Dr. HUTAWA.

Having tried the inhalation of chloroform in a case of severe double pneumonia with complete success, Dr. Hutawa resolved to treat all those he met with in a similar manner, and he now reports his satisfaction with the result in twelve cases. The patients inhaled at first from 20 to 30 drops every hour, night and day. In this way 24 ounces of chloroform were consumed by the 12 patients, about half an ounce being used in 12 hours during the early stages. Other medicinal substances were only resorted to when the pneumonia was complicated by other affections. General bleeding, even in the severest cases, was not employed, and convalescence was very rapid. *Medic. Zeitung*, 1855. No. 11.

GENERAL CORRESPONDENCE.

THE FOLEY-PLACE MURDER.

[To the Editor of the Medical Times and Gazette.]

Sir,—The principal feature of Buranelli's insanity was delusion—the unfounded belief that he had a fistula in ano, through which his urine was constantly flowing. In addition, his character had undergone an entire change; he exhibited great mental depression and melancholy; had marked desire to commit suicide; and, as it appeared after the trial, he wished also to induce Mrs. Williamson, the person he loved, to destroy herself with him; and he showed a general feebleness and dulness of intellect, which remarkably contrasted with his previous intelligence. It was on account of his supposed physical infirmity that he came to London from Penshurst, where he had for some years resided, and was admitted into the Middlesex Hospital, under my care, in the absence of my colleague, Mr. De Morgan, on the 17th of last August.

The proposal to examine his fistula threw him into a paroxysm of terror, expressed with such exaggeration, both of words and manner, as to excite general observation. All that could be found was a little hole in the skin, at some distance from the anus, which Mr. Shaw, who was interested in the man, thought was the remains of a suppurated hæmorrhoid. This little bridge of skin was divided, causing no pain, and attended with no more bleeding than would have followed the scratch of a pin. He continued, however, to assert that the urine passed through this hole, and perpetually teased Mr. Shaw and myself to examine the wound whenever we entered the ward. On the 2nd September he was discharged from being an in-patient, on account of a great pressure of cholera patients; but as I was sorry for his condition, and was much struck with his melancholy and dejection, he was allowed to attend as an out-patient, though for a period of many weeks he had no trace of fistula or of any other physical ailment; and this he continued to do down to the time of the murder.

Some weeks after this event, in fact, about three weeks before his trial, I learned, on inquiry from the sister and nurse of the ward in which he had been, that his delusion as to the water was stronger than I had supposed; that when in the Hospital he would perpetually assert that his bed was "swamped," or "swimming" with water, and entreat to be

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taken out of it; that he would lie crying for hours together; complain much of pain in the head; and that he conducted himself so strangely as to lead them to talk about him, and express their belief to each other that he was insane. They stated, also, that he had been visited by Mrs. Lambert, the *soi-disant* wife of the murdered man, and that she had frequently conversed about him, and stated that she did not think him right in his head.

Shortly after the murder, I had written to Dr. Baller, of Penshurst, who had attended Buranelli for his fistula, and learned, in reply to my letter—and subsequently, also, from Dr. Baller's evidence at the trial—that he had known the Prisoner for about three years, and had always considered him a "mild, inoffensive, respectable man." In the spring of last year he had lost his wife in her confinement, and "became melancholy and extremely depressed;" "wandering about much by himself," and altogether changed in character. That soon after his wife's death an anal abscess had formed, which, having resulted in a trifling fistula, was divided. "After the operation," the letter proceeds, "he became very irritable and impatient, removing the lint and tearing away whatever dressings had been applied;" and "eventually his conduct became so violent and his temper so ungovernable" that no one could do anything with him. His delusion as to the water had also made its appearance at a very early date.

Inquiries at Penshurst further established,—

1st. That Buranelli had originally gone there on account of his marriage with a fellow-servant, and had followed the occupation of a tailor, working for the same master, and living in the same lodgings during the whole time. His fellow-workmen and companions stated that he was cheerful, industrious, sober, and much liked by every one.

2nd. That, consequent on his domestic misfortunes, his disposition had altered; he had become dejected, irritable, violent, and morose; frequently spoke of destroying himself; and they believed would have done so, had it not been for his child, to whom he was much attached. They further affirmed that he had endeavoured to procure laudanum, had tried to persuade a man to shoot him, and on one occasion had run away with so strongly expressed a determination to drown himself, that his companion would not leave him until he had placed him in the hands of a brother-in-law. He had for some time entertained feelings of extreme animosity against Dr. Baller; concealed the medicines given to him, and refused to take them, alleging that Dr. Baller wanted to poison him; a suspicion which he supported by an absurd test with a halfpenny.

It is here to be noticed, that the incoherent letters written by Buranelli a few days before the murder, expressed a stronger degree of hatred against this gentleman than against the man he murdered, whom, however, he seems to have connected with Dr. Baller in some way or other; although it need scarcely be observed that, in reality, they had no knowledge of each other whatever.

While these inquiries were proceeding at Penshurst, Mr. Crauford, a gentleman residing in Grafton-street and in Scotland, called at the prison, not knowing that any one considered Buranelli insane, and stated that he felt it his duty to come forward and say, that when the Prisoner had been his valet, five years before, some members of the family had been strongly impressed with the belief that his mind was affected. Some circumstances connected with the death of the Prisoner's first wife, an Italian, and some apparent delusions about a picture, were especially referred to.

It now becomes necessary to go back for a little, in order to trace the Prisoner's earlier history, which we are enabled to do for a period of about twelve years.

Buranelli was a native of Ancona, and brought up to the trade of a tailor. He subsequently served in the Papal Guard, but left the army in order to enter the service of the Abbé Stewart, whose man-cook was the Prisoner's brother, and in this situation continued for five years. At the end of this time, in the year 1846, the Abbé Stewart was assassinated whilst bathing, by a youth, who was tried and convicted of the offence. On his death-bed, the Abbé remembered that he had made no provision in his will for Luigi Buranelli, although he had done so for the brother, and accordingly wrote on a slip of paper the request not to forget his "most faithful valet." Mr. G. Drummond Stewart duly fulfilled the intentions of his brother, the Abbé, whose property he inherited, and writing in affectionate terms to Luigi, promised him an annuity of £20 a year. Twelve months afterwards, however, Mr. Stewart died, and, as he had not charged the annuity in his will, it ceased for some time. In this dilemma, Mr. Moore, the English consul at Ancona, exerted himself warmly; but, failing in all endeavours, Buranelli came to England in 1848, to see what he himself could do. On arriving in London, he became a waiter in the hotel of M. Privatelli, and shortly afterwards received information from Mr. Moore that the pension had been again sent from Scotland. He therefore requested that the money should be paid to his wife, in order that she might join him, which she did, travelling in company with Miss Mesurier, the daughter of the late Abbé Bauher, who was coming to England. Soon after this the prisoner entered the service of Mr. Crauford, at which period, as already stated, his first wife died. There exists a letter from Mrs. Le Mesurier to Buranelli, condoling with him on the death of his "Rosa," and expressing warm appreciation of his intention to assign a part of his pension to her relatives. These little traits are important, as establishing what is evident throughout, the gentleness and amiability of the man's character, and the regularity of his conduct. As Mr. Crauford emphatically expressed it, "he was a universal favourite." Some months after the decease of his wife, the Prisoner entered the service of Mr. Joice, having left Mr. Crauford, on account of some change in his domestic arrangements, but retaining the entire esteem of the family, who permitted him to call at the house when he was in London. At Mr. Joice's, he met Martha Ingraham, a fellow-servant, whom he subsequently married, and resided with at Penshurst, whence he has been traced, for about three years, until her death, after which he came to London, and was admitted into the Middlesex Hospital. Mr. and Mrs. Lambert had known the prisoner from the period of his arrival in England, and like so many other persons, having taken a fancy to him, treated him with uniform kindness and generosity. On his discharge from the hospital, they took him to live with them, charging nothing for his board. Here it was that he became intimate with Mrs. Williamson, who was a partner with Mrs. Lambert in dress-making; and there is nothing surprising in the circumstance, seeing that Mr. and Mrs. Lambert lived in adultery on the ground floor. Mrs. Williamson, a woman separated from her husband, lived above, and the Prisoner slept in a room next to hers, and they all took their meals together. So matters continued until the end of December last, when Buranelli determined to go to Paris, to get cured of his supposed fistula. At this time, however, it would seem that Mrs. Williamson considered herself pregnant by him, and he was consequently required to leave the house by Mr. Lambert. This he did on the night the accusation was made; the testimony of all the persons concerned concurring in the statement that they parted in mutual good will, Buranelli desiring to pay more for his share of the expense than Lambert would accept, and expressing regret that he should have done any thing to annoy a person who had been so kind to him. The Prisoner, however, could never understand that the reason assigned was the true cause of his expulsion from the house, as the fact of his connexion with Mrs. Williamson seemed to him natural, and it does not appear that she really was pregnant by him. Still, one deadly incident had taken place. Lambert had twitted him about his health and his delusion; and, though the injury was forgiven, and for the time forgotten, it recurred to his mind when he determined to take Lambert's life; and he refers to it in the rhapsodies written just before the murder, thus: "My horrid crimes have been occasioned by many insults, which, after the saying of the doctor, these Lamberts offered me." Mr. Lambert "acted as if I had been a thief and an assassin, and expelled me from the house, having no regard to my state of health," etc. etc.

The whole of these documents are too long for insertion here, but I am in hope they may yet see the light in a permanent shape, exhibiting, as they do, a very curious condition of mind. After his expulsion from the Lamberts, Buranelli seems to have been greatly disturbed; but he wrote several times to Mrs. Williamson, and in his letters sent his kind regards to Mr. and Mrs. Lambert; and there is no reason to suppose that he entertained hostile feelings towards either of them until a very short period before the murder. On Thursday night, the 4th of January, he wrote a letter to Mrs. Streatfield, a lady who had been kind to him at Penshurst, from which an extract has already been given, and in which he thus speaks of Dr. Baller:—"Most noble lady,—Dr.

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Baller has led me into this state of desperation. I hate him in the sight of God; he has caused me to lose my soul." "I die content." "I pray you all to pardon me, as I pardon Dr. Baller as my executioner." "I beg to open eyes over that Doctor, and there will be more religion."

Two days before this he had purchased a pair of pistols.

On Saturday, the 6th of January, he made a last attempt to induce Mrs. Williamson to write to him, and failing in getting any answer, or the return of his own letter, he went in great excitement to an Italian café, which he had frequented for the preceding week, but in his way bought some bullets and powder in Oxford-street. At the café his conduct was such as to confirm the previous impression the people entertained as to the state of his mind, and an appointment was made for him to be seen by an Italian doctor on the Monday following. Early on the Sunday morning, the Prisoner returned to his lodgings in Newman-street, went to bed, and slept soundly. At eight o'clock he rose, washed, and shaved himself; and he himself stated, that at this time all recollection of what had passed had faded from his mind; but suddenly his eye fell on the letter he had previously written, and he hurried out, went to Foley-place, shot Mr. Lambert, fired at Mrs. Lambert, rushed up stairs and attempted to get into Mrs. Williamson's room, but failing in so doing shot himself. It does not appear that he wished to have injured Mrs. Williamson; for, on her inquiry as to who was there, for she thought it was the sweeps, he said, "It is Luigi;" and on her asking, "Where is Mr. Lambert?" He replied, "He is dead; I am his assassin." Not a very likely method to induce her to open the door.

After this he was again taken to the Middlesex Hospital, where he remained some weeks, and was subsequently removed to Newgate.

The history of the man during the week preceding the murder is remarkable, but cannot be further referred to here. The person at whose house he lodged, however, voluntarily came forward at the trial, and narrated how Buranelli had led all the people about to believe that he was insane. He was exceedingly incoherent in his language; ate hardly anything; would alternately laugh loudly, and then subside into deep dejection; was constantly talking to himself, so loudly as to disturb the other lodgers; wrote incessantly, and then destroyed what he had written; complained much of his head; and, what is very characteristic, would have no fire, though it was the depth of winter and snow was on the ground; and slept with his windows open, on account, as he said, of the heat.

Such is a very imperfect outline of the facts of this case. Many points, important as explaining obscurities, have of course been omitted, from considerations of your space, but enough has been stated to enable the reader to determine how far there were grounds for believing that this unhappy man was the subject of an insanity which had been gradually developing itself since trouble and misfortune had changed a disposition once good, and clouded a reason once clear. With your permission, I shall next week refer to the medical evidence adduced on both sides of the question. I am, etc.

Harley-street, May 15th, 1855. MITCHELL HENRY.

RESECTION OF THE ELBOW-JOINT.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg you will allow the insertion of the accompanying letter in the next number of your Journal. It will explain itself.

I select your Journal from believing it the first in the Profession; and am the more emboldened to ask the favour, because a similar injustice is so often done your countrymen by my own—a system of things I shall always condemn and strive to remedy. I am, etc.

HORATIO R. STORER, M.D.

Edinburgh, May 11, 1855.

In the Edinburgh Medical and Surgical Journal for January, 1855, in connexion with a case therein quoted, certain expressions are used by one of its editors that may have struck others beside myself as alike unnecessary, uncourteous, and unjustifiable. I trust you will allow me a few lines for answering them.

As a contrast to two instances of successful excision of joints by Mr. Jones of Jersey and Dr. Keith of Aberdeen, there is given the history of a case of extensive caries of the elbow-joint (a), in which amputation had been performed by Dr. J. Mason Warren of Boston.

The patient had previously been under treatment for phthisis; all operation had at first been considered, in consultation, unjustifiable, "on account of the affection of the lungs;" and it was only from the reasons that her general health was becoming completely undermined, and that "the patient herself strongly urged it," that amputation was finally performed—two months after the consultation alluded to—and with much relief to the more immediately distressing symptoms for which alone it was undertaken.

To the history of this case, as copied from the *Edinburgh Journal*, was added the following comment, to every word of which I do most strongly object:—"We have given this case entire, not from any peculiarly interesting features it contains, but for the purpose of showing that a society, instituted for medical improvement, as it did not challenge the recorded malpractice, appears to be unacquainted with one of the most successful modern improvements in Surgery, viz. resection of the elbow-joint, evidently the proper procedure in the case in question."

First, as regards the alleged "*malpractice*." Dr. Warren, it may be premised, is well known in this country, and is here considered, as he is at home, one of the first of American Surgeons. He is certainly second to none. In London he has many friends, all of whom will bear me out in this assertion, and in Edinburgh he is not wholly unknown. He was an early pupil of Mr. Syme, as also of Roux, in Paris, and might, therefore, *à priori*, be supposed not wholly "unacquainted" with the fact that joints can be excised. I may also mention that such things have been done in Boston, and by Dr. Warren himself. As an old pupil of his, I happen to have seen him successfully perform resection more than once, and have seen several of his colleagues, who saw this case with him, and who coincided in his opinion, perform it also. To this last fact I shall again allude. Such being the case, we should be justified, I think, in supposing there was some good reason for the course pursued, even had there been stated nothing more than that *amputation* was performed.

But when the history of the case is given us in full, and with it not merely by implication, but directly, the reasons for what was done, I think it is hardly justice to stigmatize that course as "*malpractice*."

Would, however, any other course have been justifiable in this case? To answer this, it is not at all necessary to go into any long detail of the respective merits of amputation and resection. In many cases there can be no doubt of the infinite advantage of the latter; but in this case, from what I know of its history, it would simply have been ridiculous. Here was a poor girl far gone in consumption, with suppurating tubercles under both clavicles, totally unfit for any operation, considered as a curative. Even amputation was at first thought unjustifiable, and was only at last adopted at the patient's own urgent request, and merely to ease her of her irritating burthen, and permit her to pass in comparative comfort the few days left her on earth.

She had previously been seen, in consultation with Dr. Warren, by his colleagues, the other Surgeons of the Massachusetts General Hospital, which in America is generally supposed as the best institution of the kind in that country, officered by men competent to give an opinion. They are men, at any rate, to whom resection is no novelty; and when, with the patient before their eyes, these gentlemen had at first decided it best in no way to interfere, for reasons already given, is it really fair for a critic, thousands of miles away, peremptorily to convict them all of gross ignorance of their profession, and to assert that "resection of the elbow-joint was evidently the proper procedure in the case in question?"

One word more, and I have done. The Medical Society to which the case was reported, and to which such unkind allusion has been made in the Edinburgh Journal, is composed only of the best men in Boston. It is a Society in high standing, not in Massachusetts or in America alone, but in this country and on the Continent. For many years, its records have been honoured by frequent reference in most foreign journals, and by many writers; and there are few things done here that are not soon known and discussed

(a) Records of Boston Society for Medical Improvement; American Journal of the Medical Sciences, October, 1854.

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there. Were I a member of it, which I am not, I should write with even more warmth; but I believe that, from what I have stated, you, Mr. Editor, and with you the Profession in this country, will bear me out in repelling this attack upon my teacher, his city, and his friends.

HORATIO R. STORER,
of Boston.

46, Charlotte-square, Edinburgh.
May 11, 1855.

CHOREA CURED BY CARBONATE OF SODA.

[To the Editor of the Medical Times and Gazette.]

SIR,—As, in the *Medical Times and Gazette* of Saturday, the 28th ultimo, you gave a report of three cases of chorea recently "cured by the carbonate of iron," you will not, perhaps, object to report three others cured in like manner, so long ago as the years 1824 and 1825, when I certainly had not heard of this drug having been so employed before. Since then many cases of a like nature have, of course, presented themselves, and, when they have not been caused by violence done to the brain, or have not been accompanied by endocarditis, the disease has generally yielded, sooner or later, to some preparation of iron.

In the great majority of cases, chorea may be traced to zymotic causes, such as the want of personal cleanliness, impure air, and bad food. These, and their more immediate effects, it is important to remove before having recourse to the chalybeate. I am, etc.

Plymouth, May 8, 1855. J. C. COOKWORTHY, M.D.

Case 1.—Mary Ann Cuddeford, a tall, slender girl, thirteen years of age, the daughter of poor parents, living on the margin of Sutton Pool, (the mercantile harbour of this port,) where the very offensive mud is daily exposed by the receding tide, became my patient on the 1st of March, 1824, being the subject of chorea in a very severe form. She was pale, cadaverous, and emaciated, and showed an idiotcy of expression which was said to be very foreign to her. The tongue was foul, the urine high-coloured, and the excretions from the bowels offensive and otherwise unhealthy.

After directing the child to be taken daily into the open air, and restricting her diet to water, bread, milk, and animal broth, I sought to cure the disease by alteratives and purgatives.

March 26.—A few lumbrici have been dislodged, but, although the excretions are more healthy and the tongue is cleaner, the irregular motions of the muscles of the face and limbs have increased. The child is also much weaker, and indifferent to what is passing around her. Under these circumstances, discontinuing all other medicines, I gave her ten grains of the precipitated carbonate of iron, and repeated the dose at night. The effect encouraged me to continue the remedy twice a-day, until the 29th of March, when the bowels being confined they were opened by fifteen grains of powdered jalap, and the dose of the iron was doubled.

From this time the quantity of the iron was gradually increased until the 6th of May, when the little patient took a drachm three times a day until May 10, when the cure was completed, no other remedy than the carbonate of iron having been administered after the 29th March.

Case 2.—March 14th, 1825.—Miss Martha W., aged eight years; has been afflicted with chorea nearly twelve months. She has been occasionally relieved by purgatives, but is now worse than at any former period. The contortions of the limbs and body are very violent, and her speech and mental faculties are much impaired. The tongue is clean, and the bowels are said to be in a natural state.

Give ten grains of the carbonate of iron twice a-day.

March 21.—Is better, but some ascarides having appeared in the stools, a purgative of calomel and jalap is to-morrow to supersede the use of the iron.

March 23rd.—The purgative operated well.

Carbonate of iron ʒi. twice a-day.

April 21.—The carbonate of iron has been continued to this time, and the patient is free from disease.

Case 3.—June 8th, 1825.—Mary Corser, aged fifteen years, daughter of a mason, about a month ago found the use of her right arm and leg much impaired, and within that period she has had two fits, which appear to have been epileptic.

The motions of her arms, and particularly of the right, the right leg, the head, and tongue are very irregular, and certainly not under the control of the will. She starts at every little noise, and is (what is called) very "nervous." Has pain of her head, and is much disposed to sleep. The tongue is clean and healthy; appetite good; pulse 88; has never menstruated.

Infusion of senna ʒiss.; sulphate of magnesia ʒij.; immediately.

June 9th.—The draught operated well; discharges dark, offensive, and watery. No worms.

Infusion of rhubarb and infusion of cinchona aa ʒss. twice a-day.

June 13th.—Complains much of headache. In other respects the same.

Repeat the first purgative draught and apply eight leeches to the temples.

June 17th.—Pain of the head is removed. The irregular and involuntary motions of the head and limbs continue unabated.

Carbonate of iron ʒi. twice a-day.

July 12th.—The iron has been continued the present day, the dose having been progressively increased from ʒi. to ʒij. and ʒi. She is quite free from disease.

THE TREATMENT OF CHOREA BY IRON.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last number but one there are reported two interesting cases of chorea treated successfully by the carbonate of iron and shower-bath by Dr. Peacock. I think, from what I have lately observed, that cases of chorea are becoming both more frequent and more severe; and observations that can tend to throw light upon the successful treatment of the disease must be practically valuable, and therefore, without further apology, I may state to you the results of our treatment of this class of cases in this institution. I may state that, in my humble opinion, chorea is neither to be referred to the brain nor to the spinal chord, but is, I think, a blood disease, and occurring not unfrequently as a sequel of rheumatism. The first thing to be done is to clear out the bowels thoroughly. Simply opening the bowels will not suffice. The purgation must be continued until all that is morbid is removed, and the stools passed have become perfectly natural. It is astonishing, I may observe, to what an extent accumulation can go on in the bowels of very young children. What I have seen pass away from the intestines of such persons is perfectly enormous, and when this has been the case, it seems to be nearly all that is required, the movement often ceasing without any other treatment. Of all the preparations of a mineral character, I believe the tinctura ferri muriat. to be the best, but it ought to be given in large doses—say for a girl of sixteen years of age 30 drops every three or four hours, and persevered in both night and day. By this means, sedulously used, you may generally cure the worst cases. I have seen iodine and counter-irritation applied to the spinal region without much benefit, but a fœtid enema seems to be useful, and in many cases a shower-bath seems to be a valuable auxiliary. In all cases, save one in which we have detected valvular murmurs in the cardiac region, we have been able to connect them with rheumatism; therefore I am inclined to think that the cardiac affection is rheumatic in its origin, and possesses a common causation with the chorea, which it accompanies. In one instance only were we unable to trace the connexion, and in this case by the persistent use of iron the murmur was all but a nullity when the youth left the Hospital. I am, etc.

T. T. LAMBERT, House-Surgeon.

Hull Infirmary, May 7, 1855.

THE TURKISH CONTINGENT.

[To the Editor of the Medical Times and Gazette.]

SIR,—A short time ago the Medical Students of Manchester were thrown into a state of violent excitement in consequence of a communication which had reached Dr. Bell, of this city, from, or by the direction of, Dr. McPherson, requesting him to announce to the Students of the infirmary, that he (Dr. McPherson) had at his disposal the appointments of surgeons, assistant-surgeons, and dressers in the Turkish contingent, then in process of formation. As soon as this was made known to the Students, I, with many others, thought it a very good

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opportunity to gain a practical knowledge of wounds and injuries; and having, with no little difficulty, obtained the consent of our friends, we waited with anxiety for the auspicious day on which the great emissary was expected to examine us personally as to our fitness for the appointments. The long-wished for day at length dawned, when we at last were informed that he had been, but had not had time to wait, and in order to console us for his absence, left word that all the vacancies as dressers were filled up. This we thought bad enough; but imagine our disgust on reading in your paper of Saturday last, that the same offer had been made to the Students of Edinburgh; or, in stating it a different way, he has gone to offer them what he has previously told us were all disposed of—namely, the dressership.

This seems to us, at Manchester, a strange coincidence, and one we should much like to hear explained. If you can give me any information on the subject I shall be much obliged.

I am, etc. A MEDICAL STUDENT.

Manchester, May 15th, 1855.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 24th, 1855.

CÆSAR HAWKINS, Esq., President, in the Chair.

A PAPER was read by Mr. Windsor giving the

SEQUEL OF A CASE OF EXTIRPATION OF THE UTERUS.

This operation was performed August 22nd, 1818; an account of the case was communicated to the Society June 22nd, 1819, and is printed in the tenth volume of the Society's "Transactions." The patient died from an accident Oct. 27th, 1854, aged 68 years. The patient's age at the time of the operation was 31. For the first ten years she had irregular discharges of coagula at intervals varying from two to six months; these intervals gradually became much longer, and all discharge of blood ceased about the age of fifty. The following is the author's account of the state of the parts after their removal from the body:—"The preparation shows well the os uteri apparently in its normal state; it is about half an inch in width. A probe passed through it into the blind or closed cavity beyond does not penetrate more than three-eighths of an inch. This therefore is all that remains of the cervix uteri by the operation performed in 1818. The communication with the abdomen seems to have closed well. Under the abdominal aspect of the cervix, (or opposite to the vaginal one,) a sort of extended membranous or fleshy surface is seen, on which a portion, apparently, of one Fallopian tube, with its fimbriated extremity, can be traced; and near it is an appearance of an atrophied ovarium. On the opposite side are somewhat similar appearances of tube and ovarium. Both terminate in the membranous-like expansion near to the cervix uteri, each being about 2 inches in length." This case is rendered additionally interesting from the fact that the woman was four times the subject of strangulated hernia on the right side; that on the first occasion, no surgical treatment being permitted, the tumour sloughed on the eighth day, fæces were discharged from the wound, and in six weeks the opening spontaneously closed. This occurred about 1840. In 1850 she was twice operated on, at intervals of six weeks; and in 1853, the fourth occasion, the hernia was returned by the taxis with some difficulty. Her death was the result of a severe injury to the head, occasioned by an accident while travelling.

Mr. Gregory Forbes mentioned a case related to him by Mr. Smith, of Leeds, of successful treatment by excision. Mr. Smith first supposed the case to be one of polypus uteri. He afterwards suspected an inversion of the uterus, but he was assured by the Surgeon who had attended the patient that there existed only a small uterine tumour. A ligature was accordingly applied. Shortly afterwards the Surgeon died; and Mr. Smith then determined to try excision. In the course of the operation he discovered that he had cut into the cervix of the uterus. The whole was excised at two clips. The patient lost but little blood, but fainted from excessive pain. She recovered without an untoward symptom.

Dr. Robert Lee said, in the autumn of 1826, at Odessa, he was called to a lady of the highest rank, the Princess T——, who was attended in her confinement by a Russian midwife. The child was expelled after a few hours, and in removing the placenta, the uterus was completely inverted. He saw the patient about half an hour after this fatal accident, but she was already dead. The bed and floor were covered with blood, and the uterus was hanging out between the thighs. He immediately replaced it, but the respiration and action of the heart were gone. This was the first case of inversion of the uterus he had ever seen, and it could not be forgotten. He returned to London the following year, and ever since had been connected as Physician with several of the largest Lying-in Hospitals, and other similar institutions, in the metropolis. Not one case of inversion of the uterus, partial or complete, in the course of the last twenty-eight years had occurred in his private practice, or in those institutions, all the patients of which had been attended by educated midwives, and the pupils of his class in the Borough, and at St. George's Hospital. He had been disposed to infer from this fact, that inversion of the uterus will rarely occur where the proper management of the placenta is understood, and where no traction is made upon the umbilical cord while the uterus is in a relaxed condition. Some maintained that the uterus could spontaneously invert itself; but from what was known of the structure and actions of the uterus, this was greatly to be doubted. Certainly if the uterus did possess this power, it had enjoyed ample opportunities among the numerous patients in these public institutions during the last twenty-eight years, without having exercised it in a single instance. Three cases of partial inversion of the uterus had come under his observation, the details of which he would briefly state to the Society. On the 17th of February, 1843, he saw a patient who had been delivered fourteen hours before, and whose uterus had been partially inverted. The umbilical cord had been twisted tightly round the neck of the child, and the placenta had adhered with unusual firmness to the uterus, and required to be artificially removed. Repeated attempts were made to restore the uterus to its natural situation, but without success. This patient was alive some years after, and he had never heard of her death. Some years ago he was requested by one of the most experienced, judicious, and humane practitioners of midwifery of the present century, now deceased, to see a lady from the country, in consultation with him. The patient had been delivered some months before, but no circumstance had occurred to excite any suspicion that the uterus had been inverted. There was a tumour in the vagina, the neck of which was surrounded by the os uteri, as in cases of common polypus, and they had no doubt that it was a polypus, and in a fit state for the ligature. This was readily applied by him with the double canula, and when the ligature was tightened, not the slightest degree of pain was produced to make them suspect that they had put the ligature around an inverted uterus. Next day, on its being tightened, great pain followed, which was relieved by withdrawing the canula. On the third day, the ligature was twisted, which did not appear to produce pain. On the fourth day, the tumour being apparently deprived of vitality, and in a sloughing state, and the patient being feverish and uncomfortable, they determined to draw down the tumour, and divide its roof. No sooner was this done, than the most alarming symptoms supervened; rapid, feeble pulse; coldness of the extremities, and hurried breathing; and the patient died in less than twenty-four hours, without vomiting or symptoms of peritonitis. On examining the tumour, they found that they had removed the uterus, which was still in his (Dr. Lee's) possession. He hardly knew how this fatal accident could have been prevented, and it was at once made known to the husband and relatives. In the diagnosis and treatment of uterine polypi, this case, which had excited the greatest distress in his mind, taught him the necessity of the

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utmost circumspection, and made him averse to adopt the practice recommended by the French surgeons, to drag down uterine polypi with the forceps of Museur, and at once divide their roots. The history of the last case of inverted uterus which had come under his (Dr. Lee's) observation, had been published by Mr. Gregory Forbes, in the "Medico-Chirurgical Transactions," Vol. XXXV. There was a smooth pyramidal-shaped tumour, with a neck about an inch and a half in diameter, encircled by the os uteri, which, he was firmly convinced, was the uterus inverted, and not a polypus. From her medical attendant in the country it was afterwards learned that the ergot of rye had been given during the labour, and that the delivery was completed with the forceps. The placenta was reported to have been expelled in a few minutes without any traction upon the end being made, and the uterus contracted well. Some days afterwards it was discovered that the uterus had been inverted; but this fact was not communicated to them until the diagnosis had been completely established. Unsuccessful attempts were made to reduce the uterus. The hæmorrhage was controlled, to a certain extent, by pressure and styptics. At one time everything was prepared to pass a ligature around the root of the tumour, but it was postponed in consequence of the hæmorrhage having been checked. But for the unfortunate case above referred to, it was not impossible that he might have mistaken the inverted uterus in this patient for a polypus. The diagnosis must be very difficult in some cases, for in nine out of thirty-six cases, and in the case now related to the Society by him, the ligature was applied around the inverted uterus when it was supposed to be applied around the roots of polypi. In one of the cases in this table, three eminent accoucheurs are stated to have committed this mistake, and the case terminated unsuccessfully. However carefully performed, it is a very dangerous operation, and ought not, he thought, to be had recourse to, unless the patient's life is in immediate danger.

Dr. Mackenzie had observed that nearly all the cases of inverted uterus which were left to themselves terminated fatally. One case which he had carefully watched, having recourse to all known appliances, led him to conclude that little good was to be expected from medicine alone. He believed it possible to replace an inverted uterus many weeks, or months, or even years after the occurrence of the accident. Four cases had been recorded by trustworthy persons in which the uterus had been restored long after inversion had taken place. In the case to which he had referred reposition was effected under the influence of anæsthesia, by means of which not only was the patient free from pain, but a relaxed condition was produced, extending even to the cervix, which enabled the operator to manipulate with considerable freedom. Such means, he thought, should be tried before any attempt was made at extirpation. Operations by ligature or excision were attended with great danger; and he recommended in their stead the use of an electric cautery.

The President related a case of inversion in which the uterus was removed by means of the ligature. The patient died, not from any inflammation in the parts concerned, but from softening and effusion of the brain.

A paper was read by Mr. Moore on

THE EMPLOYMENT OF THE CHLORATE OF POTASH AS A TOPICAL APPLICATION.

The chlorate was used in solution in the proportion of from one drachm and a-half to three drachms to one pint of water. He (Mr. Moore) had found it very useful in cases of indolent ulcer and phagedæna, in cleasing cancerous sores, and as an application to the mucous membrane of the nose, mouth, and tongue in cases of ozæna and secondary ulceration. The author suggested that the beneficial effects of the application were probably due to its setting free oxygen, and proposed its use in some forms of dysentery, with affections of the lower bowel.

Dr. Mayo said he believed Mr. Stanley used the same remedy (scruple doses every four hours) for phagedenic syphilitic ulceration.

The President generally combined it in such cases with tincture of myrrh. The remedy was very useful in cases of cancer, in removing the odour, independently of its effect upon the sore itself. Scruple doses he thought scarcely sufficient to administer internally.

The Society then adjourned.

THE PATHOLOGICAL SOCIETY OF LONDON.

April 17.

Mr. Arnott, President, in the Chair.

(Concluded from page 476.)

Dr. Ogle showed portions of

EXFOLIATED EPITHELIUM FROM THE ŒSOPHAGUS.

The portions of membrane had been vomited up by a cholera patient. They presented all the characters of the epithelial lining of the œsophagus, from which no doubt they had been detached. Dr. Ogle remarked, that he was aware that the phenomena had been observed before.

Dr. Ogle asked permission to correct a statement which he had made at a previous meeting, respecting the weight of a very large heart in the museum of St. George's. Speaking from memory he had given five pounds as the weight of the specimen alluded to, but on again weighing it he had since found that it was only forty ounces and a-half.

Dr. Peacock remarked that it was singular that the weight now mentioned was almost exactly the same as that of the largest heart he had ever had an opportunity of examining. In the case he referred to the weight was forty ounces and six drachms.

Mr. Athol Johnson exhibited an example of

ENCHONDROMA FROM BENEATH THE SKIN OF THE FOREARM.

The tumour, nearly the size of a walnut, consisted of cartilage externally and bone within. The bone had neither canaliculi or Haversian canals. It was a good specimen of enchondroma, and its only peculiarity consisted in the fact that it had been formed in the subcutaneous tissue. The patient from whom it had been removed was a young woman, and the seat of the tumour was the upper arm. The operation for its removal had been rendered painless by previously freezing the skin.

The President inquired if the wound healed well after the freezing.

Mr. Johnson replied, that in this as in another case in which he had used the freezing mixture, the healing had progressed most favourably.

Mr. William Adams brought forward four specimens illustrating the

ANATOMY OF CLUB-FOOT.

The first was from a child which lived only a few hours, the second from one aged 10 weeks, the third from one of 6 months, and the fourth from an adult. All were examples of the congenital form of talipes varus. The specimens showed almost precisely similar displacements of the bones and tendons. Their chief practical importance related to the positions in which the tendons implicated could be best reached by the knife. It was shown in all that, by the contraction of the posterior tibial muscle, the scaphoid bone had been displaced so much backwards and upwards, that the tendon of the former passed directly downwards to its insertion. Mr. Adams particularly dwelt upon this fact, from the circumstance that Mr. Syme had, in a recent Clinical lecture, held up to ridicule the plan of dividing the tendon behind the malleolus, and advised its section "a little below, and anterior to," the tip of that prominence. The specimens were adduced in proof that in cases of congenital varus, of even moderate severity, the tendon does not exist at the spot selected by Mr. Syme for its division.

Mr. Hutchinson inquired if Mr. Adams could afford the Society any information as to what structures were probably divided in the operation as practised in Edinburgh; and further, how he could account for cures resulting from a procedure which he had demonstrated to be useless.

Mr. Adams replied that the cases recorded by Mr. Syme were so strange in many points, that he was at a loss to explain them. He felt certain that cases said to have been cured within ten days of the operation, could not have been examples of congenital varus, and was inclined to suspect

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them to have been instances of very slight deformity, in which the tendon had not left its natural position. In healthy feet the tendon might be reached anterior to the malleolus, but in examples of varus, the only tendon which could be divided there would be that of the tibialis anticus. He attributed Mr. Symes's error to the circumstance that that Surgeon appeared to have been content with plates of healthy anatomy, instead of investigating the relative position of the structures in a deformed foot.

Mr. Brooke showed a specimen of

NECROSED FEMUR IN WHICH SPONTANEOUS FRACTURE HAD OCCURRED.

A boy, aged 14, had been admitted under his care, into the Westminster Hospital, with a large abscess around the femur. About a month afterwards spontaneous fracture had occurred, and amputation ultimately became necessary. The operation was performed a little below the trochanter. The shaft of the bone was found to be dead. Before the operation there had been repeated attacks of hæmorrhage, which were subsequently traced to have proceeded from a vessel in the popliteal space.

Dr. Beale brought forward a specimen of

TUMOUR FROM THE DURA MATER.

It was the size of a flattened walnut, and had been placed between the pia mater and the dura mater, having indented the brain, and also by pressure upwards caused local absorption of the bone. The pain suffered had been intense, and the patient had, indeed, been quite worn down by it. She had been subject to epileptic fits, and had on one occasion experienced great relief to her symptoms from a course of iodide of potassium. There was the history of an injury fifteen years ago. The microscopic structure of the growth was fibrous, its matrix also containing numerous vessels.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

44, Sloane-street.

April 20, 1855.

At the Ordinary Meeting, Dr. Seaton, V.P., in the Chair, the following Paper was read by Dr. Sibson, on

THE INFLUENCE OF THE VALVE-DISEASES ON THE WALLS AND CAVITIES OF THE HEART.

Senac proved that obstruction to the flow of blood from either ventricle induced dilatation of that ventricle.

Obstruction to the circulation through the lungs, as from bronchitis, emphysema, or condensation of either lung, induces dilatation, with hypertrophy, of the right ventricle, and dilatation of the right auricle. Obstruction to the systemic circulation produces the same effects on the left ventricle and auricle. Thus aneurism, atheroma, dilatation and narrowing of the aorta or its branches, cause hypertrophy with dilatation of the left ventricle. The same effect is induced by resistance to the circulation through the systemic capillaries, as in a moiety of the cases of Bright's disease. The retrograde influence of the obstruction to the circulation through the capillaries induces active dilatation of the *left* ventricle in cases of morbus Brightii, and of the *right* ventricle in cases of emphysema. Obstruction in the systemic capillaries is probably the cause of hypertrophy, and dilatation of the left ventricle, in a large proportion of those cases in which there is no other assignable cause. In some cases of pericardial adhesion, without valve-disease, there is dilatation and hypertrophy of both ventricles; in other cases, when the adhesions are long and loose, the heart is of normal size, while in other cases, when the adhesions are tight, and tendinous or bony, so as to constrict the ventricles, the heart is lessened in size.

Narrowing of the aortic aperture, with or without regurgitation, causes hypertrophy, with dilatation of the left ventricle. The same effect is induced by regurgitation through the inadequate aortic valves, when the aperture is not narrowed. Dr. Peacock has observed that in cases of aortic obstruction, the cavity of the left ventricle is peculiarly elongated, and its walls are thicker near the base than elsewhere; and that in cases of aortic regurgitation, while the left ventricle is elongated, the thickening of its walls is more generally distributed, and the apex, instead of being pointed, is obtuse.

The obstructive and regurgitant diseases of the pulmonary artery excite active dilatation of the right ventricle.

Mitral regurgitation causes, first, dilatation of the left auricle, and obstruction to the circulation through the lungs, and, as a secondary effect on this obstruction to the pulmonary circulation, hypertrophy, with dilatation of the right ventricle. In the chain of consecutive effects, the right auricle becomes dilated; owing to the difficulty with which the blood leaves and enters the right cavities, the liver, and the head and neck, become congested, and, after a time, the circulation through the systemic capillaries is obstructed, and, as a consequence, the left ventricle is at length dilated and hypertrophied. The right ventricle is actively dilated in nearly every case of mitral regurgitation; the left ventricle is so in about one half of the cases.

Aortic narrowing and regurgitation is followed by a like series of morbid effects, each of which becomes, in turn, an obstructive cause. Thus the hypertrophy and dilatation of the left ventricle, is followed, consecutively, by dilatation of the left auricle, obstruction to the pulmonary circulation, active dilatation of the left ventricle, dilatation of the right auricle, and congestion of the liver, and head and neck. In nearly all cases of aortic obstruction, and regurgitation, the left ventricle is actively dilated, and the right ventricle is so in about one half of the cases.

When there is both aortic and mitral regurgitation, the effects of each of those valve-diseases on the walls and cavities of the heart is simultaneously induced. Since, however, the influence, *à tergo*, of the aortic valve-disease on the left ventricle, is more immediate than that of the mitral valve-disease on the right ventricle, the left ventricle is, in such cases, somewhat more frequently hypertrophied and dilated than the right ventricle.

The diagnosis of aortic and mitral valve disease is decidedly facilitated by observing whether the right or the left ventricle be enlarged. If the left ventricle be enlarged, as in aortic valve-disease, the apex beat is stronger, lower, and more to the left than usual. If the right ventricle be enlarged, as in mitral valve-disease, the impulse is strong, and diffused over the lower half of the sternum, and the adjoining left intercartilaginous spaces, while the apex beat is either normal, or less marked than in health. When the right ventricle is enlarged, in cases of emphysema, the enlarged lung covers the the enlarged heart, so as to prevent the impulse from being felt over the sternum or intercostal spaces; the heart's beat is then in fact transferred to the space below the sternum, and to the left of the xiphoid cartilage, owing to the heart being lowered, as well as the lungs, by the unusual descent of the diaphragm.

In cases of combined aortic and mitral valve disease, the impulse of the apex is lowered, and more to the left, while that over and adjoining the lower end of the sternum is unusually strong and heaving.

May 4th, 1855.

The Annual Meeting took place this evening, the President, Dr. James Arthur Wilson in the Chair.

The Reports of the Council, and of the Auditors, were read and adopted.

The President, in acknowledging a vote of thanks, took a sketch of the proceedings of the Society, and congratulated the members upon its present position, and upon the state of efficiency at which it had arrived. He alluded to the very satisfactory state of the finance, and reviewed with appropriate remarks the various papers which had been read during the session then concluded. He alluded to the great want of union now to be found among the ranks of our Profession, and urged upon his hearers the necessity that existed for a more firm feeling of the kind, as without it we could not expect to see it take the social position to which its usefulness and high calling otherwise entitled it. It was owing to this discord, at present so general among us, that allowed of the remarks, and false impressions, and even reproaches that had been passed upon it during the present war. The fact, too, of its want of representation, and of friends in high office, had permitted many false judgments

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to be passed upon it, and the public to believe that it had failed in the administration of its own matters, while the fault lay not with its own responsible heads, but with other divisions of the army which had controlled and crippled it. He alluded, in appropriate remarks, to the late treatment of the Director-General of the Army Medical Department, who was prevented from illness from being present that evening, and spoke in feeling terms of the heroism of Thompson, who had fallen a victim to disease while ministering to the wounded enemy. He concluded by urging upon all to think seriously of the present social state of the Profession, and to do all they could to banish from its ranks all jealousies and paltry rivalries.

He then announced the following to be Officers for the ensuing session:—President, Dr. J. A. Wilson; Vice-Presidents, Dr. Barclay, Dr. Cumming, Dr. Seaton, Dr. Simpson; Council, Mr. Comberbatch, Mr. Ellis, Dr. Halford, Mr. Leggatt, Mr. Meates, Mr. Thorn, Mr. Dickinson, Dr. Fuller, Mr. Jordan, Mr. Martyn, Mr. Taylor, Dr. Stevens; Treasurer, Dr. Seaton; Secretaries, Mr. Keen, Dr. Baines; Auditors, Mr. Whitmore, Mr. Benson.

The usual *Conversazione* followed.

UNIVERSITY OF ST. ANDREWS.

MEDICAL EXAMINATION PAPERS.—May, 1855.

FIRST EXAMINATION.

To be translated into English.—Atque hæc quidem pene perpetua sunt: quasdam tamen observationes desiderant et novæ res, et corporum genera, et sexus, et ætates, et tempora anni. Nam neque ex salubri loco in gravem, neque ex gravi in salubrem transitus satis tutus est. Ex salubri in gravem, prima hieme: ex gravi in eum, qui salubris est, prima æstate transire melius est. Neque vero ex multa fame nimia satietas; neque ex nimia satietate fames idonea est. Periclitaturque, et qui semel, et qui bis die cibum incontinenter, contra consuetudinem, assumit. Item, neque ex nimio labore subitum otium, neque ex nimio otio subitus labor, sine gravi noxa est. Ergo, cum quis mutare aliquid volet, paulatim debebit assuescere. Omnem etiam laborem facilius vel puer vel senex quam insuetus homo sustinet. Atque ideo quoque nimis otiosa vita utilis non est; quia potest incidere laboris necessitas. Si quando tamen insuetus aliquis laboravit, aut si multo plus, quam solet, etiam is qui assuevit, huic jejuno dormiendum est: multo magis, si etiam os amarum est, vel oculi caligant, aut venter perturbatur.

Chemistry and Materia Medica.—1. State the leading processes by which oxygen, chlorine, nitrous oxide, and nitric oxide are repectively prepared. 2. By what tests may copper, lead, and iron be detected in separate solutions? 3. What are the chief proximate substances contained in the solids and fluids of the animal organism? State generally their nature and chemical constitution. 4. How would you ascertain whether a specimen of calomel contained an admixture of corrosive sublimate? In what diseased conditions may the latter salt be given, and in what doses? What treatment should be employed when a poisonous dose of corrosive sublimate has been taken? 5. Name the different therapeutic effects of digitalis, belladonna, colchicum, elaterium, ipecacuanha, taraxacum, and arsenic. 6. In what cases is strychnine employed as a therapeutic agent? Write a Latin prescription (without using abbreviations) for a mixture containing this substance.

SECOND EXAMINATION.

Anatomy and Physiology.—1. Describe the muscles by which mastication and deglutition are accomplished. 2. Describe the origin, course, and distribution of the pneumogastric nerves. What is known of the functions of their various branches? 3. What are the main uses of amylaceous and of nitrogenous articles of food, and what are the changes which they respectively undergo in the intestinal canal? 4. Give a sketch of the anatomy of the hip-joint. What muscles must be removed in order to expose it? 5. Describe the position and distribution of the arteries given off by the abdominal aorta.

THIRD EXAMINATION.

N.B.—In answering the practical questions, the Examiners require every Candidate to specify the mode of treatment he is in the habit of adopting, and the doses of the medicines which he prescribes.

Pathology and Practice of Physic.—1. Give a general sketch of the causes, varieties in character, and treatment of those forms of hæmorrhage which fall within the province of the physician. 2. The most common forms of textural degeneration are the fibrous, the granular, the fatty, and the calcareous; name the structures chiefly affected by these morbid changes. Are these degenerations amenable to treatment? 3. What are the symptoms of peritonitis, and how is it distinguished from colic? Describe the treatment to be adopted in peritonitis. 4. Give a general outline of the symptoms and treatment of continued fever. What are the morbid appearances found in fatal cases? 5. Describe a case of diabetes mellitus, and state the treatment you would adopt. 6. How would you treat a case of croup?

FOURTH EXAMINATION.

Surgery.—1. What are the conditions and precautions to be observed in using chloroform as an anæsthetic? 2. What are the different forms of "Aneurism by Anastomosis," and what the different modes of treatment which may be employed? 3. What are the symptoms, and what the treatment, of phlebitis occurring after operations?

Midwifery.—1. What are the symptoms, pathology, and treatment of phlegmasia dolens? 2. What are the causes and treatment of leucorrhœa? 3. What is to be done when the cord presents during labour?

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, Monday, May 14.

CHOLERA RETURNS.

Lord R. Grosvenor: I beg to ask the President of the Board of Health whether forms were issued to the legally qualified Medical practitioners of the metropolis last year, inviting them to fill them up, in order to exhibit the result of the various methods adopted by them for the treatment of cholera. Whether, when those forms were returned, the Medical council of the Board of Health refused to take cognizance of any of them, or of any returns of a like nature made by the legally qualified Medical officers of any hospital, and if so, for what reason. And if any correspondence has taken place between the General Board of Health and any persons, complaining of omissions in the report issued by the board as to the results of cholera treatment, and if so, whether he has any objection to lay it upon the table of the House?

Sir Benjamin Hall stated, in reply, that forms of returns had been sent out from the Medical council of the Board of Health to all the qualified Medical practitioners in the metropolis whose names appeared in the Medical Directory. The forms were filled up and returned in due course, and a report based upon them was afterwards presented to Parliament. It appeared, however, that the returns sent in by the Homœopathic practitioners were not noticed by the Medical council; and the reason given by Dr. Paris, the chairman of the council, was contained in a resolution of that body, stating that to use the returns of the Homœopathic practitioners would be to give an unjustifiable sanction to an empirical practice, alike opposed to the maintenance of health and the progress of Medical science.

MEDICAL NEWS.

APPOINTMENT.

Leicester Infirmary and Fever House.—On the 16th May, J. Wyatt Crane, M.D., M.R.C.P.L., was unanimously elected to fill the office of Physician, vacant by the resignation of Dr. J. Barclay.

DEATHS.

Couper.—May 11, suddenly, at his house, 16, Moore-place, Glasgow, as is supposed, of an affection of the heart, John

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Couper, Esq., M.D., Regius Professor of Materia Medica, in the University of Glasgow, aged 60. He was the son of Mr. William Couper, long a highly respected general Practitioner in Glasgow, and succeeded to the chair of Materia Medica in 1833, having effected an arrangement, under the sanction of Government, with the then incumbent, Dr. Richard Millar. The minute attention which Dr. Couper had paid, during his medical studies, to the sciences of Botany and Chemistry, qualified him eminently for the chair which he has occupied so usefully and respectably during the last twenty-one years.

FIELDING.—May 7, at Lindley, near Huddersfield, Robert Smith Fielding, Esq., Surgeon, late of Ricall, near York. L.S.A. 1833.

SIMONS.—April 28, at Scutari, of Fever, aged 26, Robert Thomas Simons, Esq., of the Army Medical Staff.

TATTERSALL.—May 8, at the Rectory, Howe, near Norwich, James Tattersall, M.D., late Faculty Student of Christ Church, Oxford, aged 76.

SIR JOHN LIDDELL.—We abstract the following particulars from the *Morning Herald*:—The office of a Director-General of the Medical Department of the Navy should be occupied by a man equal to the exigencies of the occasion, and possessed of sufficient resolution and decision of character to enable him to act upon his own responsibility, undismayed by opposition, and unswayed by other considerations than those by which the welfare of the public service is promoted. With the Navy and its Medical Officers, the reputation of Sir John Liddell has been long established. Partly by circumstances, but mainly owing to rare deserts, he had risen from the lowest medical grade in the Navy to the enviable position of Surgeon (the rank of Deputy Inspector did not then exist) of Malta Hospital, when comparatively still a young man; and, after passing through the ranks of Deputy Inspector and Inspector of Naval Hospitals and Fleets, he has now reached the highest Medical Appointment in the service. Dr. John Liddell's career commenced in 1812, when he received his appointment as Assistant-Surgeon to the Royal Naval Hospital at Yarmouth. In 1822 Dr. Liddell proceeded to the Mediterranean as Surgeon of the Naiad, frigate, commanded by the Hon. Sir R. C. Spencer, who entertained for him the most affectionate regard. It was at the battle of Navarino that Dr. Liddell's fine abilities as an operating Surgeon, and his capacity for methodical arrangement, were more prominently conspicuous. Sir Gilbert Blane, the venerable founder of the gold medals for the best Medical Journals in the Naval service, in adjudicating the first of those medals to Dr. Liddell, thus expresses himself:—"Dr. Liddell, who stands foremost of the successful candidates, was Surgeon of the Asia, of 84 guns, at the battle of Navarino, on the 20th of October, 1827; and what strongly attracted the founder's notice in perusing his journal were the arrangements preparatory to that battle, which were not only extremely judicious, but argued a considerate and anxious foresight under the dictates of a calm and vigorous sense of duty." Appointed, after the action, Physician to the Fleet, by Sir Edward Codrington, Dr. Liddell had ample scope for the exercise of his great capabilities. He voluntarily undertook the care of the Russian wounded in addition to those of the English ships. For his services at Navarino, the Emperor of Russia conferred on Dr. Liddell the order of "St. Anne of Russia," in diamonds; and the King of Greece the order of the "Redeemer." It was about this time that Dr. Allen, the Surgeon of the Naval Hospital at Malta, after a long and useful career, was obliged to retire from this important situation, and Dr. Liddell was selected as his successor. The Naval Hospital is certainly one of the most important and best establishments of the kind in any service. At the present moment it forms a halting-place to the allied forces destined to the Crimea. It was here that Dr. Liddell's high attainments, and administrative powers, had, for 13 years, full and uncontrolled sway. Malta Hospital was a model well worthy of imitation. No one who walked round those spacious wards could fail to be impressed that it was under the guidance of no ordinary man. The youngest Assistant-Surgeon, as well as the oldest Surgeon in the fleet, might freely avail himself of Dr. Liddell's superior anatomical knowledge in those demonstrations he gave, not only at the Naval Hospital, but also at the Anatomical Theatre attached to the Civil Hospital at Valetta. The deficient attainments of one individual may, in some degree, be compensated by the excellence of others; but let no consideration whatever raise any one who is not in every way qualified to the sole charge of one of those institutions. In foreign hospitals it is indispensable that the chief should be of such a stamp as shall fit him for any emergency. No one knows better than the present Director-General, how much hangs upon the Naval Medical Department being properly represented at that establishment. From Malta, Dr. Liddell was appointed Deputy-Inspector of Haslar Hospital, and in 1844 he was promoted to the rank of Inspector of Hospitals at Greenwich, where he has remained up to the period of his advancement to the Director-Generalship of the Medical Department of the Navy, and where he succeeded in effecting reforms alike beneficial to the inmates of that noble institution and to the country. While at Greenwich he received the honour of knighthood from Her Majesty, and had the decoration of the Companionship of the Bath conferred upon him, and was elected a fellow of the Royal Society. Sir John Liddell assumes office with some important work carved out for him; but he has only to act with a prudence and energy worthy of his reputation to ensure its full accomplishment. Let the First Lord of the Admiralty but take counsel of Sir John, and he will find that without injury or just cause of offence to any other class, the Naval Medical Department is capable of being rendered as efficient and contented as any other department of the State. At present its condition is notoriously unsatisfactory. The fleets are inadequately supplied with Medical Officers. The Assistant-Surgeons as a body are dissatisfied; and how can it be otherwise, seeing that they, as officers, all of the very same rank, are absurdly, if, indeed, not illegally, broken up into two distinct classes. The grievances of the Assistant-Surgeons are so urgent, and their continuance is so detrimental to the public service, that no time should be lost in providing an adequate remedy.

DR. DEVILLE'S DEMONSTRATIONS.—We think that all those who have been present at Dr. Deville's Course of Operative Surgery, (advertised in our other columns,) must be convinced that no such demonstrations have ever been given in this country before. In a former notice, we expressed the fear that the supply of subjects would be deficient; but we are now glad to learn that the arrangements made have answered perfectly, and that no deficiency has yet been experienced. We may also mention that the subjects are prepared in such a way that they give out no effluvium at any period of decomposition, and that none need be deterred from joining the class on this account. Dr. Deville has also made arrangements for giving instructions in operative Surgery to smaller classes, and for a shorter period, in order to suit Practitioners or gentlemen coming up from the country for a short time. These facts are of great importance just now, when many are entering upon spheres of duty demanding an intimate knowledge of operative Surgery.

NAVAL ASSISTANT-SURGEONS.—At the Half-yearly Meeting of the county of Londonderry Medical Association, held in the Imperial Hotel, Londonderry, on Wednesday, the 2nd instant, Dr. Dill, Newtown Limavaddy, in the Chair, the following resolution was unanimously adopted:—"That this Association deprecates the conduct of Her Majesty's Government with regard to the Medical Departments of both Services, particularly the Navy. That in our opinion the treatment of Naval Assistant-Surgeons is especially calculated to lower the tone and efficiency of the whole department, by preventing well-educated men and gentlemen from accepting appointments in the Service, while the employment of unqualified persons as Medical Officers (an established fact, notwithstanding the late deliberate denial of a Lord of the Admiralty) is a neglect of the interests of the country, and of that consideration which British seamen have a right to expect from the nation."

DR. GAVIN.—The following is the finding of the Court of Inquiry concerning the circumstances under which Dr. Hector Gavin met his death, on the 21st ult.:—"Balaklava, April 21, 1855.—The court having received the evidence submitted to them, are perfectly satisfied of the nature of the accident by which Dr. Gavin came by his death. In their opinion Mr. William Gavin stands completely exonerated from any fault—a charge of carelessness even could not be substantiated against him. As a mark of their entire agree-

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ment in this opinion, they have signed their names below.—(Signed) W. G. Romaine, president; John Sutherland, M.D., sanitary commissioner; A. Anderson, principal medical officer, Balaklava."

CAUTION TO UNAUTHORIZED MEDICAL PRACTITIONERS.—At the Bradford County Court, on Saturday week, before J. J. Lonsdale, Esq., Judge, an action was brought by the Master Warden and Society of the Art and Mystery of Apothecaries against John Valpy Mallinson Wooller Butterfield, to recover the penalty of £20, for practising as an apothecary without having first obtained the usual certificate of qualification. Mr. Terry appeared on the part of the Apothecaries' Company, and Mr. Lees for the defendant. Mr. Terry said that this was an action brought under the 55th George III., c. 194, sec. 20, to recover the penalty of £20 for practising as an apothecary without having obtained the usual certificate of qualification from the Court of Examiners of the Society of Apothecaries. For a long time past the defendant had been carrying on malpractices in the neighbourhood of Bowling, and had administered medicine in one instance for a disease which could be treated only as an apothecary's case. It was only within the province of a chemist to supply such medicines as might be asked for; he might serve them to his customers from behind his counter, but he could not go from his shop or his dwelling to consult and advise people as to what they should take, and then let them have medicine. He submitted that, as county courts were courts of record, an action of this character might be properly brought in that court. The court concurred in this view. Three witnesses were then called. They proved that the defendant had attended to different patients, prescribed and supplied medicines for them, and that he had received moneys from each in payment for his services and medicines. He also called the registrar of deaths for the Bowling district, who proved that the defendant had sent to him certificates of death from time to time. Mr. Lees contended that the plaintiffs ought to be nonsuited, on the ground that they had not given evidence to the court to show that the defendant had not obtained his certificate of qualification. Mr. Terry, in reply, cited the case of the Apothecaries' Company *v.* Bentley, Carrington and Payne, 538, to show that it was incumbent upon the defendant himself to prove that he had obtained the certificate of qualification. The Judge concurred in this view. Mr. Lees, in addressing the court in mitigation, insinuated that this action was brought at the instance of Mr. W. Field, and that he had been guilty of harsh conduct towards the defendant. He had received an excellent education, and had had considerable practice as an assistant-surgeon, but in consequence of poverty, he had been unable to raise money to pass through the usual examinations. The Judge said that it was evident the defendant was not a duly qualified apothecary. And supposing Mr. Field had been the means of instituting this action, he was entitled to the thanks of the public. It was a duty incumbent upon the state to take care that the health and the lives of the public were not tampered with by those who were not duly qualified. He gave a verdict for the full penalty of £20.

SMYRNA HOSPITAL.—Our letters from Smyrna date from the 5th of May. The fever which had prevailed appeared to be ceasing. Dr. Martin and Dr. Wilkinson were suffering from it, but the attack of the former gentleman was slight. Mr. Edmonds, one of the dispensers, had died, and Mr. Trotman, another dispenser, was in a state of danger. A lady-nurse had also died, Miss P. Smythe, a daughter of a member of our Profession. The chief facts relating to this fever will be found in a Report to appear of the Second Meeting of the Medico-Chirurgical Society, established by the Medical Officers. On the 2nd, ninety-seven patients had arrived from the Crimea, and ninety-eight more on the 4th. Several severe cases of fever came down in both vessels. It would appear that sufficient care is not taken in cleansing and fumigating the vessels used as transports for the sick after each voyage. The arrangements for the landing are described as excellent, every man being marked with a ticket on board, assigning the division of the Hospital in which he was to be received. So that on landing, after being taken to the bath, if able to bear it, he was at once conveyed to a bed ready prepared for him, and was visited immediately by the Medical Officer of the division. In this way the landing of the whole of the patients from each vessel occupied less than two hours.

ADVICE FROM THE SEAT OF WAR.—(Extract from a private letter.) "May 1st, 1855.—Camp before Sebastopol.—Don't you be foolish enough to let your enthusiasm send you out here; there is nothing wonderful to be learned. You may depend on it, disease is pretty much the same out here as it is at home. It makes me sick to read of people being sent out to investigate the cause of our great mortality. What else could any one expect under the circumstances? Starving men without clothes to their back, or shoes to their feet, exposed to inclement weather in a manner that beasts are never exposed; for the latter can run about, whereas the former were obliged to lie down. More than one man came to me for leave to stay at home, saying he had no shoes to his feet. My answer has been, 'I cannot, as your health is still good; you must go.' Again, if once they became ill, pork and biscuit were absolute poison to them, yet, till within the last three months, we had nothing else to give them. Now we have abundance of everything, greater delicacies in fact than I have ever seen in civil hospitals at home. There is abundance of tea, jam, butter, &c., now to be had, and occasionally at a very fair price."

THE CRIMEA.—A letter from Constantinople of the 3rd, *vid* Vienna, says: "The cholera has visibly diminished in the reserve camp at Maslak, but it is gaining strength in the city, where it has carried off lately a great number of victims."

THE DUBLIN HOSPITALS.—The *Evening Post* states that a commission, consisting of Lord Talbot de Malahide, Dr. South, and Mr. Harrison, has been appointed to inquire and report relative to the Dublin Hospitals.

NEGLECT OF SANITARY MEASURES, AND THE CONSEQUENCES.—The subjoined facts were placed before the Leeds Sanitary Committee on Wednesday last, by Mr. Thos. Morrish, Secretary to the Committee.

COST OF PAUPER CASES OF FEVER SENT TO THE LEEDS HOUSE OF RECOVERY.

Year.	Amount Paid. £ s. d.	Cases sent.	Deaths.	Exceeding the sum paid for 1854. £ s. d.
1848	844 8 6	598	78	474 1 0
1849	982 0 3	431	85	611 17 9
1850	908 8 6	479	82	538 6 0
1851	1,155 1 9	588	69	784 19 3
1852	618 19 6	382	46	248 17 0
1853	555 15 9	245	31	185 13 3
1854	370 2 6	181	27	
	£5,434 11 9	2,899	318	£2,843 14 3

The average cost per year for the first six years is £844 1s. 6d., against £370 2s. 6d. for the last year, an excess of £473 19s. per year or a total cost of no less than £2,843 14s. 3d.

The above sum of £5,434 11s. 9d. forms but a small part of the cost of preventible disease to this township. For the last seven years the money actually paid by the Board of Guardians, on account of this evil, is alarming, viz.:—

	£	s.	d.
Paid House of Recovery, as above	5,434	11	9
Cholera costs of 1849	4,437	18	1
Ditto ditto 1854	715	16	7
	10,588	6	5
Add for the maintenance of families, widows, orphans, funeral expenses, and other charges, say only double, which would be far below the real sum paid	21,176	12	10
A total for paupers only of..	£31,764	19	3

MORTALITY NOTABILIA.—The returns of mortality continue to show the effect produced on the public health by an ungenial spring. The number of deaths recorded in London in the week that ended last Saturday was 1183, almost the same as that of the preceding week. If the deaths had been the same in proportion to population as, taking the average, they were at the beginning of May in the ten years 1845-54, they would not have been more than 1071. During the last fortnight the excess of deaths has been about fifteen in a day above the estimated number. The mean temperature has been more or less below the average every day, except two, since the 20th of April, and last Saturday it was 9° less than the average. The total number of deaths referred last week to diseases of the respiratory organs was 225; the average number in corresponding weeks of previous years, corrected for increase of population, was 176. Of those 225 cases, 94 were caused by bronchitis, and 95 by pneumonia, and the close coincidence which appears in the results of the last two weeks deserves to be noticed, for each of these diseases was in the previous week fatal in 94 cases. The mortality from phthisis was great, 182 persons having sunk under that malady. A man died of "English cholera," after a short illness, in Bethnal-green.

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DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, May 12, 1855.*

Causes of Death.	In the Week ending Saturday, May 12, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean Temp ° 47·6						° 49·8
All Causes	1183	551	164½	198	191	49	973·6
Specified Causes	1177	558	163	197	190	49	967·5
Diseases:—							
1. Zymotic Class	210	159	25	17	9	..	192·6
2. Dropsy, Cancer, and others of uncertain seat	41	3	6	17	10	5	45·2
3. Tubercular Class	244	92	85	54	13	..	186·8
4. Of Brain, Nerves, etc.	188	61	15	22	27	8	115·4
5. Of Heart, etc.	45	1	9	13	21	1	32·4
6. Of Respiratory Organs	225	121	15	35	46	8	160·3
7. Of Digestive Organs	63	25	9	12	17	..	63·9
8. Of Kidneys, etc.	23	1	5	13	4	..	11·2
9. Of Uterus; viz. — Puerperal Disease, etc.	14	..	6	7	1	..	11·6
10. Of Joints, Bones; viz.— Rheumatism, etc.	8	3	1	4	..	..	9·1
11. Of Skin, etc.	2	...	..	..	1	1	2·2
12. Malformations	6	6	..	..	..	..	3·9
13. Debility from Premature Birth, etc.	24	23	1	..	..	..	25·4
14. Atrophy	52	43	..	1	8	..	26·0
15. Age	56	..	..	..	31	25	42·9
16. Sudden	4	2	1	..	1	..	7·5
17. Violence, Privation, etc.	27	18	5	2	1	1	23·3
Causes not specified	6	3	1	1	1	..	6·1

BOOKS RECEIVED.

Observations on the Life, Disease, and Death of John Hunter. By Dr. Ridge. London: Churchill. 1855.

Dr. MacPherson on the Mineral Waters of India. Calcutta. 1854.

Headland on the Action of Medicines. Second Edition. London: Churchill. 1855.

A Guide to the Practical Study of Diseases of the Eye, with an Outline of their Medical and Operative Treatment. By James Dixon, Surgeon to the Royal London Ophthalmic Hospital. London: Churchill. Pp. 391.

Dixon on the Diseases of the Eye. London: Churchill. 1855.

The American Journal of Medical Science. April, 1855.

The Policy of the Medical Profession. Liverpool: Walmsley. 1855.

Dr. Mann's Guide to the Knowledge of Life. London: Jarrold. 1855.

Loudon's Encyclopædia of Plants. New Edition. Edited by Mrs. Loudon. London: Longman and Co. 1855.

TO CORRESPONDENTS.

Dr. James Arnott's paper is declined, as it has appeared in another periodical. The pressure upon our pages is too great to enable us to insert duplicates of communications sent to other Journals.

Mr. William Parker's paper is declined.

Dr. Edgar Sheppard.—We are much gratified at the complimentary manner in which our own editorial labours are noticed; but as we desire to make this Journal a vehicle for useful information, and to preserve, as far as lies in our power, a high moral tone and a kindly feeling among the members of our profession, we cannot assist to fan the flame of discord by encouraging quarrels in which we have no concern, or by admitting into our pages discussions which have no interest for the Profession at large.

Mr. Lizars.—We have received a letter from Mr. Lizars replying to some remarks contained in a communication from Mr. Adams as to the state of orthopædic surgery in Edinburgh. Mr. Lizars informs us that, so far as he is concerned, he has always taught the importance of the after-treatment in club-foot, and the necessity of appropriate apparatus made by the bandage-maker. Mr. Lizars refers to his treatise on club-foot in proof of his statement.

J. H.—The penalty for neglecting to attend as a witness is £5 where the coroner's order has been received in sufficient time. The fee for making a post-mortem with or without analysis, and attending to give evidence, is two guineas.

Mr. Hamlin.—You must give a bill of particulars if demanded. In case of proceeding to the County Court you must deposit *two* such accounts if the sum exceeds £5.

A Young Surgeon.—Refer this matter to some neighbouring Practitioner in confidence; avoid, if possible, bringing prominently forward petty matters of professional etiquette—your profession suffers by it.

J. G. B.—Address, Dr. Macpherson, Army Medical Department, Whitehall.

Erratum.—In our Journal of the 5th inst., at p. 448, it is stated that the ulcer on the anterior surface of the stomach extended to within 2 or 3 "inches" of the pylorus: it should, of course, have been 2 or 3 "lines."

COMMUNICATIONS have been received from—

Dr. Stokes; Dr. Seaton; Dr. McAldine; The Pharmaceutical Society; Dr. Cookworthy; Dr. Baines; Dr. Ross; Dr. Storer; Mr. Guthrie; Mr. M. Henry; Dr. Anderson; Mr. J. Z. Lawrence; Dr. Rambkill; Amicus; Mr. Parker; Dr. McWilliam; Mr. Henry Smith; The Secretary of the Belfast Medical Society; Dr. Edgar Sheppard; A Subscriber; Dr. Lankester; The Hon. Secretary of the Epidemiological Society; Sir John Forbes; Mr. Belfour; Mr. Birkett (with enclosure); Mr. Henry Thompson; Mr. Clough, Guy's Hospita (with enclosure); Mr. Propert; Mr. Waters, Liverpool (with enclosure); Mr. Calvert, Derby (with enclosure); Mr. Dixon; Mr. Lawrence, the London Hospital; Mr. Gascoyne (with enclosure); Mr. Hillier, University College Hospital; Mr. Fernie, Portsmouth; Mr. J. W. Crane; J. G. B.; Incognitus; A Medical Student; Mr. W. P. Jones; Mr. T. Spencer Wells; Mr. Bacot, the Dorset County Hospital; Mr. Barwell.

APPOINTMENTS FOR THE WEEK.

May.	Miscellaneous Register.	Society Meetings.
19. Saturday	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	Medical Society of London, 8 p.m. Royal Botanic Society, 3½ p.m. Royal Institution, 3 p.m.
21. Monday	Cambridge University: Examination of Candidates for a Licence ad practicandum in Medicina.	Statistical Society, 8 p.m. Chemical Society, 8 p.m.
22. Tuesday	Trinity Term begins. Operations at Guy's, 1 p.m.	Royal Medical and Chirurgical Society, 8½ p.m. Royal Institution, 3 p.m. Dr. Tyndall "On Voltaic Electricity." Zoological Society, 9 p.m. Meteorological Society, 7 p.m. Anniversary.
23. Wednesday	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days) St. Mary's, 1 p.m.	Hunterian Society, 8 p.m.: Mr. Birkett "On a Case of Hernia with Exostosis." North London Medical Society, 7½ p.m. Royal Society of Literature, 3½ p.m. Microscopical Society, 8 p.m.
24. Thursday	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.	Royal Society, 8½ p.m. Royal Institution, 3 p.m. Mr. G. Scharf, jun., "On Christian Art." Linnean Society, 8 p.m. Anniversary.
25. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	Royal Institution, 3½ p.m. Dr. Hofmann "On Ammonia." Ethnological Society, 8½ p.m. Anniversary.

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BONUS.

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1852	677	278,885	10,608 12 2
1853	1,025	413,785	15,836 3 6
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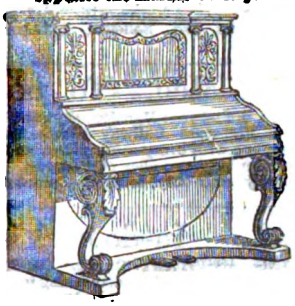

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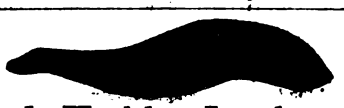

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A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined:—

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Apothecaries' Hall, May, 1855. HENRY BLATCH, Secretary to the Court of Examiners.

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CLINICAL LECTURES ON FEVER.

DELIVERED IN THE
Meath Hospital, Dublin.
By WILLIAM STOKES, M.D.
Regius Professor of Physic in the University of Dublin.

Lecture XIV.

I endeavoured to convey to you, at our last lecture, that the conditions which have been described under the head of typhoid pneumonia were probably examples not only of a pathological, but of an anatomical state of parts different from that which is found in the simple original inflammation of the lung. And it is a great deal easier to say what they are not than what they are,—to state their negative, rather than their positive characters.

Now I wish to state to you here that a certain change has occurred in our opinions as to the origin of the so-called typhoid inflammation of the lung. We at one time held, that it was the co-existence of gastritis or enteritis which gave to the pneumonia the typhoid character. This view was held by us before we had, by that imperceptible power of conviction which arises from experience, admitted the two following principles in their entirety:—

1st. That symptoms which are diagnostic of local disease, where the patient has not an essential fever, are either altogether valueless or much lessened in value when such a condition exists; and

2nd. That the gastric or gastro-enteric lesion is rare even as a secondary disease in fever; so that when irritation of the structures of the intestinal tubes occurs it is a remote, tertiary, and accidental phenomenon.

Our present opinion on this matter is in general the following: that in cases in which there are, in connexion with the signs of typhoid lesion of the lung, evidences of gastro-intestinal disease, both the pulmonary and abdominal lesions spring from the one parent condition, and that so far from the specialities of the pulmonary being derived from the accidental complication with the abdominal disease, both have a common character originating in the same source. I am quite sure that a large proportion of those cases described as asthenic pneumonia depending on gastro-intestinal complication, have been examples of essential fever, with the two affections co-existing as secondary lesions.

We have seen that in these cases, I will not say of typhoid pneumonia, but of typhous or typhoid affections of the lung, the various physical signs of pneumonia, singly considered, may be present, and are actually often to be found. They fail, however, very frequently to present themselves in the regular order or succession which is observed in true acute pneumonia.

Now let us inquire whether there is any physical sign peculiar to these cases of typhous pulmonary affections, which does not occur, at least as the rule, in ordinary pneumonia; and I do not know of the existence of any such, unless it be the sign of tympanitic resonance over the diseased lung, a condition first noticed by Dr. Hudson of this city, and to which he attaches some importance. Dr. Hudson states that in certain cases of typhoid consolidation of the lung, the sound on percussion was very different from that observable in the ordinary condition of hepatization. He describes it as "a tympanitic clearness over the solidified lung without air being present in the pleura;" indeed he goes so far as to say that in one case the tympanitic clearness on percussion existed fully to the same degree and of the same kind as in pneumo-thorax; here the lung was found perfectly solid throughout, with the exception of a small extent of the anterior and postero-inferior parts which was still crepitating.

It is very difficult to understand what condition of parts could have caused this singular tympanitic clearness over a solidified lung. When we speak of tympanitic resonance, it must be always borne in mind that the tympanitic sound does not always imply clearness on percussion. When you have a cavity in the centre of a solidified lung, or when you have hepatisation of the left lung, in connexion with flatulent distension of the stomach, the sound, on percussion, though dull as compared with that of the healthy lung, has a distinctly tympanitic character; to this we have long been in the habit of giving the name of tympanitic dulness. I have never found it, however, to simulate the tympanitic resonance which occurs in pneumo-thorax, or in dilatation of the air cells; it is inferior in degree, and different in character. Dr. Hudson met with four cases, in which the observation of this phenomenon was followed by dissection. One was that of a man who died of extensive inflammation of the left lung in the Meath Hospital, in the spring of 1832, in which, at the close of the case, from the hollow sound on percussion at the lower part of the left side, it had been previously quite dull, a pretty general opinion existed that a pneumonic abscess had formed and burst into the pleura. On dissection, the side having been punctured, no air escaped; the lung was red and solid, but without abscess, and the pleura was adherent over two-thirds of its extent. I must, in justice to myself, state that, in this case I never entertained the idea that an abscess had opened into the pleura. In another case, the lung was found hard and solid, from chronic pneumonia; and in the two remaining cases, the condition of parts was similar to that which was presented by that first detailed.

Dr. Hudson admits that, in three of those cases, the tympanitic sound might be explained by reference to the distended state of the stomach; but in the fourth, he thinks that the explanation might be found in the facility with which the vibrations of the air in the bronchus, and its larger divisions, may be supposed to be communicated through a lung in that condition, that is to say, solid throughout; and, therefore, not permitting the loss in a mixed medium of solid and healthy lung of such vibrations.

I am quite prepared to admit that, with extensive solidification of the lung, the dull sound, on percussion, may yet have a tympanitic character; but I have seen no case in which this sound could be confounded with that of pneumo-thorax, or of dilatation of the air cells. With reference to the bearings of this question upon the signs of typhoid pneumonia, I can only at this moment remember two cases which are worth detailing to you. In one, tympanitic dulness did occur over the diseased portion of the lung, without our being able to account for it, by any accumulation of air, either in the pleura or in the stomach. The case was of a low putrid character, and I remember suggesting it as a matter just possible, that there might have been a typhoid pneumatosis developed in the diseased lung; but I am sure that we were not able to establish the existence of such a condition on dissection: the case occurred a good many years ago.

In the second case, which was one of manifest typhus fever, the posterior portion of the right lung became solid or nearly so, while the anterior face of the organ preserved its vesicular respiration. Now we found that over this portion of the chest, that is, over the front of the thorax on the right side, the sound, as compared with that over the opposite lung, was morbidly clear; it was true tympanitic clearness, not dulness, and it continued for three or four days, and gradually disappeared with the resolution of the posterior solidity: this case occurred in the Hospital last year, and was seen by Dr. Hudson himself. I confess I am quite at a loss to explain the nature or mode of production of this phenomenon. My friend Dr. Lyons mentions to me that in a case of asthenic pneumonia occurring in a patient of intemperate habits, which we saw in consultation, the anterior superior part of the left lung presented for a couple of days a condition of morbid clearness, but subsequently became engaged in the general consolidation of the organ.

Dr. Lyons is disposed to regard the abnormal clearness which occurs in these cases as the result of the increased pressure of the respiratory column of air in the still permeable portions of the pulmonary cells, which he considers in certain cases become from this cause expanded beyond their natural volume. His views are that the inspired air presses with a certain force on the whole pulmonary surface, and that if a portion of this surface becomes impermeable to air from solid deposit, occlusion of the tubes which forced it, or other cause, the remaining portion of the pulmonary tissue is acted on by the whole of the inspiratory force, before which it is thus made to expand; this portion of the lung may thus be considered to be in a condition of temporary emphysema, and so gives a correspondingly clear sound on percussion.

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There is a circumstance in connexion with the resolution of these typhoid or typhous diseases of the lung, different from what is commonly observed in sthenic pneumonia. You know that the true inflammatory hepatization rarely disappears in a sudden manner. It subsides gradually, and the transition-state between dulness and clearness on percussion is generally marked by the "crepitus redux." In the cases before us, however, and especially where the disease is secondary to typhus fever, the resolution, as I have before stated to you, is often singularly rapid, and is often unattended by the crepitus of resolution. If, then, you consider the state of solidification simply, we find it on the one hand to form without the crepitus of the first stage of pneumonia, and on the other to disappear rapidly, and without the rule of resolution. Thus we are permitted, as it were, to witness the silent and spontaneous development and retrocession of one of the secondary diseases of typhus.

This change from the state of consolidation to that of permeability to air, this rapid change, unattended by the crepitus and resolution, probably shows that the real disease was one unconnected with inflammation, either as a primary or a reactive condition.

You will remember that I suggested to you that some of the cases which have been described as typhoid pneumonia, might be held as examples of an aborted typhus. These were characterized by early consolidation, early disappearance of the typhous state, and a rapid, and often spontaneous subsidence of the local disease. I cannot help thinking that between such cases, and those in which the general disease runs its usual course, there is another class or category of cases in which the progress of the merely pulmonary disease is marked, more or less, by signs of irritation or inflammation of the lung, which inflammation or irritation is either reactive or specific, or both reactive and specific. And I apprehend that these cases which, as it were, float between the aborted and the perfect typhus, are much more numerous than might be supposed; and in such instances the case is often treated throughout, without a suspicion of its being really an example of typhous disease having been entertained.

What has been now said should impress on your minds that rule in practice which I have so often urged upon you, namely, that the rules of diagnosis of local inflammatory disease which are good in ordinary cases, lose their value in a great measure when the patient has typhus fever. This was long ago proved by the researches of Louis on the condition of the brain in fever, and it was the non-recognition of this fact which constituted one of the greatest errors in the system of Broussais. I have told you, that if you gained nothing during the session but the knowledge and full appreciation of this great principle, your time would have been well spent. How many cases have we not had of headache, delirium, watchfulness, or its opposite, coma,—yet without encephalitis; and so it is with the remaining cavities—symptoms of functional alteration are met with in connexion with the cerebral, pulmonary, circulating, and digestive systems in fever. They may or may not be attended by organic change, and that organic change, when it does exist, is not necessarily inflammation; and we cannot, I believe, lay down any satisfactory rule of diagnosis which would show, that in one case of local functional disturbance there was organic change, and in another that there was not. But this much we do know, that those groups of symptoms which are diagnostic of local inflammation in a case which is not fever, cease to be so when they occur in a case of typhus. Let this principle be ever present to your minds, for it is impossible to exaggerate its value. Long ago it was acted on empirically by the best physicians, who refused to adopt antiphlogistic measures in treating the local symptoms in typhus, and who employed stimulants irrespective of them, when the general condition seemed to demand such treatment. It now comes before you as the result of an extended and accurate pathological investigation, and the study of the pulmonary phenomena, as we have seen, enables us to go a step further, and to declare that not only are the symptoms of local irritation doubtful or illusive; but that even the physical signs of a pneumonia, when occurring in a case of typhus, are not to be taken as proof that a local inflammation has occurred.

If these things be true so far as our typhus is concerned, it would appear probable, that in other acute diseases, under the influence of a law of periodicity, and, perhaps, in many that arise from the operation of an introduced poison, the same circumstances may be found, so that we might apply to a much larger circle of diseases those principles as to the secondary local affections, which appear applicable to typhus fever.

CLINICAL LECTURES

ON THE

PATHOLOGY AND TREATMENT OF THE AFFECTIONS OF THE EAR,

CAUSING DISEASE IN THE BRAIN OR ITS MEMBRANES.

DELIVERED AT

St. Mary's Hospital.

By JOSEPH TOYNBEE, Esq., F.R.S.

Aural Surgeon to the Hospital; Lecturer on Aural Surgery at St. Mary's Hospital Medical School; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, etc.

LECTURE VIII.

ON DISEASE EXTENDING FROM THE LABYRINTH TO THE BASE OF THE BRAIN.

GENTLEMEN,—In those cases of disease in the tympanic cavity, extending to the brain, which have been hitherto described, it was found that the upper osseous wall of the tympanum became affected, and the disease thus advanced to the middle cerebral cavity. There is, however, another medium whereby disease can advance from the tympanic cavity to the brain, and that is through the labyrinth. When it is remembered that at the inner wall of the tympanum there is only a delicate membrane, (membrana fenestræ rotundæ,) separating it from the cochlea, and that the base of the stapes with its fine ligaments form the only septum between it and the vestibule, it will naturally be supposed that disease in the tympanic cavity frequently advances to the labyrinth. This occurrence appears nevertheless to be very rare; the reason of this rarity being that ulceration of the mucous membrane of the tympanum is not a common disease, and that under the influence of chronic inflammation and of the secretion collected in the tympanum, the membranes of both the fenestra rotunda and ovalis become thickened and rigid.

I am not aware that any case has occurred in which disease had made its way through the fenestra rotunda to the labyrinth; but in dissections which I have made I have found the medium of communication in one instance to have been the fenestra ovalis, and in the other a carious aperture in the outer arm of the external semicircular canal, where it bulges into the tympanic cavity, and is covered by the tympanic mucous membrane. When suppuration takes place in the labyrinth the disease readily advances through the cribriform floor of the meatus auditorius internus to the auditory nerve, and thence to the base of the brain and medulla oblongata. In some cases purulent matter is effused beneath the arachnoid over the whole surface of the base of the brain surrounding the nerves in their cranial course; the substance of the pons Varolii or medulla oblongata may be destroyed by ulceration, or an abscess may form between the arachnoid and pia mater. In some cases the disease extends a considerable distance down the medulla spinalis.

In the following case, which on several grounds is one of great interest, the disease advanced through a carious orifice in the external semicircular canal to the labyrinth.

Disease in the tympanic cavity, extending through a carious orifice in one of the semicircular canals to the labyrinth, and thence by the auditory and facial nerves to the base of the brain.—On the 28th of March, 1851, I was called in by Mr. Such, of Dalby-terrace, City-road, at the request of Mr. Coulson, who had also seen the patient, to see a German gentleman, aged 26, the history of whose case I found to be as follows:—He was of a robust constitution, and had generally enjoyed the best health; indeed, even when I saw him, he had the appearance of a stout, healthy man. Between four and five years previously he complained of occasional pain in the right ear, which was usually followed by discharge, and by degrees this became constant. Three weeks before I saw him, he suffered from a severe attack of pain in the head, which disappeared on the occurrence of an increased quantity of discharge. Nothing particular occurred until ten days previous to my

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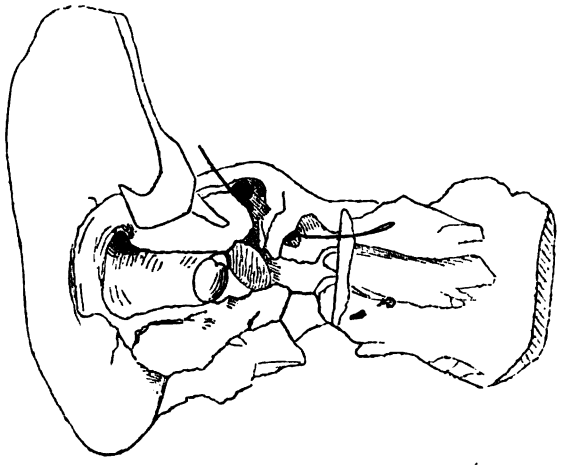
visit, (excepting a sleepless state at night,) when he was suddenly seized with a violent pain in the head, which was not relieved by the use of any of the ordinary remedies; by degrees this pain extended to the back of the neck, and as low as the sixth dorsal vertebra. About the same time there was paralysis of the right facial nerve. For several days there had been a considerable shivering fit about two o'clock, p. m. On the evening of the 28th, at which time I saw him, he was suffering from great pain at the back of the neck; he was very restless, particularly at times, but he talked quite sensibly; the right facial nerve was paralyzed; he squinted; the pulse was 85. The external meatus was nearly filled by a polypus; the discharge was very fetid and abundant. A large blister was ordered to be applied to the nape of the neck; the ear to be frequently syringed with hot water; as he was very sensitive to the action of mercury, a quarter of a grain of grey powder, with three grains of extract of henbane were administered every two hours.

March 29th, 9 p. m. The mercury has already caused great tenderness of the gums. The symptoms have materially increased; the pain at the back of the head was very violent this morning; the squinting continues, and he sees double. At three o'clock this day he became insensible; he was, however, roused by a loud noise, and he spoke rationally for a minute or two; he then relapsed into a state of incoherency. Pulse the same as yesterday; respiration oppressed and slow; face and head congested and blue; discharge from the ear abundant and fetid. Leeches were ordered to be applied below the ear.

March 30th. Slight relief followed the application of the leeches, but he soon rapidly became worse. The right side of the body was paralyzed, the breathing became stertorous, and the face livid. He gradually became insensible and died at 6 p.m.

Autopsy, twelve hours after death. The cerebrum was healthy, excepting that there was a considerable quantity of chocolate-coloured fluid in the lateral ventricles. The cerebellum was also healthy. The arachnoidal surface of the dura mater, covering the superior and mastoid surfaces of the petrous bone, was in a healthy state; upon removing it from the bone, it was found, over two small portions of both surfaces, softer than natural, and the softer portions covered apertures in the diseased bone. There was, however, so slight an appearance of disease, that it was quite manifest that the affection of the ear had not made its way inwards at either of these two points. Upon removing the brain, there was evidence of very extensive disease at its base. Purulent matter was deposited beneath the arachnoid, from the roots of the olfactory bulbs anteriorly, to the medulla oblongata posteriorly. In some parts this pus was of a dark colour, in others, as in the pons Varolii, the arachnoid membrane was ulcerated. The principal seat of the disease was the right side of the pons Varolii, the substance of which was ulcerated to the depth of a line to a line and a half, over a surface as large as a sixpence. All the nerves at their origins were surrounded by pus, and the substance of the facial and auditory nerves of the right side, was so soft as to be scarcely distinguishable from purulent matter. Upon examining the petrous bone, the dura mater around the orifice of the meatus auditorius internus was observed to be softened and detached from the bone, which was denuded. The portions of the auditory and facial nerves within the meatus were in a state of suppuration. The whole of the petrous bone being removed for the purpose of careful dissection, the following was the condition of the parts detected. The external meatus contained two polypi, one of which, as large as a small pea, was attached by a broad base to the posterior wall of the meatus, about its middle; a smaller polypus, about the size of a grape seed, was also attached to the meatus near the former. Upon separating the membranous meatus from the bone, an orifice, between two and three lines in diameter, was observed in the bone, so that a communication existed between the meatus and the mastoid cells; there was, however, no orifice in the membranous meatus, so that the discharge from the ear did not come from the mastoid cells, but from the surface of the meatus only. The membrana tympani was perfect, but it was quite white and much thicker than natural. The tympanic cavity contained a considerable quantity of fetid pus; its lining fibro-mucous membrane was ulcerated at several points. In this cavity there were also two portions of carious bone, one of which projected towards the cavity of the cerebrum, and was in contact with the outer surface of the dura mater; the other looked towards the cavity of the cerebellum, and was also in contact with the dura mater, this membrane, as stated above, being, at the points referred to, thick and soft. The ossicles were present, and the stapes adhered with its usual degree of firmness to the circumference of the fenestra ovalis. Upon laying open the cavity of the vestibule, it was found to be full of a dark-coloured pus, having a fetid odour; the semicircular canals were also full of matter, having similar characters, and the osseous wall of the superior canal was carious at two or three points. This purulent matter extended from the vestibule and cochlea to the meatus auditorius internus. Upon examining carefully the external semicircular canal, where it makes a bulging in the tympanic cavity, a small carious aperture, not larger than a small pin's head, was detected in it; this aperture contained fetid pus, and it was the only medium whereby the disease could have been communicated from the tympanic cavity to the vestibule.

Fig. 16.



A bristle is placed through the aperture in the semicircular canal, showing the communication between the vestibule and the tympanic cavity; the upper wall of the tympanum has been cut away.

You will have observed that I have described this case as one of disease originating in the tympanic cavity, and extending thence to the vestibule inwards, and to the meatus outwards. The grounds for my believing that the disease originated in the tympanic cavity are various. In the first place, it is very rare for suppuration to originate in the labyrinth; I do not think I have ever met with a well-marked case of the kind; had it, in this case, originated in the labyrinth it would most probably have produced death ere it had reached the tympanum. In the second place, the tympanic cavity is, as you are aware, a frequent seat of disease, and the presence of the portions of necrosed bone, which were not detached, indicate long standing disease.

The nature and progress of the disease would appear to have been the following:—When it first made its appearance it was most probably one of chronic catarrh of the mucous membrane; the quantity of mucus secreted was too large to allow of its entire escape through the Eustachian tube; the membrana tympani was pressed upon, but instead of ulcerating and allowing the matter to escape externally, it became much thickened and very rigid; the secretion was thus confined in the tympanic cavity, produced caries of the bone, and penetrated the labyrinth. There can, I think, be no doubt that, had the membrana tympani been partially destroyed, so that the secreted matter could have had free egress, the disease in the bone might have been prevented, and the life of the patient might consequently have been saved.

I have had the opportunity of dissecting another case of disease advancing from the tympanum to the labyrinth. In it the medium of communication was the fenestra ovalis, which had been left open after the removal of the stapes by ulceration. I am indebted to Mr. Avery for the means of seeing the post-mortem, and of making a careful dissection of the ear.

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CASE.—*Ulceration of the tympanic mucous membrane; extension of the disease to the labyrinth, through the fenestra ovalis.*—James Warner Smith, aged 17, a sailor, was admitted into the Charing Cross Hospital on the 14th of January, 1846. The history of his case was, that at five years of age he had an attack of measles, which was followed by an abundant discharge from the left ear. From this discharge he has never since been perfectly free; occasionally it was in a very small quantity. He had usually enjoyed good health. Three months previously, when off the Cape of Good Hope, he was up aloft during a gale, and lost his cap. Considerable pain in the ear followed this accident; the quantity of discharge increased. There have been many attacks of pain since, and occasionally a sanguineous discharge. When he came on shore he took a fresh cold, and the pain in the head and ear became very violent. He now consulted Mr. Curtis, who ordered him injections, drops, and ointments, but not obtaining any relief he applied to Charing Cross Hospital. At the time of his admission he complained of constant pain in the left ear, and in the left side of the head as high as the vertex. There was also some pain on the right side. There was a constant twitching of the muscles on the right side of the face, and the mouth was constantly drawn to that side. Some intolerance of light was also observed. There was an abundant offensive discharge from the left ear. There was no tenderness over the mastoid process. January 16.—Has had a violent paroxysm of pain in the night; but he is better this morning, and the twitching has subsided, except in the right eye-lid. Calomel and opium were administered. January 22.—Much better; slept well; pain abated. January 24.—The pain has returned as violently as ever. January 27.—delirious during the whole of the day. January 29.—Delirium continues; complains of intense pain in both sides of the head; discharge from the ear abundant; head drawn backwards. January 30.—The delirium has left him, but he is exceedingly drowsy, and is roused with considerable difficulty. The movements of the limbs, and their sensation, unaffected. The pupils acted properly. February 1.—The drowsiness has vanished; has had no delirium, and has passed a good night; still complains of considerable pain in the ear, and over the eyes. He remained in this state until the 5th, when he gradually sank, without coma or cerebral symptoms of any marked character. The retraction of the head continued to the last. He was quite sensible before he died.

Autopsy, thirty-six hours after death. Upon removing the dura mater the surface of the arachnoid was observed to be remarkably dry; the vessels of the pia mater were more than usually injected on the convex surface of the hemispheres; there were two or three small yellow patches beneath the arachnoid. Each lateral ventricle contained at least three ounces of clear fluid; in the posterior corner of the right, and in the inferior one of the left, were two patches of bright yellow lymph as large as half-a-crown; these were covered by a thick creamy purulent fluid. The third ventricle contained a dark clot of blood as large as a small walnut. This could be traced into the fourth ventricle, where there was also a small coagulum; the commissura mollis was broken down. Surrounding the lower part of the commissure of the optic nerves, and covering the crura cerebri, pons Varolii, medulla oblongata, and upper part of the medulla spinalis, was a layer of pure yellow pus and lymph nearly half an inch thick; it embraced the nerves at the base of the brain to their passage through their several foramina. The parts in direct contact with this layer were very soft. Under the pia mater, where the right anterior lobe rests on the orbital plate of the frontal bone, there was a patch of effused blood the size of a shilling. The dura mater covering each petrous bone was healthy; the exterior of the bone did not present any appearance of disease. Upon examining the cavity of the ear, the membrana tympani was found to have been destroyed by ulceration; all the ossicles had disappeared. The tympanic cavity was full of the most offensive secretion; its lining membrane was ulcerated. The fenestra ovalis was open, and in the cavity of the vestibule matter was found having similar characters to that in the tympanum. The whole of the natural membranous labyrinth had been destroyed. The auditory nerve was tumefied and of a dull livid colour, the disease having evidently advanced to it through the cribriform floor of the internal auditory meatus, and thence to the base of the brain.

You will have observed in this case that there appeared to be no obstacle to the free egress of the matter, excepting that thick masses of it had accumulated in the cavity of the tympanum. It is far from unlikely that in cases of ulceration of the mucous membrane of the tympanum and loss of the stapes the thick secretion in the tympanum may be quite sufficient to cause the disease to advance inwards. This case is another illustration of the necessity there exists for frequently washing out the tympanic cavity with warm water. It is, however, no doubt possible, when the stapes is removed, for the disease to advance to the vestibule without its being driven to do so by the pent-up condition of the matter in the tympanum.

In addition to these two cases the preparations from which I had the opportunity of dissecting, I have met with two others, and as these four cases are the only instances of this peculiar form of the disease upon record, I will briefly give you the particulars of the remaining two.

The following case occurred in the practice of Mr. Streeter, and it was by him laid before the Westminster Medical Society on the 13th of January, 1844.

CASE.—*Disease extending from the tympanic cavity to the labyrinth, and thence to the medulla oblongata and the base of the brain.*

The patient was a lady, aged 42, who had been deaf in the right ear since the age of seven, but from what cause was not known. Two or three months previous to her death she became affected with a severe head-ache for which a blister was applied at the back of the neck. Nothing serious, however, was thought of the matter until the 17th of December, when the severity of the pain greatly increased, became of a maddening character, and almost produced delirium. The right portio-dura nerve was paralyzed, there was severe pain down the spine, which was attributed to a fall received when getting out of bed. The pulse did not warrant active depletion, but two or three leeches were applied behind the affected ear; a large poultice was placed over the face, the ear was gently syringed with warm water, and saline medicines were ordered. On the 18th she had had some sleep in the night, but complained of an almost intolerable pain in the back. The catamenia now appeared, and the cause of the pain remained obscure. She was quite sensible, the pupils acted, but the cornea on the affected side had commenced to ulcerate. There was a slight discharge from the right ear, and the left ear had become somewhat deaf. It was thought that a hole could be observed in the membrana tympani; calomel and opium were administered. December 19th. She has slept better and remained somewhat improved until five or six in the evening of the 21st, when she was suddenly seized with coma in which state she remained until the following morning, when she died.

Autopsy.—On examining the brain there were found slight sub-arachnoid effusion and vascularity of the surface of the brain. There was also some increase of vascularity in its interior. There was no effusion in the ventricles. An abscess was found in the tympanum and labyrinth, and there was a counter-abscess about the size of a large pea in the condensed arachnoid and pia mater, occupying the fossa where the facial and auditory nerves proceed from the junction of the medulla oblongata with the pons Varolii and cerebellum. There was pus effused beneath the arachnoid and pia mater, investing the right side of the upper portion of the medulla oblongata and adjoining part of the right lobe of the cerebellum to about the extent of a square inch, but there was no softening nor apparent lesion of the proper cerebral tissue beneath.

The exact condition of the tympanic cavity and labyrinth is not detailed in the above notes by Mr. Streeter, but there can be no doubt that the disease (most probably ulceration of the mucous membrane) had extended from the tympanum to the vestibule, either through the fenestra rotunda, or ovalis, or by means of an orifice in the osseous wall of the labyrinth. The state of the portio dura and portio mollis nerves is not stated, but, judging from the records of other cases of a similar character to the present, these nerves must have undergone some morbid change, and communicated the disease to the base of the brain.

The remaining case is taken from M. Itard's work (a); it is as follows:—A man, aged 22, five weeks previous to his death complained of tooth-ache; this was followed by febrile symptoms. On the twelfth day after the attack, discharge took

(a) Traité des Maladies de l'Oreille. 1821. Tome I. p. 264. Obs. 22.

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place from the left ear, but symptoms of cerebral irritation increased until his death.

Autopsy.—Over the convex surface of the brain, and in its substance, were a number of small purulent deposits. The cerebellum was similarly affected, but in a less degree. The auditory and facial nerves were in a state of suppuration, and almost wholly destroyed; pus was also found in the internal auditory meatus, the vestibule cochlea, and semicircular canals, and the tympanic cavity.

In my ninth Lecture I shall speak of the advance of malignant disease from the ear to the brain.

ORIGINAL COMMUNICATIONS.

ON THE CURATIVE TREATMENT OF CHRONIC MORBUS BRIGHTII.

By DR. HANDFIELD JONES, F.R.S.

(Read before the Harveian Society, March 2nd.)

(Concluded from page 490.)

Case 3.—F. P., widow, aged 57, laundress, admitted Aug. 10th. Ill fourteen days. Abdomen and lower limbs swollen. Breath short on exertion. Pulse regular and steady. Sounds of heart natural. Clear breathing in backs. Tongue furred, with long papillæ. Bowels regular. Urine of pretty healthy colour, deposits a not abundant sediment, consisting of epithelial scales (many of them fattily degenerating), mucous corpuscles, or stunted particles of renal epithelium, casts either homogeneous and containing a few corpuscles, or orange-coloured and made up of coarsely-granular and oily matter. There was also much scattered granular matter. Much albumen was thrown down by heat and nitric acid. Reaction acid. Sp. gr. 1015.

℞ Tr. ferri muriat. ♏ x. Pil. hydr. c. coloc. gr. v.
Tr. digitalis ♏ v. alt. noct.
Inf. quassiæ ʒi. Ter die.

Aug. 28th.—Getting on very well, swelling all gone. Urine pale, deposits a dark reddish brown sediment consisting of casts, mostly containing much molecular oil, with some corpuscles and blood globules. There are also very numerous perfect nucleated cells scattered over the field, and much diffused granulous matter forming films. It is decidedly, but not highly, albuminous; nitric acid only forms a cloud—no flakes. Reaction highly acid. Sept. 4th.—Pt. in mist. omiss. tr. digitalis. Sept. 11th.—Complains of being heart-sick. Bowels costive. Pt. in mist. Mist. rhei et magnes. ʒi. o. mane. Urine at this date was scarcely altered by nitric acid; it deposited on standing a notable sediment of reddish hue, consisting of diffused granular matter, nuclei, granular corpuscles, blood discs, and a few glomeruli. These elements were sometimes united into masses, sometimes they formed complete casts of the tubes of some length. Hydrochloric acid precipitated no uric acid. Sept. 25th.—Better a good deal, no swelling, pain in forehead, which is hot last 3 days. Pt. in mist., Olei morrh. ʒij. ter die Oct. 16th.—Feels quite well, not the least swelling. Urine is wheyish, pale, sp. gr. 1014, gives no precipitate, not even increased opacity with heat and acid, but after standing some hours a very notable reddish sediment subsides, which on reboiling in great part disappears. A whitish sediment (not copious) is deposited from the urine on standing, which consists of granulous matter, nuclear corpuscles, and fragments of casts, most of them containing corpuscles and more or less oily molecular matter. Nov. 13th.—Has remained quite well since last report. Discharged. The urine now was clear, palish, acid, sp. gr. 1018; it contained no albumen, no precipitate taking place after testing with heat and acid, and allowing the tube to stand some hours. Nitric acid precipitated a tolerable quantity of lithic acid, and when added to the concentrated urine plenty of nitrate of urea was formed. A slight sediment deposited from the urine contained a very few fattily degenerating casts, and some free corpuscles possibly of renal origin.

There can be no question, I think, that chronic degenerative mischief was going on in this patient's kidneys, when she first applied to me; and there seems good ground for the hope that this was arrested, and the functional power of the kidney as well as its nutrition increased, while it is certain that the general health was greatly improved and invigorated. Would these results have been attained by the administration of evacuants in any form? I think not.

Case 4.—Samuel C., aged 48, tailor, admitted Nov. 14th. Is tall, robust, ailing last fourteen days, suffers with pain and tightness at chest; legs swell a good deal last few days; throat has been rather sore. Has pains in loins sometimes. Pulse rather jerky, weak. Tongue a little white. Heart's sound healthy. Never had rheumatic fever. Is not in habit of drinking, has always had good health, but has been much confined last six months; used previously to have much exercise. Urine turbid, of smoky aspect, loaded with albumen, sp. gr. 1017, after separation of albumen by filtration, sp. gr. the same, reaction acid; on standing it deposits a rather copious whitish sediment, consisting of corpuscles generally small, of numerous casts mostly pale and homogeneous, containing often small corpuscles or granular matter, and of blood globules. Considering that I had to do in this instance with congestion of the kidney superadded to degeneration, I had him cupped on the loins to ʒv., and gave him pulv. jalap. co. ʒss. o. mane, as well as tr. ferri muriat. ♏ x. c. acid. muriat. ♏ ij. in inf. quass. ʒi., ter die. On Nov. 24th he stated that his breathing was a great deal easier; the swelling of the legs was less, but was still considerable; the abdomen was less swollen; the urine was a great deal more copious. The pulse was now full and forcible. He complained of having much violent pain in the head at times. Not yet feeling satisfied that the tendency to congestion of the kidneys was overcome, I thought it advisable to give him ant. pot. tart. gr. ss., potass. acet. gr. x. in inf. calumb. ʒi., ter die, instead of the steel, but continuing the powder. He continued this plan till Dec. 1st, when he reported that the urine was copious; he had to rise three or four times in a night; the pulse was quick, weak; the skin cool. The effusion in the abdomen had diminished, and there was less anasarca, but he had much swelling of the legs at night and of the face in the morning. Trusting that now I might safely return to the tonics, I gave him acidi nitrici ♏ v. ex infus. gent. co., ter die; and tr. ferri mur. ♏ x., ter die, c. cibis, continuing the pulv. jalap. co. He improved immediately, the dropsy diminished, so that the legs appeared free from swelling, except a little at night. This treatment was continued till Jan. 16th, when some more dropsical swelling of the legs appeared, and the urine was found dark coloured and highly albuminous; he complained of stiffness in the loins, and had ten days before experienced some symptoms of catarrh. The pulse was 130 in the sitting posture; tongue clean; bowels open. Not wishing, if possible, to abandon the tonics, I changed the acid and steel for hydr. bichloridi gr. i., tinct. cinchon. ʒij.; ʒi. ter die ex aquâ, with quin. disulph. gr. ijss. in pil. ter die. On February 6th he had less pain of head; a slight degree of swelling of the legs had occurred at night in the last two days, but there had been none previously for three weeks. The urine continued very albuminous, but less so than it had been. I continued the pill, but combined now tr. ferri mur. with the bichloride, omitting the bark. On February 23rd there was only some trifling swelling of the legs; his aspect was pallid; the urine deposited a distinct but not abundant precipitate of albumen after testing with acid; it contained scaly epithelium, and mucous corpuscular forms in plenty, a very few casts (homogeneous and corpusculated), and a few blood globules. March 16th.—He was gaining strength; the urine was rather cloudy, deposited a slight whitish sediment, was acid, and slightly albuminous, and of light colour. After treatment with nitric acid, it deposited abundance of uric acid crystals, sp. gr. 1015. The deposit consisted of scaly epithelium, with some renal, some doubtful blood globules, and a very few casts. The same plan was persevered in up to April 24th, when he had been gaining strength pretty steadily; had some slight swelling of the legs, and some pain in head. The urine was very pale, and sp. gr. 1014, very slightly albuminous, and contained no casts. I now changed his quinine pill for one of quin. disulph. gr. i., ferri sulph. gr. ijss., ter die, and continued his mixture. June 12th.—He reported himself improved, stronger a great deal, and had more colour. The urine was slightly turbid, contained a deposit of scaly epithelium, uric acid, oxalates in small quantity, and a very few casts, some of which were homogeneous, and others imbedded granular corpuscles. Reaction was acid. It was just

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clouded by NO_5, sp. gr. 1022. By July 20th the same plan being continued, there was not the least dropsical swelling, and the urine was not albuminous, but contained a good many casts. August 10th.—The mixture was discontinued; he took the iron and quinine pills alone. He continued improving, finding himself not so well if he omitted his pills. On Sept. 7th the urine was examined at the hospital and noted to be of good amber colour and not albuminous, and the same was the case on the 28th, though he was complaining of rheumatic pain in the back. However, careful examination of the urine at home, on October 12th, showed that after treating it with heat and acid, and allowing the tube to stand quietly for several hours, there was deposited a small reddish sediment of albumen. The sp. gr. 1030; the urine was of good colour, slightly cloudy; it contained a very few pale, homogeneous casts, entangling oil molecules or corpuscles. On November 6th he resumed the use of quinine and sulphate of iron, which had been intermitted since September 28th; they were now given in rather larger doses, two grains of the former to three of the latter, ter die. He gained in strength and general health, and on January 4th I discharged him, very tolerably well, though certainly with less colour in his face than I could have wished. His urine, then, I noted as not albuminous. On November 6th the urine was clear, rather light coloured, of sp. gr. 1026; deposited a very few casts, homogeneous and corpuscular, and some renal corpuscles. It was very acid. It was not perceptibly clouded by heat and acid; deposited much uric acid in crystals after treatment with NO_5. After standing some time, with addition of NO_5, a slight precipitate remained at the bottom. On Dec. 13th, which was the last close examination I made before his discharge, the urine was clear, of good colour, of sp. gr. 1028; contained no casts or renal epithelium; tested with nitric acid it did not appear altered. After standing a night thus treated, there were numerous crystals of uric acid deposited, and the fluid was very slightly clouded, but this was probably from lithates, as it disappeared with heat. When the urine was concentrated and treated with nitric acid, plenty of nitrate of urea was formed.

I should apologize for the length of this case did it not appear to me of great importance as proving the efficacy of persevering therapeutical efforts. There can be no question that the kidneys were affected seriously by degenerative disease, which I am inclined to think was of the hypertrophic kind. The influence of remedies was decided, but very gradual, and it is of especial interest to remark that it was only the tonics that procured real, steady improvement. A critical period in the history of the case was about Jan. 16th, when it was a question of abandoning tonics, and recurring to mere evacuants. Fortunately, the bichloride of mercury came in at this time with marked good effect, and enabled us to proceed with attempts at radical cure. Three weeks later I combined the chlorides of iron and mercury, continuing the quinine, and from thenceforward recovery went on uninterruptedly. The gradual but complete change which took place in the urine was very interesting; its sp. gr. increased, the albumen disappeared, the colour improved, the fibrinous casts ceased to be formed, and almost every proof was afforded that the function of the kidneys was restored. I confess, that had the man been a private patient, I should have insisted strongly on his taking cod-liver oil and courses of steel for many months to come, till the improved colour of his face, and the absence of any return of renal symptoms had convinced me that the cure was permanent. A sea voyage would also, beyond doubt, have been productive of good, if undertaken during the summer months, and in a warm latitude. These are, however, luxuries of treatment which the hospital physician has rarely in his power.

Case 5.—As I by no means wish to make out too favourable a case, I will now mention an instance in which the same kind of treatment, though employed pretty steadily, failed to do all that I had hoped for.

Ann U., aged 30, married, a tall, handsome-looking person, was admitted under my care, as an out-patient, January 12th. She had an easy confinement five weeks before; the legs had been swollen before the accouchement, but did not diminish in size, nor (as she stated) did the abdomen, or but little. There was distinct fluctuation to be felt in the peritonæum; the legs were a good deal swollen. Pulse large and excited. Tongue denuded and fissured. Bowels much relaxed last fortnight, 12 motions a-day. Urine was pretty clear, rather pale; sp. gr. 1015; highly albuminous; contained numerous casts, homogeneous and corpusculated, one containing a glomerulus, and some renal epithelium. The sight of the right eye was very weak, but there was no visible morbid appearance. She was suckling her infant.

I gave her at first ol. morrh. with tr. ferri mur. ter. die, and a daily purge of pulv. jalap. co., hoping that, as the quality of the blood improved, the dropsy would decrease; but no such favourable change took place, not even after a small cupping on the loins, and with the aid of a saline diuretic containing digitalis. Elaterium was tried without benefit, and matters remained *in statu quo* about a month. I then gave her that well-known excellent combination of blue pill, squill, and digitalis, which immediately caused diminution of the dropsy; and under this she went on improving for three weeks, the mouth being slightly affected. I then gave her tr. ferri mur. along with the pill, and soon after omitted the blue pill altogether. By April 6th she had improved so far as to be able to walk round the Serpentine; the ascites had almost if not quite disappeared, but the legs were still rather swollen. I made frequent examinations of the urine. On March 8th I found that the sediment contained numerous uric acid crystals, a sign which I regarded as favourable from having often observed it in the urine of patients recovering from scarlatinal dropsy. On April 29th the urine was clear, after having let fall a slight pale precipitate consisting of numerous epithelial scales, some pus-like corpuscles and epithelial flakes; there were scarce any casts to be seen. Its reaction was highly acid; sp. gr. 1014; its colour a light amber; it contained a notable quantity of albumen; uric acid crystals were formed on the side of the glass in which the urine stood. Although the urine was so highly acid, it was remarkable that on each successive drop of nitric acid being added a white cloud was formed, which again quickly disappeared, and it was not until a good deal of acid had been added that the white cloud became permanent. I have often noticed this, and believe that the explanation is to be found in the circumstance that the albumen in the urine exists combined with an alkali, soda (as in the blood serum) which requires to be completely neutralized before the albumen can be precipitated. After this I gave gallic acid, gr. v. ter die, and tr. ferri mur., but without any improvement in the state of the urine. The bichloride of mercury with tr. ferri mur. was also tried for some time, but, though her health and strength increased, the urine remained as before. The liquor ferri persesquinit. with nitric acid was not more effectual. By July 20th the dropsy had almost entirely disappeared, the sight of the right eye was much improved; she could use it well, though it was not quite strong. She then went into the country, with directions to continue the use of the tr. ferri mur. which she did for more than two months, and returned in the beginning of November last, much better and stronger, and with a colour. There was rather some thickening of the skin of the leg than any œdema. She is now able to do her household work, and looks very well. I have not been able to induce her to continue the steel, though I have strongly recommended her doing so. On her return from the country in November the urine was pale, of sp. gr. 1015, highly albuminous, gave a pale deposit, consisting of epithelial scales, numerous uric acid crystals, a few homogeneous casts, and some masses of nuclear corpuscles, together with free nuclei and granular matter.

The improvement in this case, which was effected by tonics, was limited to the general system; the urine was altered very little. I am much inclined to think that the cause of the persistent albuminuria was rather a permanent change in the capillaries of the Malpighian tufts than any considerable degeneration of the renal tubes. These capillaries, in the healthy state, have the extraordinary power of filtering off mere water and salts from the blood which traverses them; in Bright's disease this power is impaired to a greater or less degree, and liquor sanguinis, more or less altered, drains off. This impairment of the filtering power of the Malpighian capillaries is not solely and constantly associated with degeneration of the renal tubes; it is found, *per se*, to constitute the essence of the affection termed chylous urine, which can be arrested by styptic and astringent remedies (such as oil of turpentine and gallic acid,) and in which after death no degeneration of the kidney is found to exist. Now it is quite possible that though the proper renal tissue may have recovered its healthy state, and secretes a fair proportion of urea and uric acid, yet the

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capillary membrane of the Malpighian tufts may remain permanently damaged, and thus liquor sanguinis will be continually draining off and mingling itself with urine otherwise healthy. Somewhat of this kind I conceive the pathological condition to have been in the last-mentioned case, as I scarcely think, if there had been any considerable defect in the depuration of the blood by the kidneys, the general system would have regained so much of health and vigour. It is remarkable that although the renal disease must, beyond doubt, have been in progress during the pregnancy, yet the confinement took place without any convulsions.—I had written the above before I examined the urine on Feb. 24th; it was pale, wheyish, deposited a good deal of scaly epithelium, but few if any casts; it contained a good deal of albumen. Its sp. gr. 1015. Its general appearance led me to fear that I had been wrong in the opinion above expressed; but when I found that HCl precipitated a good deal of uric acid, and that the concentrated urine yielded with NO_5 this fine specimen of nitrate of urea (exhibited), I was confirmed in my view.

In concluding this paper I would express a hope that the evidence brought forward may appear sufficient to the members of the Society to induce them to attempt the actual cure of this most formidable and fatal malady, whenever a tolerably favourable opportunity may present itself. It is grievous to think that any who confide the care of their health to us should live under such exceeding peril, as degeneration of the kidney necessarily involves, without an earnest and persevering effort being made for their rescue. Should we not experience a feeling almost of self-reproach if we were suddenly called to one whom we had long known to labour under chronic M. Brightii, at the time when uræmic poisoning had set in and life was in extremest peril, if we had not during his days of comparative health foreseen the evil, and striven (if permitted) to stay its approach? We are watchful to detect the invasion of phthisis, we combat its progress vigourously, diligently, and often successfully; why should we not do the same in this not less formidable malady?

In the discussion which ensued after the paper was read several speakers inclined to the opinion that congestion of the kidney, to some extent, was the starting point of the degenerative change. From this view, which is the one maintained by Frerichs also, I dissent: 1st. Because in so-called chylous urine there is evidently congestion of the kidney; albumen, fibrin, and even blood draining away from it, yet no degeneration ensues. (2.) Because cardiac disease will cause renal congestion, and some albuminuria without degeneration. (3.) Because chronic M. Brightii comes on very often quite latently, and does not seem to be by any means essentially dependent on a previous attack of hyperæmia of the kidney. (4.) Because the conditions which give rise to M. Brightii are almost all of a debilitating character.

I do not contend that the occurrence of congestion may not favour the supervention of renal degeneration in a person predisposed to it, but I am fully convinced of the justice of Dr. Prout's declaration that his "decided opinions" were, "that in a large number of cases the previous quiescent state of the kidneys cannot, by any justifiable latitudinarianism, be designated by the term chronic inflammation; that the epithet structural degeneration more aptly expresses the condition of these organs."

1, Southwick-place, Hyde-park, March 6, 1855.

ON THE TREATMENT OF VARIX.

By HENRY T. CHAPMAN, F.R.C.S.

Late Surgeon to the St. George's and St. James's Dispensary.

(Concluded from page 488.)

As all Surgeons, in treating ulcers on the leg, must have noted the improvement which takes place in the condition of the diseased vein under the prolonged use of the bandage, there is no need to bring forward examples of this minor degree of success. I may state, however, that I have memoranda of numerous instances in which dilatation, tortuosity, and thickening have been so much reduced after a few weeks' trial of the practice described, that the patients have stopped short of actual cure, resting content with the relief and comfort obtained in that brief period. Many of these were cases of ulcer; and the closure of the vein by a suitable compress above the sore, taking off the downward pressure upon its capillaries, has proved quite as effectual in promoting cicatrization as ligature or section of the enlarged vessel. In Case 1, the former plan succeeded after the total failure of the latter somewhat heroic remedy. The first two cases given below are those referred to in an early part of this paper, as marked instances which had fallen under my own observation, of the inadequacy of the ligature to cure varix. They serve, likewise, to illustrate some of the inconveniences ordinarily attending the operation. One result, to which I have not before alluded, is the circumstance that the abnormal dilatation of the smaller veins, consequent on the obliteration of a trunk or main branch, is necessarily incurable. They may, it is true, be restored by the bandage to their natural dimensions for a time, but the requirements of the circulation will, almost infallibly, cause them again to dilate as soon as its controlling influence is withdrawn. The treatment by obliteration, therefore, not alone misses its mark, but puts it out of the surgeon's power to cure the disease radically by any other means.

Case I.—*Varicose dilatation of the branches of the internal saphena recurring in less than twelve months after ligature of the vein:*—

Daniel Donovan, aged 34, a patient at the Hospital for Diseases of the Skin (a), with an ulcer of the leg on more than six years' standing, November, 1852. (Case reported "Essay on Ulcers, p. 96, second edition.)

In December, 1851, the trunk and two branches of the internal saphena of the left leg having been varicose about two years, five needles were inserted beneath them, in one of the London hospitals, and their canals obliterated by the twisted suture. Notwithstanding their obliteration, and nearly five months' confinement to bed, he left the hospital with the ulcer unhealed. In November, 1852, eleven months after the operation, I found the trunk of the saphena converted into a thick impervious cord; but, alongside it, ascended a dilated vein, which, the man asserted, was quite as large and as painful as the former vessel before its obliteration. This duplicate of the saphenous trunk appeared to communicate with the branches of the obliterated vein, which expanded into a broad tumour lying immediately above an oblong ulcer.

Nov. 11th, 1852, the varix was treated by compresses of spongio-piline beneath the wet straps and bandage, and at the period of the healing of the sore (Feb. 10th, 1853) all dilatation had disappeared.

April 7th, the cicatrix continued sound, and the veins presented a perfectly natural appearance even when he rested his whole weight on the limb. No persuasion would induce him to throw aside the bandage even temporarily. In the autumn of 1853 I had another opportunity of examining the limb, and could discover no remains of dilatation, although he had then left off the bandage for some months.

Case II.—*Varicose cluster formed by the branches of the internal saphena four months after ligature of their trunk:*—

Mrs. F., aged 42, applied to me, July 22nd, 1853, for the cure of an ulcer near the inner ancle of the right leg, the veins of which are varicose. The history she gave me was, that seventeen years ago, when unmarried and acting as cook, the veins of the right leg became enlarged and painful. The skin inflamed, and a succession of varicose ulcers formed, which occasioned so much suffering and annoyance that she obtained an elastic stocking, which she wore with considerable relief for four or five years. After several stockings were worn out she made an attempt to do without them; when the veins at once relapsed into as bad a condition as before, and ulcers again broke out. The left leg also now became affected with varix, and she bandaged both limbs with calico rollers.

In March, 1853, she was persuaded to undergo an operation for their cure, and needles were inserted beneath the trunks of the saphenæ internæ of both legs. For twelve hours after the operation she suffered extreme agony, and the pain continued to be very severe for a fortnight, accompanied by much swelling. When she was able to get up she felt cords running down the inside of each leg, so tight and painful that for a long time she was unable to walk. Plaster strapping was applied, to get rid of the swelling, which cut the skin and produced the ulcer above the inner ancle.

Five weeks afterwards (about the middle of June) she

(a) To Messrs. Startin and M'Whinnie I am indebted for opportunities, at the above-named valuable institution, of testing the practice here brought forward.

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noticed that the branches of the saphena interna of the right leg were enlarging below the site of the operation, and she purchased another elastic stocking, which afforded no relief. When she came to me (in July) a convoluted mass of small veins existed just above the sore, and another cluster in front of the ancle, very sensitive to the touch and exceedingly painful at night. The veins of the thigh were also much dilated.

July 22nd. The sore was dressed, and compresses of lint and spongio-piline applied to the enlarged veins beneath the wet straps and bandage, which were renewed every third day, all pain ceasing after their first application.

The ulcer was healed in about a fortnight, when the veins were already much improved, but she did not attend longer.

May 10th, 1855. Within the last few weeks Mrs. F. has again consulted me with painful superficial ulcers behind the inner ancle of each foot. The veins of both legs were larger than ever, and those of the right side in a state of subacute inflammation, which has been subdued by the bandage as promptly as formerly. The sores are also nearly cicatrized; but whenever its support is thrown aside, there can be little doubt that the same troublesome affections will return.

The following selection from my case-book will suffice to show the efficacy of these simple means in accomplishing the cure of aggravated varix, when patient and surgeon persevere steadily in their use.

CASE III.—*Serpentine varix of the cutaneous branches of the internal saphena upon the ancle from a blow, cured by compression:—*

Creenha Wimprey, aged 22, treated April, 1852, for ulcer at the Hospital for Diseases of the Skin. (Case reported, "Essay on Ulcers," p. 130, 2nd edition.)

After the cure of the ulcer, May 13th, the treatment of the varix by compresses of spongio-piline was continued for about three months, at the end of which time the dilated veins were completely obliterated by adhesion. She was still recommended, however, to persist for a time in the use of the bandage.

CASE IV.—*Serpentine and sacculated varix of the internal saphena. The vein restored to its natural size by compression:—*

Jonathan White, aged 40, a patient at the Hospital for Diseases of the Skin, with ulcer on both legs, May, 1852; the veins of the left leg only dilated.

June 17th. Treated the enlarged veins by compresses and the bandage, cold affusion and friction.

September 27th. The veins perfectly healthy in appearance, uniform in shape, no dilatation, and scarcely any tortuosity.

This man called upon me recently with a return of ulceration in the right leg, but the veins of the left leg continued quite sound.

CASE V.—*Extensive serpentine and cellular dilatation of the trunk, branches, and cutaneous radicles of the internal and external saphenæ of the right leg, reduced to their natural state by compression:—*

Hannah Clifford, aged 30, a widow who had borne several children; a patient at the Hospital for Diseases of the Skin, April, 1852, for ulcer on the left leg.

July 11th. She requested me to look at the right leg, the veins of which had been varicose for some years. The trunks of both internal and external saphenæ were dilated and convoluted, with several large sacculi in the course of the former vein; the initial branches of the external saphena and the venous arch on the dorsum pedis excessively dilated; from the sole of the foot a multitude of enlarged veins converged towards the outer ancle, and numerous dilated cutaneous branches ascended tortuously on the front and outside of the leg, studded here and there with blue spherical expansions so thinly covered with cuticle as to threaten bursting. The leg was much swollen and she suffered extreme pain and cramps in it, particularly at night. Graduated compresses of lint were applied upon all the varicose enlargements beneath the wet straps and roller, and frequent affusion of cold water through the bandage recommended.

August 2nd. The general dilatation of the veins much diminished, and all pain relieved. Upon the larger pouches, in addition to the lint compresses, the leather cones with which billiard cues are tipped were now placed, and porcelain shirt studs, fixed into small slits in the wet straps, were inserted into the vesicular expansions of the cutaneous veins. The limb bandaged as at first.

September 27th. With the exception of a leash of veins on the outside of the foot, still somewhat enlarged, all varicosity had disappeared.

This patient called upon me about a year afterwards in consequence of a sudden return of varix, as she supposed, in a branch of the external saphena just above the ancle. On examination I found that an attack of phlebitis had been brought on by standing on the wet flags of a kitchen, and that the vein was already plugged by coagulum. She was then employed as a cook, and had discontinued the bandage for some months, but I could not detect any remains of varicose dilatation.

CASE VI.—*Enormous varicose enlargement of the trunk, branches, and cutaneous radicles of the internal saphena, treated by compression:—*

Mrs. H., aged 47, stated when she applied to me, February 7th, 1853, that she had suffered from varix for nineteen years, since her first pregnancy. The whole of the cutaneous veins on the inside and outside of the left leg were varicose, and two enormous clusters had been thrown out from the trunk of the internal saphena just below the knee. Nine months previously a small pouch on the instep had burst and occasioned the loss of a considerable amount of blood. A sore formed at the spot which still remained unhealed. Several sacculi in the larger clusters were extremely thin and threatened soon to give way. She complained much of pain, cramp, and itching at night. In the midst of a large brown patch of skin was a serpentine track, following the course of one of the tortuous veins, which had not lost its natural colour. I have noticed this peculiarity in other cases of serpentine varix. Her health very good.

February 7th. Compresses of wet lint, corresponding in size and shape with the various dilatations, were adjusted beneath the usual straps and bandage, and she was directed to moisten them with cold water twice a day.

February 24th. All the diseased veins greatly improved. No pain, itching, cramp, or uneasiness. She spoke of being almost always on foot, and could stand and walk with perfect comfort. The small sore healed.

March 17th. The leg had been bandaged for a fortnight. The clusters below the knee much diminished in size. In the largest of the two she had felt some pain, and on examining it carefully, I discovered that a prominent cell was obliterated by the formation of a coagulum.

May 19th. The bandage had several times been left undisturbed for three weeks without inconvenience. The veins of the leg generally appeared to have recovered their normal condition; the clusters alone showing any remains of disease.

During 1854, I saw this patient twice. She still wore the bandage, applying it herself once a fortnight; but a knotty tumour below the knee, hard and impervious to the blood, was the only vestige of the former diseased condition of the veins.

CASE VII.—*Varicose dilatation of the internal saphena, of twenty years' standing; serpentine varix on the dorsum pedis; cured by compression:—*

Ann Drury, aged 56, treated August 1852 for chronic ulcer, at the Hospital for Diseases of the Skin. (Case reported, Essay on Ulcers, p. 95, 2nd Edition.)

After the sore had healed, she continued her attendance for the cure of the dilated veins. The trunk of the saphena interna of the left leg, and two branches ascending from the inner ancle had been enlarged for twenty years, during eighteen of which she had suffered almost constantly from ulcers. The branches lay buried in two furrows, with indurated ridges on either side of them, so that no kind of bandage employed alone could exercise any compressing power upon them. The serpentine branch on the dorsum pedis occasioned severe pain, and she likewise complained much of a varicose cluster lying on the inner border of the foot. After blistering their margins, the deep furrows above the ancle were filled with narrow graduated compresses of lint beneath the wet straps and bandage, and compresses were applied upon the branches on the top and inner side of the foot, as well as on the trunk of the saphena. They were renewed once a week, sometimes only once in a fortnight, entirely removing the pain she had suffered; and on the 3rd of February, 1853, the veins were quite reduced to their natural dimensions.

The graduated compresses within the sulci were then discontinued, and three months later (May 12th) these

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hollows no longer existed; the trunk and branches of the saphena being scarcely perceptible even when she bore her whole weight upon the foot. The enlarged veins on the dorsum pedis, and inside of the foot had also disappeared.

16, Lower Seymour-street, Portman-square.

ON THE CURE OF TOOTHACHE, AND A METHOD OF TREATING EXPOSED NERVE.

By DONALDSON MACKENZIE, Esq.
Surgeon-Dentist.

The painful affection called toothache is so well known, that any description would be superfluous. It may, however, not be out of place to distinguish toothache as that pain experienced when the ganglion of vessels contained in the cavitas pulpæ of the tooth is inflamed; and that all other affections arising from the teeth are entirely distinct from this, and require a very different treatment. It would be most convenient were they distinguished by different terms, as—toothache (a) and socket-ache, a species of terminology, although not correctly anatomical, yet sufficiently significant for general use.

True toothache is, therefore, the expression of inflammation acting upon the pulp and lining membrane of the centre of the tooth, and is always produced upon caries approaching that cavity; and as inflammation of other tissue is reducible by medical interference, it would seem absurd to suppose that the same action, upon so minute a structure as the dental pulp, should defy our skill. However, I hope that, with few exceptions, this notion has gone to the tomb of all the Capulets. I am individually of opinion that the guillotine is as legitimate an instrument for the cure of headache as the forceps for the relief of toothache. When caries has extended to that point at which inflammation of the pulp begins, the presumption is, that this action is set up by atmospheric pressure, or the permeation of irritants through the tubulous structure of the bone to the pulp cavity. This circumstance is sufficient of itself to direct us in curative proceedings; for, if an irritating fluid can find a passage, what is to stop the progress of menstrua combined with principles of an opposite character?

The symptoms expressed by inflammation acting upon any part of our body, which is obvious to our senses, are pain, heat, redness, and swelling; but in the dental pulp, as in other internal organs, the increase of heat is not observable, and the acute pain may be the result of this tissue, by swelling, being forced against the unyielding walls of its bony chamber; for we find, upon the pulp being allowed to enlarge, from the destruction of a portion of that chamber, that the pain is very much lessened or entirely removed.

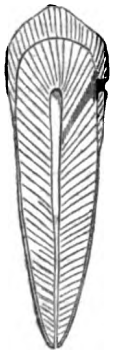
In inflammatory affections of the body, the Medical practitioner in his remedial treatment has recourse to bleeding, purging, blistering, heat, cold, etc., according to the structure of the part affected; but our unfortunate teeth are not often so rationally dealt with, as may be gathered from the fact of some of our first men recommending muriatic acid, or argento-nitrate, as a cure for inflammation (by their own account) in one of the most highly organized structures of the human body. One would be almost led to conceive the pulp to be a fungus to be destroyed, instead of a membrane to be preserved vital with all the skill we possess.

Toothache is dependent on the same causes as general phlegmasia, and may be reduced by the usual treatment of lowering the circulation, but the seat of the disease being confined to so small a spot, it is much more under control, and it will generally yield to local applications of a soothing nature.

All preparations of camphor, opium, morphia, etc. will reduce the violence of tooth-ache; but success is not always to be relied upon from the use of any one of these singly, frequent applications are sometimes necessary, and also a combination of two or more of them. The *modus operandi* is simply to saturate a suitable piece of lint, and insert it into the cavity; often one application is sufficient, sometimes a dozen are necessary, but perseverance will ultimately command success.

When a patient presents himself suffering from pain in his teeth, which he of course calls toothache, it is the business of the dentist to examine and determine whether toothache is present, or inflammation of the periosteum; this he may do from an optical survey combined with the expressed symptoms of the patient.

Should the former only be present, the remedy is at hand; but it may be found that the sockets of one or more of the other teeth are affected, in which case should the pain be severe(b), the forceps is generally our only resource, and the anodynes for those with inflamed pulp. When pain has ceased in them, the carious portion should be carefully and entirely cut away; the tooth may then, or in a few days subsequently, be stopped in the usual way with gold or amalgam, as the operator may deem most fitting, for the choice of material cannot be left to the patient, as a cavity may be quite suitable to receive the soft stopping, but not able to bear the pressure necessary to solidify gold, from the circumstance of there not being sufficient thickness of unsoftened ivory left to serve as a ceiling to the pulp cavity, or floor of the stopping.

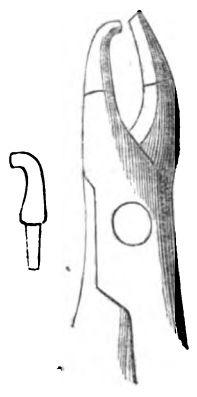


We have here a section of an under cuspidati, with a carious cavity upon its posterior lateral surface, where it has been in contact with the neighbouring bicuspidate. This drawing has been purposely magnified to show the progress of the caries towards the pulp in the diverging course of the tubular structure of the ivory. This may be cited as a favourable case for gold stopping both from the form and partial progress of the caries, and it is applicable to all the front teeth, under appropriate circumstances.

In my paper published in this Journal (October 28th) I observed that caries is generally found to exist between the front teeth when closely crowded together, and where that does exist, both teeth are in most cases more or less affected; so without making a considerable opening with a file, the difficulty of stopping either is at once apparent; it is not possible to devise any specific mode in absence of an individual case, so that the skill and judgment of the operator are particularly called into play.

However, we are not frequently left in this dilemma, for it is rare to find two opposite cavities, each equally suitable for stopping. In most cases, before the dentist is called upon, the disease has destroyed one of the teeth sufficiently to enable the operator to stop the other. When this is not the case it is then of course necessary to make an opening, and the features then displayed will determine the mode of treatment. We may suggest, for example, to file the most decayed in the manner described in a former paper, and thus derive space enough to successfully stop the other.

I need hardly add that the care required to perform this operation always corresponds with the difficulty of its performance. It is needless to discuss the value of the different stoppings here, as for the front teeth there can be no choice. Gold is the only substance that will not communicate a dark shade, or to speak more emphatically, turn the tooth black. This obligation to use gold in such awkward positions calls for an instrument better adapted to intricate work than those usually made use of. When in any such difficulty I generally construct an instrument to suit the case in hand, and the marginal drawing will show an instrument I use for the purpose of stopping with gold cavities situated on the sides betwixt the front teeth, and sometimes the bicuspidati.



By this drawing it will be seen that the instrument is similar to a pair of forceps having movable bills, one of which is formed to rest against the sound side of the tooth, while the other is the stopping-tool to force in the gold. The advantage it possesses over those in use is, that the force (required to consolidate and fix securely the gold in the cavity) is exerted between the mandibles of the instrument. In the

(a) Periostosis, or inflammation of dental periosteum, and alveolus in a future paper.

(b) Sometimes local abstraction of blood, or the application of warm water and tincture of opium, may give relief, but in most cases the pain returns.

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ordinary way the force is exerted against the side of the tooth, frequently causing considerable inflammation of the socket, and probable loss of vitality to the tooth itself.

Improvements might be made in this instrument; for instance, if two were made, a right and a left, only one of the bills might be movable, viz., the stopping point, for various sized cavities, etc. etc.

The instrument from which the drawing was made cannot be without imperfections, as it was formed upon the spur of the moment to suit a case, from a pair of damaged excising forceps.

The basis of all soft stoppings (of any use) is quicksilver combined with any metal that will concrete after amalgamation. Gold and platina, which are the only metals that do not oxidize, do not concrete after amalgamation; but most other metals do, and in whatever form become discoloured when acted upon by the fluids of the mouth; it is therefore obvious that no metal except gold can be used as a stopping for the front teeth, platina being deficient in pliability; indeed, none of the amalgams now in use should be employed to stop front teeth, and yet I have been at different times called upon to remove them from the teeth of young persons on account of discoloration. Although I object to the use of soft stoppings for front teeth, and although they were much written against twenty years ago, yet experience teaches us to hail them as a great auxiliary when judiciously applied.

There need not be a question that pure gold, either sponge or leaf, is the true and legitimate succedaneum for decayed cavities, yet many cases are presented to us where an attempt to introduce gold would be attended with great uneasiness to the patient, and probably the subsequent loss of the tooth. For example, the marginal drawing represents a section of a superior anterior molar, and it will be observed that the caries has left the ivory so thin over the cavitas pulpæ, that any attempt to press gold into the carious cavity would cause severe pain by forcing up the roof of the chamber upon the pulp. In cases of this nature it is evident that recourse must be had to a stopping that may be introduced in a plastic state to become subsequently concrete.

A curative process is set up by nature in teeth that have been stopped with the silver amalgam, which, therefore, recommends itself as the most suitable for extreme cases; the only objection that it admits of is its aptitude to discolour the tooth. The "white stoppings" are less objectionable in that respect, but, as they have not been so long in use, their curative virtues have not been so well ascertained.

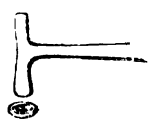
When the disease has proceeded a stage further, the consequence is, that in cutting away the softened bone, we may expose some portion of the pulp, which at once precludes the possibility of stopping the tooth by any of the ordinary methods.

Mr. Koecker devised a method of cauterizing the exposed pulp, and protecting it by means of a leaden floor. Mr. Snell improved upon the cauterizing instrument, but both plans seem to have fallen short of anticipation, and a sufficient cauterization could not be effected; probably from a combination of unavoidable circumstances—the first, the impossibility of raising the iron to a white heat at a lamp or candle; the second, the impossibility of placing the instrument upon the part, before it had parted with a large portion of the low degree of redness it had acquired; the third, the many attempts required from the terror of the patient causing him to withdraw his head in the fear of having his mouth burnt.

It is obviously of consequence to secure the services of any tooth, and some extra trouble taken with a tooth in this state is often satisfactorily bestowed.

That this mode of treating exposed nerve has failed in general success is evident from the circumstance of its disuse by the Profession; but if those gentlemen, Messrs. Koecker and Snell, have succeeded in one case, with the inadequate means then at their disposal, what may we not hope for now, with our resources? I quite agree with Mr. Bell and other writers of eminence, that, could the cauterizing wire be got to the part at a sufficiently high temperature, the operation would be successful. To produce this desirable effect, we have the voltaic pile, and for those who would practise this mode, let them procure a piece of fine platina wire, twist the centre of it into a small flat coil, leaving the two ends free to be attached to the poles of the battery; place in the cells an active solution of acid; have the cavity well freed from moisture; place the platina coil in immediate proximity to the spot intended to be cauterized; let an assistant lower the plates into the trough; when the platina coil is excited to a white heat, touch the protruding pulp steadily, and the desired result will be attained (c).

Having found, in the early years of my practice, the method then followed for reducing the pulp both tedious and uncertain, I abandoned it for a surer plan. The interior of the cavity is examined with a magnifying reflector, to keep in view the protruding pulp, then carefully remove as much of the decayed matter as possible without wounding the pulp. The acetate of morphia is now applied, and a suitable plug of cotton wool or scraped lint saturated in dissolved mastic, introduced over the powder to prevent its being taken up by the saliva. This must be renewed at intervals for two or three days; about that time the pulp will have receded, and left the cavity in a fit state to receive the stopping. But although the nerve is not present in the carious cavity, it would be imprudent to attempt to stop the tooth in the usual way, nor would gold be at all admissible, even with a lead floor. Nor are we bound to adopt that plan, having more manageable materials at hand in the amalgams; but also with these, the opening through which the pulp protruded, must be protected from the action of the stopping; and the system I adopt is to select a pellet of shot, which after flattening to the necessary thickness, then, with the stopping burnisher, I form it into a little cup. This cup is to be placed with its hollow over the pulp, similar to a dome. At first I found considerable difficulty in carrying this into execution. To place it on the exact spot was difficult, and, when there, to retain it *in situ*. After trying different sorts of tongs without succeeding to my wish I hit upon a plan so simple that the wonder was that I should ever have thought of any other. With the assistance of one of our stopping instruments,—a rectangle for the lower, an obtuse one for the other,—the point of which I touch with Canada balsam, and apply it to the round top of the leaden cup, then carefully place it *in situ* over the opening at the bottom of the carious cavity, and hold it there. I then introduce the soft stopping, which I take care to press in gently, and carefully withdraw the instrument with which I have been holding the leaden cup, it being now securely fixed in its place. It may be as well to remark that the oxide should not be taken off the lead, as it prevents the quicksilver from amalgamating with it; and I am not certain that it has not some salutary influence upon the pulp. Mr. Koecker surmises that the acetate is formed while in the tooth. I doubt this, but it may be that the minute portion of arsenic that is introduced in the manufacture of shot may have some sedative influence upon the vessels in the tooth. It is necessary to observe that no pus is being formed in the cavity, which may be ascertained by a careful examination of the cotton when removed, as the stopping would not be successful even with the hollow cup, which would soon become filled, and cause great disturbance to the pulp.



A question will naturally arise, and with it a hope that the pulp thus protected would at once emulate the snail, and set about repairing its house, but I have never ascertained that this desirable result takes place, not having had an opportunity of examining any tooth afterwards that had been so treated; but although I can only surmise, as regards the ossific deposit, I have personal experience of the success of the operation. The anterior molar of my upper jaw was thus treated seven or eight years back, and has since continued perfectly free from uneasiness, and as useful in mastication as any sound tooth.

When the whole roof of the cavitas pulpæ has been removed by caries, the pulp frequently becomes tumid, filling nearly the whole carious hollow of the tooth; and although teeth in this state are entirely useless, yet, from the circumstance of their freedom from pain, and the usual dislike to extraction, we are often called upon to make some arrangement to prevent the food intruding into the cavity. The plan I have

(c) A French instrument for cauterising is described in the *Lancet*—No. for March 28th, 1835.

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recommended could not be adopted in this case; so recourse must be had to a gold cap, nicely fitted to spring upon the neck of the tooth, so to retain it firmly there during mastication. Caps are, no doubt, certain destruction to any tooth they may be applied to, unless removed and cleaned three or four times a day, to clear them of the acrid matter of which they generally are the depository. This acts upon the enamel of the tooth, and before long it is found entirely wasted away; but in the case now before us, this destructive agency would sometimes be hailed as a benefit, by ridding the mouth of a useless incumbrance, without pain to the patient.

21A, Savile-row, Regent-st.

SUCCESSFUL CASE OF EXCISION OF THE KNEE-JOINT.

By HENRY SMITH, Esq., F.R.C.S.

Surgeon to the Westminster General Dispensary.

JOHN H., aged 6, originally came under my care at the Westminster General Dispensary, in November, 1853. He was at that time suffering with the symptoms of disease of the knee-joint in its early stage. It was somewhat enlarged, and the pain was not of a severe character. The boy was thin, very pale, and of strumous aspect. Iodine paint was applied; strengthening remedies were given, and the patient improved so much as to give up attendance.

I saw nothing more of him until the spring of 1854, when the mother brought the boy to me again, his knee having become more painful, and the general health having got worse. On examination, I found the limb very much contracted at the joint, which was much more swollen than it had been. The pain was only severe when firm pressure was used; there was not any sinus. It was now ascertained that, since his last visits to me, he had been taken to one of the Hospitals, where immediate amputation was recommended.

I ordered the boy to bed, prescribed cod-liver oil, and applied some leeches from time to time. This plan of treatment gave so much relief, that I made an attempt to straighten the limb; by means of a splint to the back part; but, after trying this method carefully for a month, it was abandoned, as an abscess formed on the outer side of the joint; this was opened, and so great was the relief obtained, that he was able to get about on crutches; and the local irritation having apparently subsided, I made another cautious attempt to straighten the limb, but fresh irritation was set up, an abscess formed over the head of the tibia, and another over the patella, and so much irritability of the system was produced, that it was not deemed prudent to make any further attempt to cure the disease. I had made up my mind to perform excision of the joint, should any operation be deemed advisable, and, with the view of giving the boy every chance, I had consultations with my colleague, Mr. Wade, and subsequently with Mr. Fergusson, who at once stated that it would be useless to make further attempts to cure the limb. I thereupon determined to excise the joint.

At this time the knee was bent at a right angle, and the joint was much swollen; there was a sinus on the outer side, about two inches above the condyle of the femur; there was another sinus below, just over the head of the tibia, and over the patella was a large ulcerated surface, of the size of half-a-crown. The little patient himself was very much reduced, exceedingly pallid, highly irritable, and by no means in a favourable condition to undergo a severe operation; but there was not any cough, nor was there any complication in the shape of visceral disease.

On Wednesday, October the 18th, the patient was placed under the influence of chloroform by Dr. Snow, and the operation was performed by me in the following way:—An incision was carried from the outer condyle of the femur along the side of the joint, in front of the patella, and from thence round to the inner condyle; this incision included the ligament of the patella, which structure, with the patella itself, was dissected up to the large semilunar flats thus formed. The soft tissues were then very carefully separated from the circumference of the lower part of the femur, the lateral and crucial ligaments were cut through, and the saw being applied the condyles were removed. Great care was taken to limit the movements of the saw, as the posterior border of the bone was being reached. The tissues around the head of the tibia were next separated, and about a quarter of an inch of this bone was removed, when an abscess of considerable size was seen in its interior, the cavity extending below the seat of section; it therefore became necessary to remove about half an inch more bone, by which measure the cut surfaces were brought into apposition, and the limb drawn into a straight position. As the inner surface of the patella was diseased, this bone was also removed.

There was not any necessity to tie a vessel; the flap was fastened by several sutures; wet lint, and a bandage from below upwards was applied, and the limb was properly secured in a box made especially for the purpose, consisting of a support with two lateral flaps and a footboard, all of which might be lowered at pleasure without the leg being disturbed.

On examination of the parts removed there was found to be even greater disease than I expected. The cartilages on the condyles of the femur were ulcerated to a great extent, and in the intercondyloid space was a piece of bone about the size of a small nut, which was in a state of necrosis, and nearly detached from the sound bone. The cartilage was off from the head of the tibia, and the interior of this portion of bone was hollowed out by a considerable cavity. The inner surface of the patella was deprived of its cartilaginous covering partially, and the synovial membrane was in a state of pulpy degeneration.

The patient was ordered to take a little wine every now and then, and to have at night-time fifteen minims of laudanum.

October 19th.—Has passed an excellent night; makes no complaint; is not unusually depressed; takes wine and beef-tea freely: to repeat the laudanum at night.

20th.—Is doing well; is cheerful, and makes no complaint; takes his nourishment admirably.

21st.—The patient is so free from any bad symptoms that I have ordered him to take some meat.

25th.—Since last report the boy has gone on admirably, the only complaint he has made has been of some pain in the heel, caused by pressure. The dressings have not been touched until to-day; but, as the weather has been close and the discharge became offensive I removed them all, cut the stitches from the wound, which was looking very well, and was in great part united, and carefully placed the limb into a fresh box. He was ordered to have one grain of quinine and two of carbonate of ammonia, three times daily.

31st.—The patient has gone on improving daily, without a single unfavourable symptom, the wound is gradually healing, the discharge from it is but trifling; simple water dressing was used the first few days, but now a little sulphate of zinc is added.

November 10th.—The patient has improved much in health, the wound is half healed, and the limb is straight, but the tibia seems to be drawn a little up above the level of the femur; so, acting on the suggestion of Mr. Lonsdale, who saw the boy with me to-day, I am using a little counter-extension by means of a band placed above the ankle and the other end fastened to the bed.

December 4th.—The limb keeps in good position, but an abscess has formed in the ham, and I punctured it and evacuated a large quantity of very healthy matter. The boy is much stronger and stouter, and union is taking place between the extremities of the bones.

14th.—The patient has left his bed and is in greatly improved health; the leg is increasing in size, and the union at the joint is becoming firm; there are some superficial sores in the seat of the sutures, and the sinus in front of the head of the tibia keeps discharging.

30th.—Two days after the last report I removed the limb from the box altogether, and having found it firm and straight, applied a gutta percha splint, and ordered the boy to move about on crutches; this he does every day about the house. An abscess had formed over the front of the joint, and was opened. The boy has been taking quinine; the sores before-mentioned are still open. He can plant the toes of the weak limb firmly upon the ground while standing upright.

January 17th.—This boy has been allowed to go out in the streets and has much improved in general health, but the movement of the limb has been prejudicial, and has caused the sore in front of the tibia to spread and put on a sloughy appearance, and an abscess has formed again in the ham. I have, therefore, desired him to keep quiet, and have opened the abscess.

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February 2.—In consequence of the severe frost, this little boy has been compelled to keep in-doors; but he is going on improving in health, and the sores have healed considerably. The limb is firm at the cicatrix.

26th.—The counter-openings which were made in the ham are, I find, connected with the opening in front of the tibia, and there is a slight discharge from each of the three places. A probe passed through the one, readily passes out of the other orifice. I therefore deemed it most prudent to lay the sinuses open, and accordingly did so to their full extent. On this being done, a considerable cavity, like that of an old abscess, was exposed; but it was superficial, and did not communicate with any diseased bone. The patient was ordered to lie up until this wound, which was of considerable extent, should begin to granulate. The limb is very firm, and the circumference is very much increased in size; he can move it about in all directions; and he has such mobility of the hip, that he can throw his straightened leg behind his neck, while seated in a chair. He has been living well, and occasionally taking cod-liver oil.

April 15th.—For the last month, this patient has been walking about the streets every day. After having been furnished with a boot having a sole two inches higher than the other, and by means of a crutch and stick, his powers of progression are very free. He plants the limb, which is very firm, well down upon the ground, and with the assistance of a stick alone, he can walk with the utmost facility; but when he goes out for any distance, I have desired that he should use his crutch as well, as a mere precautionary measure, especially as the boy, being proud of his leg, is very fond of showing his agility, by the performance of the most eccentric movements, which are more calculated to amuse others than to enhance the utility of his limb. The large sore which had resulted from the opening up of the sinuses in the ham, is healing, and the cicatrix of the original wound is firm and healthy. On very careful admeasurement of the two limbs, I find that the limb operated on is two inches and one quarter shorter than the other. It is straight, and not bowed out. On using some force above and below the site of operation, a little amount of movement, before backwards, can be produced, but in the lateral direction this is hardly detectable. In all probability the junction between the bones is partly fibrous, partly osseous. Whatever be its nature, the limb is a remarkably useful one to the boy.

Since the re-introduction of the operation of excision of the knee-joint by Mr. Fergusson, and by Mr. Jones, of Jersey, and its adoption by other surgeons, so many able arguments in its favour have been brought forward, that little else is now required beyond a correct record of all the cases which have been undertaken, and it is with great pleasure that I bring before the Profession an addition to the many successful instances of what may really be termed a great triumph in Surgery.

Mr. Butcher, of Dublin, has faithfully analyzed all the cases which have been known to have been performed since the revival of the operation up to the period when his admirable essay was written, a few months since; he there gives particulars of thirty-one cases in which it has been adopted, and of this number only five of the patients died. In addition to these mentioned by Mr. Butcher, I have knowledge of four cases, two of which were under the care of Mr. Fergusson. Both patients were boys treated in King's College Hospital; the one was a wretched subject for any operation, and died a few days afterwards from the shock; the other patient is now under treatment, the wounds made in the operation are almost entirely healed, but as yet the junction between the bones is imperfect, and he is to be sent to Margate. One case was under the care of Mr. Lansdown, at the Bristol Infirmary. The patient was an irritable and highly-nervous girl. Mr. Lansdown wrote to me some time ago to say that, since the operation, which was done four months before, "there have been no untoward constitutional symptoms; but, from the day of the operation, she would turn on the left (the operated) side; thus throwing the femur out, the leg being straight, and resting upon the back part. At first it made but little perceptible difference. All attempts to change the position of the body brought on tears, and, consequently, excitement. The femur was very soon pushed through the wound to the outer side, the tibia going up straight, and, instead of remaining on a line with the femur, has gone up inside and behind it, and has thus shortened the limb, I think, at least six inches. What the ultimate result will be I cannot tell, but I fear amputation."

I am happy to say, since this was written, Mr. Lansdown has kindly informed me that the protruded bone had exfoliated; that the patient was in improved health, and that she was gaining strength in the limb, so that it is hoped she will ultimately do well.

The unfortunate accident, which was here due to the patient's restlessness and obstinacy, is much to be deplored, as in all probability the case would have turned out as satisfactory as any. Mr. Lansdown informed me that the limb was properly secured in a splint and fracture-box after the operation, and it seems difficult to account for the possibility of such an untoward event.

The fourth case is under the care of Dr. Keith, of Aberdeen, who informed me on the 4th of May, that his patient, "aged 33, was operated upon on the 10th of March, and goes on favourably. The wound is closed to three-fourths of its extent, and discharges from its outer angle about 2 teaspoonsful of ripe pus daily. He is in excellent spirits, has a good appetite, and every function is now well performed."

Thus as yet there have been 35 operations performed, and 6 of the patients have died, and of these one in the practice of Mr. Jones died, not from the effects of the operation, but from epidemic dysentery, which was raging at the time in the island of Jersey. To all those Surgeons who are practically acquainted with the severe operations of Surgery, this result must appear most gratifying when compared with what takes place after amputation through the thigh, from which operation the deaths in London Hospitals at least are more numerous. A Surgeon of one of the large Hospitals, of thirty years' experience, told me that in Hospital practice one-half of the thigh amputations prove fatal. This I cannot believe. My own observation of the practice at one London Hospital for ten years, and of cases in private, has, I believe, not given more than one death in every five cases, and it is to be hoped that in general the proportion of deaths from amputation through the thigh for *disease* of the knee-joint, is not much greater than this.

There is one other case which must be removed from the category of cures of those who have recovered from the operation. This was the seventh and last case performed by Mr. Jones, and mentioned by Mr. Butcher as doing well. I myself saw this girl in October; the operation had been done some months, the limb was in good position, and, although there was a great discharge from the wound, and the patient had suffered materially from the existence of a large abscess in the back, the result of a fall, a month before the operation, which she had kept secret, she seemed to be doing well. Mr. Jones, however, lately wrote to me, "You know the state you left her in, and I had every hope the excised limb would prove a useful one, but acute necrosis came on, and was evidently fast gaining ground along the shaft of the femur, so I immediately determined to amputate the limb as high as I could. The girl has now left the Hospital with an admirable stump. On examination, Mr. Jones found strong ligamentous union at the knee.

Such occasional mishaps as this, and as occurred in the case of Mr. Lansdown, should not in reality depreciate the value of this operation; every Surgeon well knows such things will happen after an excision of any large joint. No Surgeon would question the superiority of excision of the elbow-joint to amputation of the arm, and yet some very unfavourable results have occasionally occurred after this operation. Out of some fifteen or twenty cases of this operation which I have been engaged in I have witnessed three deaths—one instance in which the operation required to be repeated, and one case where the arm was useless, in consequence of non-union at the joint, yet it would be highly imprudent and unfair to detract from the superiority of this operation in consequence of these occasional unfortunate results.

The subject of excision of the knee-joint should, I apprehend, be treated in the same way. It should be borne in mind, that amputation through the thigh is an operation very dangerous to life, that, under any circumstances, the loss of a lower limb is a serious calamity, and that if experience is proving that the diseased joint may be cut out with facility, and with no greater loss of life than attends the amputation, and that a limb useful for progression may be preserved, it is but right towards our patients and to ourselves that this mode of treatment should be fairly tried, and not hastily con-

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demned because death does sometimes occur after the operation, or some other unlooked-for mishap takes place.

In the case just narrated, the operation was not attended by any constitutional disturbance. Immediate relief was given, and it was marvellous to see how little suffering resulted from a proceeding which, it must be admitted, is a severe one. I attribute this favourable immunity to a circumstance which, in my humble opinion, is worthy of serious attention. It will be seen that when the limb was drawn into position on the operating table, the wound was dressed very carefully, and the whole extremity was at once secured in a box, constructed especially for the occasion. I determined that nothing should be done to cause the least disturbance of parts, and therefore would not allow the dressings to be removed, until at the termination of a week the extreme fœtor of the discharge, and even the appearance of maggots, caused me to take them away, and place the limb upon a fresh splint. When this was done the wound was found united, to a great extent. This entire quietude for the first week after the operation, is a most important thing to be attended to. It should be borne in mind, that if the dressings are disturbed in two or three days after the operation, before any amount of adhesion can have been produced, the ends of the bones will be rubbed one upon another; and that if there be a disposition to unhealthy inflammation, it may be readily excited by this attrition, be transferred to the shaft of the bone, cause death of that texture, and probably general pyræmia. It is especially important to secure the limb in the box, which should be constructed for the individual patient, before he or she is carried from the table. Much suffering is prevented thereby, and the limb is more firmly protected. In one instance which fell under my observation, the fitting apparatus was not ready. The consequence was, that two or three days after the operation it was necessary to disturb the parts, for the purpose of securing them in the box, a proceeding both unseemly and hazardous.

I must not conclude these remarks without expressing my earnest hope that this case, which has turned out so favourably, may help to prove the safety and superiority of this operation, and that this effort in conservative Surgery will be appreciated by those whose names are so highly and honourably associated with it, by Fergusson, Jones, Keith, and Butcher. From the two former I have gained much personal experience regarding the treatment of these cases, and from the last-named gentlemen I have met with the utmost courtesy and promptitude in their replies to the numerous inquiries with which I have troubled them.

14, Caroline-street, Bedford-square.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING APRIL.

The subjoined report includes as usual the following hospitals, University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the London, the Westminster, the Middlesex, the Charing-cross, St. Mary's, the Metropolitan Free, the Marylebone Infirmary, and the Hospital for Sick Children.

LITHOTOMY.

Number of cases, 3; recovered, 1; under treatment, 2.

Case 1.—A man, aged 20, under the care of Mr. Lloyd, in St. Bartholomew's Hospital. The recto-urethral operation was performed, and a stone of considerable size removed. Doing well. *Case* 2.—A boy, aged 3, under the care of Mr. Lloyd, in St. Bartholomew's Hospital. In this case, also, the recto-urethral method was adopted. Doing well. *Case* 3.—A boy, aged 9, under the care of Mr. James Lane, in St. Mary's Hospital. A small mulberry calculus was removed by the usual lateral operation. Recovered.

LITHOTRITY.

A man, aged 28, asthmatic, and a bad subject for an operation, is under Mr. Hilton's care, in Guy's Hospital, with stone in the bladder. His symptoms dated three years back, and he had suffered severely. The bladder is very irritable, much contracted, and has never been got to hold more than four ounces at a time. Two lithotrity operations have been performed, and numerous fragments have come away. Considerable irritation has been caused, but on the whole the man is doing well.

LIGATURE OF ARTERIES.

Mr. Stanley's patient in whom ligature of the femoral had been practised for popliteal aneurism, has been discharged. He is well in every respect, excepting that a collection of fluid of doubtful nature still remains in the aneurismal sac and appears to be absorbing very slowly. He has for some time been allowed to take exercise. Mr. Cock's patient, in whom a like operation had been performed, has been discharged, under almost similar circumstances. The fluid in the sac was, however, diminishing more rapidly than in Mr. Stanley's case.

Case 1.—A muscular drayman, aged 28, was admitted into St. Bartholomew's Hospital, under the care of Mr. M'Whinnie, having had his left leg severely crushed between his dray and a gate post. The whole limb below the knee was swollen, tense, and cold, and the swelling was said to have commenced immediately after the accident. Four hours after admission the swelling had much increased, more especially in the popliteal space. As no pulsation had been detected in either tibial artery, it was now deemed probable that rupture of the main trunk had occurred, and Mr. M'Whinnie accordingly determined to cut down into the popliteal space and examine. The popliteal and anterior tibial arteries were found on exposure to be uninjured; but the dissection being continued downwards, it was ascertained that the posterior tibial, about an inch from its origin, was collapsed and pulseless. No laceration was discovered at the time; but, as it was thought certain it must exist, two ligatures were applied, one below and one above the spot where pulsation ceased. No bleeding occurred after the operation, but the patient sank, became delirious, and death took place on the day following. At the post mortem there was found, as had been suspected, a laceration in the posterior tibial artery, just below the spot where the ligature had been applied. All the other vessels were sound. *Case* 2.—A man, aged 25, admitted into Guy's Hospital, under the care of Mr. Callaway, having injured his forearm by the bursting of a soda-water bottle. There had been profuse arterial hæmorrhage from a wound just above the wrist. Mr. Callaway cut down upon and tied the radial artery at two parts, above and below a transverse injury, which had nearly divided its trunk. After this had been done, there seemed to be still bleeding from a branch near to the radial, supposed to be the superficialis volæ. This also was tied, and the bleeding then ceased. No tendons had been injured in the accident. The wound healed kindly.

HERNIOTOMY.

Number of cases 6; recovered 2; under treatment 3; died 1.

Recoveries.—*Case* 1.—A man, aged 53, under the care of Mr. Hilton, in Guy's Hospital, with a large inguinal hernia, which had been strangulated eight hours. It was found necessary to open the sac, but the stricture seemed to have been caused by a portion of the fascia propria. A large mass of omentum, and a small coil of intestine, occupied the sac; the latter was returned unseen. After the operation, the man had acute inflammation of the sac, and also some peritonitis. Under treatment, however, by calomel and opium, he made a good recovery. *Case* 2.—A woman, aged 40, under the care of Mr. Quain, in University College Hospital, hernia femoral, of very small size; strangulated two days; symptoms not very acute. The sac was not opened. Recovered. *Case* 3.—A woman, aged 33, under the care of Mr. Erichsen, in University College Hospital. Hernia femoral; strangulated seven hours; sac not opened. Recovered. Under Treatment.—*Case* 4.—A woman, aged 28, under the care of Mr. Spencer Smith, in St. Mary's Hospital, the subject of femoral hernia for six years. At the time of admission the protrusion had been down twelve hours, and there had been vomiting during that time. The bowels had, however, acted that morning under the influence of a dose of castor oil. Attempts at taxis proving ineffectual, the operation was at once performed. The sac having been opened, a knuckle of much congested intestine, was brought into view. On the division of Gimbernat's ligament an artery of some size was wounded, and it

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became necessary to apply a ligature to it. There were the symptoms of sharp peritonitis after the operation, but they subsided under treatment, and the patient is now doing well. *Case 5.*—A woman, aged 42, under the care of Mr. Ure, in St. Mary's Hospital, for years the subject of reducible femoral hernia. Strangulation had existed about nine hours at the time of the operation. Sac opened. An abscess formed after the operation above the posterior part of the crest of the ilium. Doing well. DEATHS.—*Case* 6.—A woman, aged 57, under the care of Mr. Birkett, in Guy's Hospital. Hernia femoral; strangulated fifty-seven hours; sac opened. The bowel was acutely inflamed, and almost gangrenous; but not so hopeless but that reduction was deemed warrantable. On the fourth day a fæcal fistula formed, and death from exhaustion resulted on the fourteenth. No autopsy was permitted.

AMPUTATIONS.

Of the Thigh.—UNDER TREATMENT.—*Case* 1.—A man, aged 25, under the care of Mr. Hilton, in Guy's Hospital, on account of necrosis of the tibia and disease of the knee-joint. He was the subject, also, of diseased hip, on the same side. His health was bad, and there were signs either of pneumonia or tubercular consolidation of a portion of one lung. He had been in the Hospital for nearly nine months; and, as the disease in the knee seemed to be rapidly exhausting him, it was thought best to remove the limb. The amputation was performed through the middle of the thigh. On the tenth day secondary hæmorrhage occurred, and the stump had to be laid open, and a second ligature applied to the femoral artery, in which vessel an ulcerated opening was found. The case is now doing well. *Case* 2.—A woman, aged 23, under Mr. Hilton's care, in Guy's Hospital, on account of anchylosis of the knee-joint. The disease had existed for eighteen months, and had much reduced her health. Amputation by double flaps through the thigh. Doing well. *Case* 3.—A strumous boy, aged 3, under Mr. Hilton's care, in Guy's Hospital, with necrosis of the tibia and anchylosis of the knee-joint. Amputation through the thigh. Doing well. *Case* 4.—A boy, aged 12, weak and much emaciated, under the care of Mr. Gowland, in the London Hospital, on account of necrosis of the tibia and disease of the knee-joint. Flap amputation in the lower third was performed. Doing well. *Case* 5.—A man, aged 56, under the care of Mr. Hancock, in Charing Cross Hospital, on account of diseased knee-joint and abscesses in the leg. His state of health at the time of the amputation was very bad, but he has borne it well, and is now progressing favourably. DEATHS.—*Case* 6.—A man, aged 57, under the care of Mr. M'Whinnie, in St. Bartholomew's Hospital, for gangrene, in consequence of a severe crush of the leg. He was only admitted on the fourth day, when the mortification had already extended high up, and his state was extremely critical. Death followed twelve hours after the amputation. *Case* 7.—A man, aged 60, of very intemperate habits, was admitted into St. Mary's Hospital, under the care of Mr. Ure, having sustained a compound fracture of the femur in its lower third, with extensive laceration of the soft parts. He was intoxicated at the time of the accident, which had occurred six or seven hours previous to his admission. Primary amputation was performed. Gangrene afterwards attacked the stump, and death occurred on the fifth day.

Of the Leg.—UNDER TREATMENT.—*Case* 8.—A man, aged 44, under the care of Mr. Cock, in Guy's Hospital, on account of old standing disease of the tarsus, for which several operations had been previously performed. He had been two years in the Hospital, and, as the processes of repair proceeded very slowly, it was at length thought necessary to amputate. A double flap operation was performed in the middle third of the leg, the flaps being cut from without inwards. The tibia was found to have undergone extreme induration, its cancellous tissue having been replaced by bone almost as hard as ivory. The stump has done well, and is now healed, excepting a single sinus, which depends upon a portion of bone which is dead, and will have to exfoliate.

Of the Upper Extremity.—RECOVERED.—*Case* 9.—A healthy lad, aged 20, under the care of Mr. Fergusson, in King's College Hospital, on account of extensive laceration of the hand by machinery. An attempt was made to save it, but gangrene came on, and it was necessary to amputate through the fore-arm on the third day. Doing well. *Case* 10.—A labourer from the country was admitted into Guy's Hospital, under the care of Mr. Birkett, his right hand and wrist having been crushed in the wheels of a threshing machine. Primary amputation was performed. The stump healed by granulation, and was sound in about three weeks.

Of the Foot.—DEATH.—*Case* 11.—A sallow-complexioned man, aged 27, under the care of Mr. Fergusson, in King's College Hospital, on account of caries of the tarsal bones, the result of an injury. Amputation at the ancle joint was performed. After the operation, extreme irritability of the stomach came, and violent sickness continued unchecked nearly to the time of death, which took place on the sixth day. The flap would probably have sloughed. UNDER TREATMENT.—A man, aged 55, under the care of Mr. Cock, in Guy's Hospital, on account of disease of the ankle-joint of one year's standing. The skin over the heel was so much diseased, that the ordinary flap, in amputation at the ankle-joint, could not be obtained; Mr. Cock therefore dissected up the skin very freely from the front and outer part of the articulation. The lower surface of the tibia and the head of the fibula were sawn away. Considerable portions of the flaps sloughed, and the stump was, for the first week, in a very unhealthy condition, it has latterly, however, much improved, and it is hoped that result may yet be good.

EXCISION OF BONES AND JOINTS.

Several cases mentioned in previous reports remain under care. Mr. Statham's patient in the case of excision of the knee-joint, performed about nine months ago, has been discharged from the Hospital. The sinuses are mostly healed, but she is still very weak, and unable to sit up. During the month the following have been performed:—*Case* 1.—A strumous woman, aged 27, under the care of Mr. Fergusson, in King's College Hospital, on account of diseased elbow-joint. A complete excision of the articulation was performed, the H-shaped incision being adopted. Doing well. *Case* 2.—A strumous child, aged 7, under the care of Mr. Hilton, in Guy's Hospital, on account of disease of the os calcis and astragalus. The os calcis was not actually necrosed, but was so extensively diseased that it became necessary to remove the whole of it. A semilunar flap was dissected up from the outer side of the heel, and the os calcis, thus exposed, was cut in two by bone forceps. The periosteum, where it adhered, was next carefully detached by the handle of the knife, and the two halves of the bone were easily removed. The under surface of the astragalus being carious was gouged out. Hitherto the case promises well. It is hoped that, as the periosteum was carefuly preserved, that there may be a considerable production of new bone. *Case* 3.—A woman, aged 25, under the care of Mr. Hilton, in Guy's Hospital, on account of diseased os calcis. The skin was dissected up over the affected spot, and the gouge freely applied. The wound has healed, excepting a single fistula, which, it is feared, leads to bone yet in a state of disease; the inflammation not improbably involving the articulation between the astragalus and os calcis. *Case* 4.—An unhealthy man, aged 32, under the care of Mr. Stanley, for disease of the carpal bones. A semilunar flap was dissected up from the back of the hand, and most of the carpal bones, loosened and in a state of caries, taken out. Doing well. *Case* 5.—A man, aged 52, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of old-standing disease of the os calcis. In another Hospital five operations with the gouge, trephine, etc. had been performed, but the remaining portion of bone still continued the diseased action. Mr. Paget excised all that remained of the affected bone, and afterwards divided the tendo-Achillis (subcutaneously) in order the better to permit of apposition. The wound made was, from the chronic thickening of the parts, etc. necessarily very large; but it progressed well, and the result seems likely to be favourable. *Case* 6.—A healthy man, aged 31, under the care of Mr. Fergusson, in King's College Hospital, on account of a tumour in the left side and front of the lower jaw. It was necessary to excise the bone from the anterior edge of the left masseter as far forwards as the canine tooth on the right side. The disease had been increasing for three years. On dissection the bone was found occupied by cysts filled with gelatinous fluid, its external layer having been expanded until as thin as parchment. The patient has done well since the operation. *Case* 7.—A man, aged 55, under the care of Mr. Birkett, in Guy's Hospital, having suffered from carious disease within the head of the

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tibia for five months. The gouge was employed, and some softened cancellous bone infiltrated with pus was removed. The cavity seems to be filling up.

REMOVAL OF NECROSED BONE.

Many cases of this class of operations remain under care in the different hospitals. In some further operative measures will be required at a future time, others are likely to recover without.

The following have been performed during the month:—*Case* 1.—A boy, aged 11, under care in Guy's for necrosis of the right tibia. The disease had existed for three years. Mr. Hilton removed a very large sequestrum, and it is believed all the affected portion. The wound has since been attacked by erysipelas, but is now healing. *Case* 2.—A lad, aged 17, under Mr. Lane's care in St. Mary's Hospital, having twice before had necrosed bone removed from the humerus. A third operation has been performed. Doing well. *Case* 3.—A man, aged 38, under the care of Mr. Adams, in the London Hospital. He was in good health when admitted, but for twenty-eight years had suffered from an ulcer in front of the left tibia which depended upon diseased bone. The tibia was much thickened about the part. Two attacks of mild hospital gangrene affected the wound, and caused delay of the operation. The tendency to phagedæna having, however, quite ceased, Mr. Adams proceeded to the removal of the necrosed portions. This was effected successfully, though not without some difficulty on account of the great thickness and density of the bone by which they were encased. Under treatment. *Case* 4.—A girl, aged 19, under the care of Mr. Birkett in Guy's Hospital, on account of necrosis of a small part of the shaft of the ulna. The disease had existed four months. Erysipelas attacked the wound a few days after the removal of the sequestrum had been performed. Recovered.

EXCISION OF MALIGNANT GROWTHS.

Case 1.—A man, aged 72, under Mr. Cock's care in Guy's Hospital, on account of a returned epithelial cancer of the lip. In November last Mr. Cock removed by a horizontal incision a superficial cancerous ulcer from the same spot. It had been necessary also to apply the actual cautery to several other growths of threatening character on the tongue and mucous lining of the cheek. Mr. Cock on the present occasion excised the returned disease in the lip freely by the V-shaped incision. Recovered. *Case* 2.—A woman, aged 36, married, and the mother of a large family, under the care of Mr. Birkett in Guy's Hospital, on account of infiltrated cancer of the right breast. The entire gland was excised. Erysipelas followed the operation, but it subsided under treatment, and the wound is now healed. *Case* 3.—A woman, aged 37, under the care of Mr. Lane in St. Mary's Hospital, for a tumour of the parotid the size of an orange. There was no history of hereditary tendency to cancer. The disease was said to have commenced as a small pea-sized mass about fifteen years ago, and had remained nearly stationary until within the last four months, during which it had been rapidly increasing. Mr. Lane excised the whole, and on cutting through the mass it was found to be of encephaloid character in parts. The wound was affected by erysipelas after the operation, but subsequently it healed well. No paralysis of the face was caused.

See also "Excision of the Testis," and "Amputation of the Penis."

EXCISION OF THE TESTIS.

A cachectic man, aged 51, under the care of Mr. Fergusson in King's College Hospital. The left testis was enlarged to the size of a small cocoa nut. After excision the disease proved, as expected, to be medullary cancer. Recovered.

AMPUTATION OF THE PENIS.

A man, aged 46, in good health, under the care of Mr. Hilton in Guy's Hospital, on account of epithelial cancer affecting both the prepuce and glans. The disease was of five months' standing. Mr. Hilton amputated the penis by transfixing its body just above the urethra, cutting through the corpora cavernosa, and then dissecting out the urethra and dividing it half an inch further forward than the first incision. The result has been very good, and the man has not experienced any difficulty in the escape of the urine.

EXCISION OF NON-MALIGNANT TUMOURS.

Case 1.—A boy, aged 9, under the care of Mr. Cock, on account of a pedunculated encysted tumour in the umbilicus. The tumour was of congenital origin, and had attained the size of a marble. It had been mistaken for a hernia, and a truss had been ordered. Mr. Cock at once cut it away. Its contents consisted of sebaceous matter. *Case* 2.—A woman, aged 24, under the care of Mr. Birkett in Guy's Hospital, on account of a mammary glandular tumour of four years' growth. The mass was about the size of half an egg and quite circumscribed. Enucleation was performed. Recovered. *Case* 3.—A healthy woman, aged 23, under the care of Mr. Fergusson in King's College Hospital, on account of an elastic painless tumour in the left lobe of the thyroid gland. Excision was performed. It proved to be a cyst filled with thick serous fluid, and attached to the capsule of the gland. Recovered. *Case* 4.—A woman, aged 28, under the care of Mr. Lane in St. Mary's Hospital, on account of a much enlarged and almost solid bursa over the patella. It was excised, and all went on well until the wound was almost healed, when suddenly the patient became affected with extreme mental depression, avowed her conviction that she should not recover, sank into low fever, and in the course of a few days died. *Case* 5.—A healthy man under Mr. Lloyd's care in St. Bartholomew's, for a large fatty tumour in the side. Excision. Recovery.

OPERATIONS FOR EXOSTOSIS.

Case 1.—A woman, aged 28, under the care of Mr. Cock, in Guy's Hospital, on account of what was considered to be a hard epulis, growing from the left side of the lower jaw. It was of six years' duration, and about the size of half a small walnut. Mr. Cock cut it freely away to a level with the jaw, and took out the stumps of two dead teeth, which were found in its base. Its structure was that of hardish bone, its formation having, no doubt, been caused by the irritation of the decayed teeth. The latter had been completely encapsuled by the growth. *Case* 2.—A man, aged 19, under the care of Mr. Hilton, in Guy's Hospital, on account of an exostosis, the size of a small walnut, growing from the inner side of the right femur, just above the knee joint. Great care was necessary to avoid injury to the joint. The lowest edge of the vastus internus lay over the growth. Mr. Hilton divided the skin, muscle, etc., by a single incision, and with bone forceps cut through the base of the tumour. The wound has since been affected with unhealthy suppuration, but the case is otherwise doing well.

LIGATURE OF NÆVUS, ETC.

In four cases under the care, respectively, of Messrs. Fergusson, Erichsen, Cock, and Hilton, the usual operations by ligature, for small nævi on the scalp, have been successfully performed.

OPERATIONS FOR URETHRAL STRICTURE.

An intemperate man, aged 37, under the care of Mr. Partridge, in King's College Hospital, on account of stricture of the urethra, and perineal fistulæ. The stricture was of old standing, and had followed gonorrhœa. Mr. Partridge performed perineal section of the diseased tract in the usual way. Under treatment.

TRACHEOTOMY.

A child, aged 3½ years, was admitted under the care of Mr. Birkett, into Guy's Hospital, having attempted to drink boiling water from the spout of a kettle. The trachea was opened, on account of very distressing dyspnœa, about seven hours after the accident. During the operation, the child all but died from suffocation. During the following week it progressed very favourably, and appeared to be quite out of danger, when rather suddenly the signs of inflammation of the lungs set in. Death occurred on the fourteenth day. The post-mortem showed acute pneumonia.

PLASTIC OPERATIONS.

Hare-lip.—Two cases, under the care of Mr. Fergusson, in King's College Hospital, the patients aged respectively 4 years and 6 months; one under that of Mr. Erichsen, in University College Hospital, aged 6 years; one under that of Mr. Cock, in Guy's, aged 6 months; and one under that of Mr. Hilton, in Guy's, aged 5 months, all examples of the single deformity, have been operated on in the usual way. In all

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the success has been complete. In one case of double hare-lip, under Mr. Erichsen's care, in an infant aged 10 months, the usual operation has also been successfully performed. Mr. Erichsen did not, in either of the cases under his care, employ pins, using sutures only. *Taliacotian.*—A case is under the care of Mr. Henry Thompson, in the Marylebone Infirmary, in which a new nose has been made by transplantation from the skin of the forehead. The result promises to be very good. The columna is to be made in the course of a few weeks. *The Closure of Urethral Fistula.*—In a case under the care of Mr. Erichsen, in University College, in which a fistulous opening into the penile urethra had remained after a sloughing chancre, a plastic operation has been performed for its closure. No success has, however, attended it, and it is proposed to operate again shortly.

Medical Times & Gazette.

SATURDAY, MAY 26.

THE MEDICAL SERVICE OF THE ARMY.

No one can have read the details of the operations of our army in the Crimea or the history of its movements before it arrived there, without being convinced of the important services demanded from the Medical Staff, and of the efficient manner in which those services have been performed, so far as the individual powers of the Medical Officers were concerned. But when we examine the mode in which the Military Executive have treated the recommendations of the Medical authorities, we cannot but express our deep regret at the lamentable indifference which has been shown in high quarters in regard to all sanitary questions.

The only excuse which can be offered for this military and official negligence is to be found in the confident expectation, entertained both at home and in the army itself, of a sudden and brilliant success on the part of the Allied forces. It was fondly and not unreasonably imagined that the hosts of Western Europe, renowned not only for invincible courage but for strategic skill, and assisted by all those improvements in physical and chemical science which promised to reduce the art of war to mathematical certainty, would have scattered their enemies in all directions before their victorious march, would have swept their fleets from the surface of the seas, and razed their strongest fortifications to a level with the ground. But sad experience has told a different tale, and we find that we are matched with an opponent little inferior to ourselves in the science or the practice of military operations, and that we must struggle through the same bloody ordeal as our ancestors have passed in bygone times before we become adepts in the profession of arms. We shall improve as we proceed; and although the mind sickens at the prospect before us of a long and sanguinary strife, we have no reason to despair of ultimate success to the combined energies of Great Britain and France.

The Medical Service of the Army has, most unjustly, been made to bear the blame, which, if due anywhere, ought certainly to have fallen upon those who neglected the recommendations of the Medical officers, and not upon those officers themselves, who are now proved to have foreseen the emergencies, and to have suggested the remedies. But the time has been considered opportune for a revision of the whole Medical system of the Army; and we earnestly hope that, whatever the contemplated changes may be, we may find that while existing interests are protected, the Medical Department may be placed upon a better footing, both as regards its internal organization and its relative position in the Service. We hope that, instead of being, as at present, helplessly subordinate to the Military chiefs, the Medical Department may possess an independent organization, and have supreme control in all strictly *Medical* affairs; and that, instead of being regarded, as at present, in the light of an inferior grade, its usefulness and its importance may be duly recognized and rewarded. But we would impress upon those who are about to undertake the task of remodeling this essential branch of the Military Service, the necessity of beginning at the fountain-head, and of insisting, from candidates who aspire to join the Medical Department of the Army, upon the possession of such an amount of medical and general information as may render them worthy of their lofty calling, and may enable them to claim, as a right due to their learning and their industry, the position which they now expect as a boon extorted by their complaints.

We fear that the system hitherto pursued in granting commissions to Medical Officers in the Army has not been altogether consistent either with the advanced condition of modern science, or with the high character of the Army itself. It has been the custom to accept as qualifications for Army Medical appointments diplomas from certain chartered bodies, and to refuse them from others which have an equal or, perhaps, superior claim to consideration. Now we have no wish to institute invidious comparisons between the standards of education and of examination required by different licensing bodies; but it is a notorious fact, that while some of our Universities and Colleges have been progressively increasing the demands made upon the candidates for medical honours, others have been satisfied to allow things to remain as they were fifty years ago, when many of the branches of modern science were in their infancy, and some were entirely unknown.

Again, if there be any principle in education which is now firmly established, it is the necessity of requiring from those who are anxious to accept any civil or military employment, an acquaintance, at least to some extent, with general literature and science; and yet it will perhaps hardly be believed out of our Profession, or out of Great Britain, that some of our Medical Colleges actually grant diplomas to persons who have given no evidence even of an acquaintance with the Latin language, and who, perhaps, if put to the test, could not accurately write their own. We do not affirm that some of the candidates are deficient in English composition; but we positively assert that some of our licensing bodies require no *proof* to the contrary; and we learn from good authority that not a few candidates for admission into the Medical Department of the Army have been rejected from their *inability to translate* even the London Pharmacopœia. Such a melancholy result could not possibly have taken place if the examining bodies had done their duty in granting diplomas to candidates.

Now it is the boast of the British army that its officers consist essentially of *gentlemen*, most of whom have been educated at our great Public schools and Universities; and the Medical Officer, in addition to his professional education, should be at least equal to his comrades in general acquirements; otherwise he is likely to bring himself and his calling into not unmerited disrepute. It is due to Dr. Andrew Smith to state that he is entitled to the credit of introducing the necessity of attending a course of Logic on the part of those who present themselves to the Army Board, and we are quite aware that under the present Regulations, the candidate for a commission in the army is required to translate a Greek or Latin author, and we have no doubt that this test of scholarship is usually enforced; but we think that under a new system of examinations for the Medical Service of the Army, this preliminary ordeal

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might be made more prominent, either by appointing classical and mathematical examiners, or what is better, by demanding evidence that the candidate has passed some preliminary or matriculation examination *before commencing his Medical studies*. In such a requirement there is no hardship; the means of education for boys are now widely diffused, and experience has shown that the higher the standard of education is raised, the more candidates will aspire to reach it. The clerical profession, with the exception of some great prizes, is not generally rich, and perhaps if all its incomes were added together, each would not average more than about a hundred a-year; and yet nearly every clergyman has a University education, or at least must give indisputable evidence of possessing classical or mathematical knowledge. There cannot, therefore, be the slightest reason why the Medical Practitioner should not possess at least *some* acquaintance with general literature and science; and among the Army reforms which may be anticipated, we hope that this essential requisite in the education of the Army Surgeon will not be omitted.

Concerning the strictly Medical education of the Army Surgeon, and the present system of appointments in the Army Medical Service, we have yet some remarks to offer, but these we must postpone for a future occasion.

NAVAL MEDICAL REFORM ASSOCIATION.

We are happy to learn that the great meeting of Medical Students, held on the 16th of March last, upon the subject of the Assistant-Surgeons in the Navy, has been followed up by the formation of a Naval Medical Reform Association, which is now actively engaged in its honourable and disinterested labours. It is well known that the respectful request made by the delegates from that meeting, for an interview with the Board of Admiralty, has met with a contemptuous refusal; and the Association are now determined to solicit the assistance of Parliament, which upon previous occasions has recognized the claims of the Assistant-Surgeons, and thus to compel the Admiralty to listen to the complaints of this much-injured class of officers.

With this object in view, the Association has issued circulars to Medical men throughout the country to come forward and co-operate in the present movement, and the members hope to organize a Society extending throughout the length and breadth of the land, the efforts of which will be directed to a conjoint and unanimous appeal to the Parliament in behalf of our Naval brethren. It is expected that Local Secretaries will be appointed, whose duty it will be to enrol members and to collect subscriptions.

It is almost needless for us to state how warmly we sympathize with the objects of this Association, and how happy we shall be if any efforts of ours can promote the melioration of the condition of the Naval Assistant-Surgeons. We trust that the appeal to the Profession generally, throughout the empire, will meet with a warm response, and that the united efforts of a great body of men, in a just and honourable cause, will eventually be crowned with success.

We have further to state, that two forms of Petition have been prepared for Parliament; one from the Practitioners in Medicine and Surgery in each district of the country, and another from the inhabitants of the respective boroughs. These petitions will be sent to the Local Secretaries for signature, as soon as those necessary functionaries are appointed; and, in the meantime, all those who are anxious (and who are not?) to join the movement, should apply forthwith for circulars and forms of petition to Mr. Ernest A. Hart, the General Honorary Secretary, at St. George's Hospital. The forms of petition are published at page 526 of the present Number.

THE WEEK.

We have received from the Administrative Reform Association a copy of the Address which they have issued to their fellow-countrymen. It appears to be free from political partisanship, and it calls upon the electors of Great Britain to merge all minor differences in the one great object of securing the appointment of men of talent for the administration of affairs. When we consider how our own Profession has suffered from previous mal-administration, we cannot but cordially invite our brethren throughout the country to watch narrowly the next election, and to promote the return to Parliament of able and upright men, irrespective of Whig, or Tory, or Radical influences.

Another illustration occurs this week, of the need of registry of cases of illness, as well as of deaths. Although the mortality in the Metropolis has been, during the past month, steadily decreasing with each return, yet it still amounts to 55 above the calculated average for the time of the year. If, however, reliance may be placed on the general impressions of many, who have had large spheres of observation, the extent of sickness has not lately been at all unusual, but, in fact, rather less than ordinary. It would appear, therefore, that the fatal character of recently prevailing diseases has been out of proportion to their range of prevalence; but, respecting the truth of this important conjecture we are left quite in the dark, by the want of statistical returns of illness. The subject is one which must, sooner or later, obtain attention.

The American press informs us that six ladies, having completed their studies in the Female Medical College at Philadelphia, are just about to receive the degree of M.D. The devotion of female talent to Medical pursuits is becoming quite ordinary in the States, and there can be little doubt will yet extend much further. It would be well, however, if those colleges which grant diplomas to ladies would take the precaution of limiting their licence to the departments alluded to.

Are the warlike preparations now making before Revel intended to end in real war? Is the general reconnoitre of the Baltic strongholds to result, as last year, in nothing material, or are we on the eve of something real? The only excuse which, during the last month, it has been possible to suggest on behalf of the conduct of the Admiralty in respect to the Medical service in the Fleet has been, that in secret the Board knew that it was improbable that anything would be done. If, however, this excuse is to prove unfounded, if ships supplied with half-educated boys, in the place of Surgeons, are to be exposed to the casualties of battle, the matter assumes an import more serious than ever. On behalf of the Profession, let it be known to all whom it may concern, that there has been no want of patriotism within its ranks; no deficiency of Surgeons who were willing to serve their country. If accounts respecting the want of Medical aid should again be destined to harrow and exasperate the feelings of the country, at least let us have it understood beforehand on whom its anger is to fall.

Amongst the collateral benefits which we are to gain from the present war, must be ranked the improvements now in progress in all that concerns the physical welfare of the soldier. His dress has already, to a considerable extent, been reformed and altered, more or less to the standard suggested by common sense. His dwellings are now to be reviewed. A few days ago a most important deputation waited on Lord Panmure, with propositions relative to improvements in the sanitary arrangements of barracks. The deputation consisted of some of the most influential of the Army Medical Staff,

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and we can only hope that their advice will receive the attention which it merits.

The two cases of poisoning by ammonia, of which a short account will be found in another part of this Journal, are of great interest and rarity. The circumstance that a child under four years old could induce an infant to swallow nearly two ounces of so nauseous a mixture as hartshorn and oil, is one worthy of being borne in mind whenever, in any similar investigation, the improbable nature of a certain fact is cited as an argument against its credibility. Ammonia is, on account of its pungent smell and taste, very rarely indeed resorted to as a poison. In these children, death occurred much more rapidly than in most other recorded cases. In each instance, the largeness of the dose, and the tender age of the patient, no doubt caused the result.

The new equipment in which it has pleased the authorities at St. Martin's-le-Grand to array the letter-carriers of the metropolis is one characterized by extreme want of common sense. Here we have men who are required of all others to be the most active and expeditious in their movements, made to carry about with them a dress which it is fatiguing merely to look at. A bright scarlet coat calculated to ensure to the body the most distressing amount of heat, and a glazed black hat, of fabulous weight, are suggestive in their conjoined influence of a degree of torture to which it is questionable whether the famed stubborn stock would be any addition. It is to be hoped that considerations of simple humanity will induce those who have devised this most absurd apparel to have it replaced by something of a common-sense character.

PETITIONS TO BE PRESENTED TO PARLIAMENT

ON BEHALF OF THE

ASSISTANT-SURGEONS IN THE NAVY.

Form I.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The humble Petition of the Practitioners of Medicine and Surgery in

Showeth,

1. That the present regulations affecting the Assistant-Surgeons of Her Majesty's Royal Navy are such as to exclude from that Service the most efficient members of the Medical Profession.

2. That they have the effect of depreciating the standard of ability and skill which should be established in the case of officers in the Public Service, and of impeding the progress of Medicine, while they inflict also a grave injury on those brave sailors whose health and life may thereby be so greatly prejudiced.

3. That the rank assigned to the Assistant-Surgeons of the Navy is inferior to their just claims, and below that held by their brethren in the Army.

That the accommodation afforded to them is of so insufficient a nature as to be incompatible with their comfort, and to interfere with that continued pursuit of their studies by which alone their efficiency can be maintained.

That their pay is inadequate to their services, and far below the ordinary rate of remuneration of Medical men in civil life.

4. That these grievances have on many occasions been submitted to your honourable House and to the Board of Admiralty, and their injustice affirmed by a Resolution of your Honourable House, and by Orders in Council bearing the respective dates of 1805 and 1839.

5. That not only redressal has not followed, but additional source of complaint has been afforded in the recent appointment of unqualified persons to afford Medical aid in Her Majesty's ships—a measure alike hurtful to our Profession, which it discourages and degrades, and injurious to the Royal Naval Service, which it fills with incompetent officials.

6. That your Petitioners, feeling deeply how important it is that at the present crisis the fleets should be supplied with men who may safely be intrusted with the lives of Her Majesty's sailors, and believing that it is only by relieving the Assistant-Surgeons in Her Majesty's Navy from the grievances under which they labour that the services of such men can be obtained, earnestly pray that your honourable House will be pleased to direct that Regulations so destructive of the interests of the country, the Profession, and the Service, shall be immediately amended.

And your Petitioners will ever pray.

Form II.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The humble Petition of the Inhabitants of the Borough of

Showeth,

1. That the Medical Service in the Royal Navy has for a long time suffered under grievances, the tendency of which has been to deter the more highly educated of the junior Members of the Profession from entering into the Navy, and thus to lower the standard of qualification in that Service.

2. That the want of the necessary supply of Naval Assistant-Surgeons, induced by the unpopularity of the Service, has now become so apparent, that it has been found necessary to employ a number of unqualified Students of medicine as Dressers, who will be obliged, in times of pressure—as, for instance, after an engagement—to perform the duties of Surgeons, to the great detriment of the sick and wounded among Her Majesty's sailors.

3. That these grievances, as they are stated by those affected by them, consist principally in the unequal rank afforded to Naval as compared with Military Assistant-Surgeons—in the want of separate cabins for the former officers—and in their being compelled to reside and mess in the Midshipmen's berth.

4. That the advisability of changing the Regulations of the Service in each of these particulars has been already asserted by Resolutions of your Honourable House, and by Orders in Council dated 1805 and 1839.

5. That your Petitioners, deeply impressed with the importance of every measure which will tend to the preservation of the life or health of our gallant sailors, and justly alarmed at the prospect of Her Majesty's fleets being sent to sea unprovided with a sufficient supply of skilled Surgeons, humbly pray your Honourable House to give effect to the Resolutions and Orders in Council above cited; and, by thus restoring the popularity of the Naval Service among the Members of that Profession, to secure to Her Majesty's fleet an adequate supply of Medical Officers.

And your Petitioners will ever pray.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

Edinburgh, May, 1855.

Since my last communication two meetings of the Medico-Chirurgical Society have been held. The one of the 2nd May was peculiarly interesting. The first communication was entitled,

CASE OF FATAL HÆMORRHAGE AFTER AN OPENED ABSCESS OF THE NECK.

Professor Miller stated that it began as a hard, indolent swelling low down in the neck, of firm consistence, thought by a country practitioner to be a fibrous tumour requiring excision, considered by Mr. Miller to be a chronic enlarged gland. Iodine internally and externally was prescribed. At the end of some weeks the patient again presented herself, the tumour having increased to about double of its original size. On the 4th of August the abscess was opened, and a considerable quantity of glandular pus evacuated. The learned Professor, at the time of the operation, explained to the bystanders the danger of secondary hæmorrhage.

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Next day the pus was fetid. On the afternoon of the 6th of August, three days after the abscess was opened, she was seized with spitting and vomiting of blood, which also passed from the nose and from the open wound. This was accompanied by rapid sinking, and the signs of imminent dissolution. The hæmorrhage lasted about three hours. After the interval of an hour vomiting of blood supervened, when she died. Dissection revealed a large abscess on the front of the common carotid, with which it communicated. This abscess extended down to the level of the vessels, behind which was another but smaller abscess opening into the trachea and also into the œsophagus.

After reading the notes of his case, Professor Miller made some interesting oral remarks, chiefly directed to determine the question as to whether the ulcerated openings of the smaller abscess had preceded or succeeded the opening made by the knife into the larger.

He was not of the number of those who considered the admission of atmospheric air essential to the erosive process which opened the artery.

Dr. W. T. Gairdner was of opinion that in this and similar cases the artery opened, not by ulceration but by rupture, and that the rupture was caused by the removal of the support which was given to the artery by the contents of the abscess on these being evacuated.

Dr. Struthers took an opposite view of the case, and thought the smaller abscess had formed first.

Dr. Andrew Wood was of opinion that had the smaller abscess burst first into the œsophagus and trachea, air would have entered by that route, and the pus first evacuated would have been fetid.

Professor Miller was of opinion that the early history of the case gave no support to the views advocated by Dr. Struthers. The situation of the swelling and the character of the sputa were opposed to it.

The next paper read was a

CASE OF UNSUCCESSFUL TREATMENT OF LOOSE CARTILAGE IN THE KNEE-JOINT,

also by Professor Miller. In his work on Surgery, Professor Miller suggests theoretically that this troublesome affection might be cured by pinning down the offending body to one point, and trusting to the supervention of adhesive inflammation to fix it there. This was the first case in which he had been able to put the plan in practice. With great difficulty, after preparatory treatment, the body was pinned down by means of two hair-lip needles inserted over the external condyle on the 7th of March, 1854. On the 10th the needles were withdrawn, though their presence had excited neither pain nor constitutional irritation.

On the 24th of March, in consequence of incautious handling, the loose cartilage escaped from its moorings. It was again transfixed, but with one needle. April 14th.—The needle was removed. May 2nd.—The cartilage having been fixed for ten days, the patient was allowed to return home, but his drawing on his boots previously to doing so started the loose body. On the 3rd of May it was again transfixed, but on the 5th violent inflammation set in, and the patient's life was with difficulty saved by amputation.

Dr. Struthers pointed out to the Society the fact that the needle introduced into the joint was a foreign body. He passed a eulogium on Professor Syme's plan of wounding the synovial membrane, and fixing the body in contact with the wound.

Dr. Alexander Wood complimented Professor Miller on his candour in submitting this case to the Society.

The next paper was one by Dr. Storer, of Boston, on

THE USES OF THE BARK OF THE AMERICAN SLIPPERY ELM (*Ulmus Fulva*).

This elm is very abundant in the northern and north-western States of America. It was first introduced to the Profession by Dr. MacDowall, of Virginia (*British and Foreign Medical Review*, July, 1838). The bark contains a very large quantity of mucilage, which it parts with readily to water. It is used as a demittent.

Dr. MacDowall recommended it for making bougies, catheters, and tents in fistulæ. However, when dry, it becomes brittle, which prevents its being of use for catheters. It was an admirable and cheap substitute for the sponge tents, used for opening up the uterus.

Drs. Priestly and Matthews Duncan bore testimony to the utility of the uterine tents made of this material.

The Society met again on the 16th inst. The proceedings were commenced by Dr. W. T. Gairdner giving an account of the termination of a case of subclavian aneurism, which he had formerly shown to the Society, in which the movements of the iris were affected. Dissection threw no light on the cause of this interesting phenomenon.

The same author then made some remarks on some anomalous cases of eruptive fevers, especially small-pox and measles, at present occurring. No discussion followed.

Mr. Spence narrated the history of a very interesting case, in which the obturator artery surrounded the hernial sac, in a case where the operation was imperative. The preparation was exhibited.

THE MEDICAL BILLS.

The various public bodies here have, during the last fortnight, been engaged in discussing the merits of the two Bills for Medical Reform at present under the consideration of Government.

The Glasgow Faculty of Physicians and Surgeons have strongly condemned Professor Simpson's Bill, and have now spoken out in favour of Mr. Hadlam's. The College of Physicians have also strongly recommended the latter in preference to the former. It was expected that the College of Surgeons would have taken up the subject at their Quarterly Meeting this week, but the Report of their President's Council on Mr. Hadlam's Bill not being ready, its consideration was delayed. Former decisions, however, leave little doubt as to the general course which they will follow.

GENERAL CORRESPONDENCE.

THE FOLEY PLACE MURDER.

[To the Editor of the Medical Times and Gazette.]

Sir,—Before considering the Medical evidence opposed to Buranelli's insanity, it may be useful briefly to remind the reader that the grounds which existed for believing him to be insane were:—Change of character, delusion, suicidal and homicidal tendencies, and marked deterioration of intellect. The chief objections raised by Drs. Mayo and Sutherland on the other side, were,—that the symptoms only amounted to hypochondriasis, not to insanity, and that what was called a *delusion* was in fact an *illusion*.

Dr. Mayo affirmed that, in the conversation he had with the Prisoner, he saw no symptom of aberration whatever, and then proceeded to observe: "I should conceive, considering the nature of the delusion—which was not in my eye strictly an insane delusion, considering the extreme excitability, and the sensitive state of his mind, that all his peculiarities might be accounted for, without supposing anything more than hypochondriasis."

This phrase "might be accounted for," appearing very indecisive, the Court repeated the answer, substituting *would be* for *might be* accounted for; but Dr. Mayo appeared to feel that this mode of putting his opinion was too strong, and reiterated: "All the symptoms that looked like insanity might be accounted for by that" (hypochondriasis). A little later on, however, with diminishing caution, he proceeds to say: Hypochondriacs "more frequently exaggerate a symptom, and I imagine that to be the case in this instance; they may generally be traced to some trifling foundation. I certainly do not consider that persons exaggerating in that way can be at all properly classed with those of unsound mind;" and then he adds, "you would extend a very dangerous excuse if you did."

Next, in cross-examination, Dr. Mayo still insisting that the Prisoner only exaggerated an actual symptom, although it had been sworn that there was no real foundation whatever for the idea that possessed his mind, is therefore asked, "Then you would consider that a man who said his bed was swamped, although it was repeatedly shown that there was not a drop of water of any kind in his bed, and that delusion being still persevered in, day after day, was not under delusion?"—and to this he feels obliged to reply "It would be a very strong case, I admit; there is no question about it."

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Again, however, Dr. Mayo repeats that Buranelli had no delusion, properly so called, and gives the following reason for his opinion:—"I have already explained that there is a form set apart, called hypochondriasis, which begins with certain grounds: now a false perception, which is a real delusion, has no ground; but the hypochondriac starts upon, perhaps, most trivial ground, and the molehill grows into a mountain, and the expression of 'swamping' perhaps takes place; that is a totally distinct thing from what I mean by delusion."

"A real delusion has no ground." Surely this assertion is incorrect. I am assured that, on the contrary, most delusions are exaggerations of actual circumstances, and not wholly new creations of the mind; although it does not follow that we can always penetrate into the lunatic's brain, and ascertain what those circumstances have been. A casual look of a passer-by is exaggerated into studied and systematic insults; a word of remonstrance from a friend is magnified into boundless cruelty and oppression; a trifling departure from strict morality is augmented into unheard-of wickedness and crime, and each of these delusions has commenced in a "molehill," and grown into a "mountain." Often, too, we may not learn what it is that set the patient's imagination at work until after his recovery he tells us of some chance event that we had quite forgotten.

The question is then put to Dr. Mayo, "Does not hypochondriasis occasionally merge into insanity?" and the reply is, "Of course there is an immense difficulty in drawing lines, but that would become a matter of fact—unquestionably there must be in every science which is not a perfect one a great deal of philosophical empiricism." Where the stake at issue was so momentous, "the difficulty of drawing the line so immense," and the case admitted by Dr. Mayo to be "a very strong one," it certainly is surprising that he should still have the view that the Prisoner was responsible, and unreservedly assert, "I saw not that amount of disorder of thought, or any such extent of error in the succession of ideas, which would amount, in any fair reasoning or observation, to insanity."

Lastly the witness is asked as to the probable effects of the loss of blood and the seclusion the Prisoner had undergone, in quieting his mind and restoring it to a healthy state—the object having been to show that Buranelli might have been insane when he committed the murder three months before, although Dr. Mayo could not detect insanity when he visited the Prisoner a few hours before the trial. The replies are very remarkable: "The Prisoner has the constitution not of our clime: he has the Italian pulse, but a very small one, and a nervous constitution; and I should very much doubt whether bleeding would suit him under any circumstances, at least they must be very extraordinary circumstances. I carefully felt his pulse."

Is this what Dr. Mayo means by "philosophical empiricism?" It seems hardly possible to study this medical evidence without fearing that Buranelli was sacrificed to a love of terms and an assumption of exact discrimination such as no human being possesses.

Dr. Wood's letter in your Journal of the 12th instant, clearly points out this tendency of the human mind as a fertile source of error, but the key to Dr. Mayo's evidence is, I think, to be found in the following extract from his recently published lectures. The Medical witness is summoned in courts of justice "in order to enable the judge and jury to arrive at certain practical conclusions, by virtue of his applying certain terms to which, as we have observed, a given meaning has been annexed on negativing their application to the person under trial or examination, according as the matter be civil or criminal." The terms to be applied here apparently were hypochondriasis and insanity, the one having responsibility attached to it, the other irresponsibility; and accordingly, "philosophical empiricism," and as Dr. Mayo elsewhere expresses it, "adventurous speculations," duly enabled him to reconcile inconsistencies and to enunciate exact laws to the jury where in the very nature of things exactness is impossible.

Dr. Mayo's evidence in this case seems to me irreconcilable with the principles laid down in his "Lectures." He there argues strongly against the plea of what is called moral insanity, and affirms that "the true criterion of irresponsibility is where the insanity involves intellectual as well as moral perversion;" and he speaks further of "the mischievous neglect of the intellectual criterion" in such cases. How Dr. Mayo can resist the evidence of "intellectual perversion" in Buranelli is amazing. Delusion the most extreme, involving not merely himself but the perpetual wetness of the bed in which he lay; his whole acts regulated by that intellectual delusion; his journey to London to get cured of it; his contemplated journey to Paris because the doctors here could give him no relief; his letters written just before the murderous act, breathing vengeance against the supposed author of his delusion; and a dulness and stupidity of intellect so extreme that in the letter I addressed to the sheriffs, long before there was any one to assist in the defence of insanity, I thus expressed myself: "I can conscientiously say that such was my opinion of his mental capacity, and so greatly did his powers of judgment appear to be impaired by his delusion, that under no circumstances should I have employed him, even in the most trifling business of every-day life."

I stated distinctly on the trial that, during the four months he was under my observation before the murder, "I could never get an intelligible account from him"—"his mind seemed incapable of connecting his ideas together;" and the correctness of this assertion was borne out by all the other witnesses.

I am, etc.

Harley-street, May 22, 1855. MITCHELL HENRY.

THE CHOLERA RETURNS OF THE BOARD OF HEALTH.

[To the Editor of the Medical Times and Gazette.]

SIR,—Feeling considerable interest in the question with regard to the treatment of Asiatic cholera, I awaited the appearance of the Report of the Board of Health, with the hope that some important results might have been elucidated, but I regret to say I have been considerably disappointed. It will serve to inform us how many cases of cholera have occurred, and the percentage of deaths, and also of cases of collapse; but it does not indicate any marked superiority of one remedy over another, so as to justify its universal adoption.

Now this appears to me to arise from the manner in which the returns have been made. I do not now wish to advocate any one mode of treatment, whatever my own opinion may be; but I would call attention to one or two points, and should feel greatly obliged for any information on those heads.

In the first place, are "simple" and "choleraic diarrhœa" to be considered as the preliminary stages of epidemic cholera? I am aware that a *diarrhœa* does often precede the stage of collapse, but it differs from the ordinary "diarrhœa," and is not excessive in quantity; at least in those cases under my own observation.

Again, many cases of "choleraic diarrhœa" have been classed as cholera, although, throughout their whole course, they were in reality "pseudo-cholera." On both these points the Report gives us very scanty information, and that principally negative. It is important to settle this point, for the purpose of arresting the further progress of the disease, if such is the case. With regard to "collapse" it must have been observed by all, that many varieties and modifications presented themselves, combined with a complication of other diseases. Now the Report does not, and could not, exhibit those which would materially affect the efficacy of the particular remedy. Again, the stage of collapse is not accurately defined, and the returns include under this head cases very far advanced, and also cases scarcely to be called "collapse." "Dry cholera" also exists, and in several cases there has been warmth of the whole surface of the body. All these must influence the treatment. How, then, can we trust the returns, when they are not specified; I would wish to know what modifications had been noticed, the duration of the disease, and in what stage of collapse the remedies had been administered. With regard to consecutive fever, What relation does it bear to the intensity of collapse? in how many and what cases did an eruption make its appearance? Post-mortem examinations have been made in some instances: What has been the result? and what were the patients' symptoms? for the post-mortem appearances are useless, in a great measure, without the previous history. It is only by careful examination of all points that we can arrive at a just conclusion. Our treatment has been hitherto empirical, and will remain so, unless, divesting our minds of all preconceived

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ideas, we analyze the existing facts, and, comparing one point with another, erect a firm and sound basis on which to rest our treatment.

It may appear strange that, having expressed doubts on what has hitherto been considered undisputed, I should appear under a fictitious name; but for several weighty reasons I am unwilling to appear in print. Should, however, any gentleman wish to know my name, for the purpose of replying, you are at liberty to give him the information he desires. And I therefore beg to subscribe myself

May 16th, 1855. INCOGNITUS.

A SINGULAR CASE OF IMPOSTURE.

[To the Editor of the Medical Times and Gazette.]

SIR,—A young woman presented herself at this Hospital on Saturday last with an alarming bulbous eruption extending over the whole of the left arm and over various spots on front of chest and abdomen.

She stated that she had been afflicted with the eruption for fourteen weeks, and had been under treatment the whole of that time, during two months of which she was at a dispensary. She stated also that "the doctors dried it up twice," but that it was thereby driven inwards, and that she then became seriously indisposed with an affection of the bowels. We suspected the case, and upon examining some dark spots on the arm with a pocket lens I found them to be portions of the cantharis vesicatoria.

I admitted her and prescribed a warm bath so as to enable me to make a more effectual search of her clothes. I then discovered about half an ounce of empl. cantharidis secreted within the lining of her dress. She was kept in a ward by herself, and I need not say was soon well of her eruption, and no fresh one broke out.

This morning I brought her before the magistrates, who committed her to gaol for one month's hard labour.

I have endeavoured to give as much publicity as possible to the case, hoping its free exposure may benefit the Profession and the public at large. I am, etc.

WM. PRICE JONES.

Taunton and Somerset Hospital, May 16th.

A NAVAL MEDICAL REFORM ASSOCIATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—You have shown yourself always so favourable to the movement recently commenced by the Students of Medicine on the subject of the Regulations affecting Naval Assistant-Surgeons, that I am induced to hope that you may be disposed to notice the steps which they have taken in compliance with the resolutions adopted at the meeting of March 16.

An address was sent to the Admiralty requesting them to receive a deputation on the subject, but was met by a refusal. As it appears, therefore, that we must anticipate considerable resistance in Parliament to the petition which it was resolved at that meeting to forward, we have thought it necessary to commence a movement embracing the whole Profession throughout the kingdom, as well as the public wherever they may be disposed to co-operate with us, the object of which will be, by numerous and unanimous petitions, and by the support of a number of independent members, to convince the government of the propriety of yielding to the wishes of the Profession.

With this view an association has been formed, designated the "Naval Medical Reform Association," to which we would earnestly request, through the medium of your widely circulated columns, the support of our Medical brethren.

The funds collected to defray the expenses of the late meeting at St. Martin's Hall being now exhausted, it will be necessary to organise a fresh subscription. Advertisements will shortly appear in your paper containing the names of our officers and other particulars.

Meanwhile all subscriptions will be thankfully received by H. F. Hanxwell, Esq., Guy's Hospital.

I am, etc. T. HOLMES,

Chairman of the Committee.

St. George's Hospital, May 17th.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 8, 1855.

CÆSAR HAWKINS, Esq., President, in the Chair.

A PAPER was read by Dr. Webster on

A CASE OF SCARLET FEVER OCCURRING TWICE IN THE SAME PERSON.

After alluding to the opinion expressed by writers of great practice and experience, as to the infrequency of second attacks of scarlet fever, the author stated, that in April, 1854, the nurse in a family was seized with scarlet fever, and, on the 8th of May, a young lady, then 19 years of age, sickened with the disease, and at a subsequent period another servant and a brother and sister of the young lady had the fever. All the attacks were well characterized examples of scarlatina. In the month of March of the present year a brother of the same young lady was taken with scarlet fever, and was attended by his sister, and on the 5th of April, or nearly a year after her former illness, she was again seized, and suffered from a well-marked and severe attack of the disease.

Dr. Peacock said he had been of opinion that scarlet fever occurred a second time more frequently than any other form of eruptive disease. He knew a case in which a child had a second attack from sleeping, contrary to medical advice, on a bed which had been occupied by other children who had had the same disease.

Dr. O'Connor also related a case in which a child had had a second attack of scarlatina, about two years after the first.

A paper was read by Dr. Barker on

CASES OF DISEASE OF THE LARYNX, AND SOME OBSERVATIONS ON THE OPERATION OF TRACHEOTOMY.

The first of these cases was that of a boy, 7½ years of age, who was admitted into St. Thomas's Hospital on the 31st of October, 1854. When seen by Dr. Barker, he was only able to speak in an abortive whisper, and presented the breath and cough sounds characteristic of croup; but there was not much constitutional disturbance, and it was ascertained that his illness was of twelve months' duration, and that he had in early life suffered from difficulty of breathing. At the commencement of his attack he took cold, but was relieved in a short time, and then gradually fell into the state in which he was admitted. Under these circumstances, and in consideration of the difficulty of performing tracheotomy in a child, the operation was not had recourse to. Leeches were applied to the neck, and small doses of tartar emetic given, and the following day he was much relieved. A few days after he relapsed, and then the hydrarg. c. cretâ. was given. He died suddenly and unexpectedly in the night of the 12th of November. On examination after death, the rima glottidis was found almost completely closed by a warty growth, about the size of half a marble, which was attached to the upper and lower chordæ vocales, and the space between them. The tumour consisted of three or four more or less pedunculated masses, and, under the microscope, presented the usual character of warty growths. The only available space for respiration was a narrow passage at the posterior part. No other disease was found in the body.

After relating this case, Dr. Baker described and exhibited a similar specimen of disease, in a preparation in the museum of St. Thomas's Hospital, and referred to other cases of laryngeal disease which had fallen under his notice, including a case of chronic disease in a female, 40 years of age, for which tracheotomy was performed, and the patient survived the operation twelve weeks.

Dr. Barker concluded his observations with some remarks upon the expediency of performing the operation at an earlier period than was usually advocated. The delay generally practised, not only lessened the chance of ultimate recovery, but rendered the operation very much more difficult of performance. In a patient of his own, a middle-aged man, la-

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bouring under acute laryngitis, in whom the operation was performed by Mr. Clarke, the patient ceased to breathe while on the table, and it was necessary immediately to open the larynx, notwithstanding that considerable hæmorrhage was going on, and, consequently, that blood freely entered the trachea; yet the man recovered, and is now, after an interval of three years, entirely free from pulmonary disease.

Dr. Barclay said that when the disease had penetrated into the lungs, or when the affection of the larynx was only secondary to an affection commenced elsewhere, the operation of tracheotomy afforded no prospect of benefit. He should like to know what were the best means of deciding whether the lungs were involved in the mischief. The stethoscope often failed, it being difficult to decide whether the abnormal sounds that were heard were formed in the lungs or transmitted from the larynx. If the operation were performed at all it could scarcely be performed too early. It was, however, a serious step to recommend, for should the case prove fatal an impression would be produced that the operation had been injurious.

Dr. Webster referred to the experience of M. Bretteneau, of Tours, who, he said, frequently had recourse to tracheotomy for affections of the larynx, which were very common in his district, and always recommended early operation.

Dr. Barker, in reply to Dr. Barclay, said he was unable to state any satisfactory means of deciding as to the condition of the lungs, after the laryngeal affection had set in. The best method, perhaps, was to observe the expansion of the chest, and the equality of expansion on the two sides, and to try percussion.

Dr. Black had often seen cases, such as that mentioned by the author, with exacerbations of dyspnœa; and he had observed that they were frequently attended with violent cough and expectoration of frothy mucus. It was, he believed, the accumulation of the mucus in the lungs that gave rise to the paroxysms of dyspnœa. The presence or absence of this secretion might be a means of testing the condition of the lungs, and the propriety or otherwise of performing the operation of tracheotomy.

Mr. A. Johnson suggested whether the simpler or less dangerous operation of laryngotomy might not be performed in many cases.

Dr. Barker said the danger in regard to laryngotomy was that the opening would be too high; while in tracheotomy the opening was almost sure to be below the origin of the mischief.

Mr. Tanner asked if the author had any experience in the application of nitrate of silver to the lining membrane of the trachea.

The President said there were cases in which laryngotomy and tracheotomy might be employed, even when the lungs were affected, in order to prolong life, if it could not be prolonged indefinitely. He had lately seen an interesting case in which there was ulceration and cicatrization of the glottis; the lungs were also affected, and for a fortnight there was incessant coughing and constant expectoration, sometimes of blood. For several days after the operation was performed the bloody expectorations continued, but the patient (a woman 45 years of age) breathed more freely than before, and the expectorations were now free from blood, and far less tenacious than at first. He had also operated in another case, in which the lungs were to some extent phthisically affected, and since the operation the disease had remained quiet, and the health of the patient improved. The tube had never been discontinued, owing to the great contraction of the glottis.

Mr. Ure mentioned that the experience of M. Bretteneau had been confirmed by that of M. Trousseau, who ascribed his success to early operation. He (Mr. Ure) suggested whether in some cases the division of the crico-thyroid space might not be sufficient.

Dr. West said the disease prevalent in the district of M. Bretteneau had nothing analogous to it in this country, differing materially from the ordinary form of croup. M. Trousseau, he believed, had of late seen cause to modify his opinion and his practice to some extent. He had discontinued the use of nitrate of silver under the conviction that it added nothing to the chances of the patient's safety. Tracheotomy was not likely to be beneficial in cases of croup succeeding measles; indeed he believed the cases of croup in children justifying the operation were very few. The last statistics of M. Trousseau, in reference to croup, were not so favourable as those previously published by him.

Dr. Schulhof observed that the laws respecting the operation of tracheotomy were very indefinite; and that constitutional treatment for croup was too much neglected.

The Society then adjourned.

SMYRNA HOSPITAL MEDICO-CHIRURGICAL SOCIETY.

MONDAY, APRIL 30.

Dr. MEYER, President, in the Chair.

DR. LEARED read a paper on the Fever which had prevailed in the Hospital, in order to renew the discussion which followed Mr. Spencer Wells' paper read at the first meeting. (See *Medical Times and Gazette*, p. 430.)

His experience in Ireland in 1847-8 had convinced him that famine, fever, and scurvy are closely related, and that the fever generated amid privation is propagated by infection, in various forms, the typhoid variety being the most common. His experience at Smyrna had confirmed these impressions. The diseases we had met with he ascribed to the operation of famine, diet, and overcrowding. There had been little, if any, fever on board the transports when they left the Crimea, yet by the time the patients were landed 79 were suffering from fever. The same thing had been observed in the emigrant ships which left Ireland 1847-8. After some remarks on the blood changes observed in scurvy and fever, Dr. Leared related several facts to prove the highly infectious nature of the disease observed at Smyrna. Of 47 orderlies sent from Chatham, 22, or nearly half the entire number, had been attacked with fever in the course of ten weeks. Attacks had been still more numerous and fatal among the ordinary regimental orderlies. Out of 43 civilian orderlies, only 2 had been attacked within seven weeks, 1 proving fatal. Among 22 nurses and 3 laundry women, 7 cases of fever occurred in six weeks; and, during this same period, out of 16 lady nurses, 1 had been attacked with fever. Of 3 dispensers, 2 had been attacked and 1 died within seven weeks. With the exception of this lady nurse every one attacked had slept in the Hospital up to the time of, or to a short time preceding, their being attacked. The difference in the proportion of attacks between the civil and military orderlies, Dr. Leared accounted for by the fact, that the latter slept for a considerable time in the wards with the patients, which scarcely any of the civilians did. The attacks among the nurses were in every instance traceable to direct infection. Dr. Leared, in conclusion, contended that these circumstances afforded an instructive lesson, and proved the importance of separating fever patients from others, and so guarding against crowding, by space and ventilation, that the emanations from the patients may be freely diluted, in which case they would be almost innocuous.

Dr. Martin expressed his opinion that the separation of fever cases was unadvisable, and argued that a short experience in Smyrna could not be weighed against the fact that, in the General Hospitals of Great Britain, no such thing as separate fever wards were known. He also expected that the capabilities of the building did not permit of a perfect system of isolation being carried out.

Dr. Cooke mentioned that three attendants in one fever ward under his charge had been attacked by the disease.

Mr. Hulke and Mr. Macleod mentioned instances in which an equal number had been attacked when attending in general wards, containing only a few cases of fever.

Dr. Barnes Wood opposed the system of segregation, on the ground that the danger to the attendants would be thereby greatly increased.

Mr. McDonnell argued, that we were not only to consider the danger to attendants, but also that incurred by patients, when fever cases were admitted into general wards. He mentioned that he had had four men under his care with frost-bites only, who had contracted fever from patients in neighbouring beds.

Dr. Rolleston contended that, by adopting the system of segregation, we should be retrograding to the condition of British Hospitals a century ago,—that the best effects had followed the plan, first introduced at St. Bartholomew's, of

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scattering fever cases; and hoped that we should not return to an exploded custom.

Dr. Cullen thought that too much importance had been attached to the spread of fever here when the wards were overcrowded. He mentioned, also, that of sixty-four cases of fever he had seen, twenty-six had commenced within ten days of the men's leaving Balaklava. The men had, therefore, probably brought it from the Crimea.

Mr. Hulke also believed that many of the men had brought the fever with them, and argued that it was not only positive cruelty to expose other men to the danger of contracting such a fever—even with slight injuries, for instance—but that, in doing so, we should cause a great loss to the State.

Dr. McCraith, of Smyrna, also believed that the disease was brought from the Crimea. The transports were not much crowded, so that it was probably not generated on board ship. It was not prevalent, or even existing in the town of Smyrna, therefore the spread in the Hospital must be solely due to contagion.

Mr. Hornidge thought that the fact of the large proportion of nurses attacked, as stated by Dr. Leared, was an argument against the establishment of fever wards.

Dr. Gibbon strongly supported the system of segregation. He asserted that the experience of St. Bartholomew's, if properly appreciated, would favour this system, and gave an instance in which two fever patients, admitted in 1851 into a ward of Dr. Burrows, had led to a very considerable extension of the disease, and that two of the nurses in that ward had died; one sister had also taken the disease, as had two clinical clerks, one of whom died.

Dr. Barclay related certain facts as to the spread of fever among the nurses here, to corroborate the belief that the fever was very infectious, and that its propagation was checked by separation. While the nurses were sleeping together, the disease was spreading rapidly; but as soon as he put those with fever into separate rooms, he had not had a fresh case, except one or two, in which the symptoms had quite ceased after an emetic.

Dr. Wood, of Smyrna, also spoke in favour of the system of segregation, but did not anticipate great danger for the future from fever, as the men were not likely to be predisposed by similar privations, would not be overcrowded, and great attention would be paid to ventilation and cleanliness.

Mr. Spencer Wells, in reply, urged that we should be guided principally by experience in Smyrna in deciding whether we should or should not separate fever cases. The climate, the disease itself, the patients, and the condition of the Hospital were so different from anything experienced in England, that we ought to be guided by the state of things at Smyrna. In England there were Fever Hospitals in all our large cities, so that there was no necessity for special fever wards in general Hospitals. There was no such thing in Smyrna. As to Dr. Martin's objection to a system of segregation because it could not be perfectly carried out, he (Mr. Wells) asserted that it would be just as reasonable to refuse the good we can secure by vaccination because we cannot make its practice universal, as to throw aside what security we can gain by separation of fever patients because we cannot make that separation quite perfect in a general Hospital. He mentioned that four orderlies had taken fever in a ward under his charge which contained eighteen patients, but only four fever cases, and argued that here the danger to the attendants was greater than it would have been in a well-ventilated fever ward. It was also to be remembered that if only a fourth or sixth part of the building was appropriated to fever cases, three-fourths or five-sixths of the total number of attendants were not exposed at all to infection. It was quite clear that the fever, in many cases, had not been brought from the Crimea or been contracted in the transports, because the nurses and orderlies who came from England had suffered, and they had not been exposed to any privations. They had caught the fever just as they might have caught small-pox if they had been in attendance on small-pox patients. If fifty or sixty small-pox patients were to be landed in the Hospital no man in his senses would scatter them all over the building, nor should he when dealing with a disease which was equally communicable. Mr. Wells concluded by referring to the state of his own division since the system of segregation had been adopted. Four cases of fever had been received at different times throughout the month, but he had always sent them within a few hours to fever wards. Not one single case of fever had appeared throughout the whole month in his division among either patients or attendants. This showed, he thought, not only that a great part of the Hospital might be kept free from the disease, but that it was not a fever caused by the night air, or any endemic influence about this Hospital, but a disease introduced from without, and spreading from man to man.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 4th inst:—Messrs.

HADOW, EDWARD, Bristol.
LA CROIX, FREDERIC, Winchester.
LANG, JOHN, Army.
LISTER, EDWARD, Liverpool.
MACGILLIVRAY, PAUL HOWARD, Aberdeen.
MICHELL, GEORGE, Camborne, Cornwall.
PEILE, BRANSBY COOPER, Army.
PERCIVAL, JOSEPH MUMFORD, St. Mary's, Isles of Scilly.
SERJEANT, JAMES, North Petherwin, Devon.
WOODHOUSE, WILLIAM, Army.

The following gentlemen were admitted members on the 11th inst.:—Messrs.

BARNETT, JOSEPH KNIGHT, Army.
COX, ARTHUR, Stoke Newington.
GLASS, ALEXANDER PYNE, H.E.I.Co's Service, Bombay.
HAMMOND, EDWARD JOHNSTON, Army.
MILTON, WILLIAM MEYLOR, Turkish Contingent.
ROBERTS, DAVID, Pwllheli, North Wales.
ROBINSON, MAJOR KIRKBY, Acomb, Yorkshire.
SANDERS, ALFRED, Gravesend.
WHITE, THOMAS AUGUSTUS, Ballybrophy, Q. C. Ireland.
WILLAN, REGINALD MOORE, Bedford-row, Bloomsbury.
WILSON, JOHN, Army.

The following gentlemen were admitted members on the 18th inst.:—Messrs.

BOWEN, WARDLE FREDERICK WILLIAM, Harrow.
DE FABECK, WILLIAM FREDERICK, Army.
GODFREY, CHARLES RICHARD, Royal Navy.
HODGSON, WILLIAM JOSEPH, Snaith, Yorkshire.
HOOD, WHARTON PETO, Lower Seymour-st., Portman-sq.
KITCHING, CHARLES WATSON, Gravesend.
NORMAN, SERJEANT JOHN COOPER, West Mersea, Essex.
TURNER, JAMES ALFRED, Army.
VARDY, JOSHUA LAMBERT, Stamford-street, Blackfriars.
WATSON, HENRY, Loughborough, Leicestershire.

The following gentlemen were admitted members on the 21st inst.:—Messrs.

BRUNTON, WILLIAM RIDDELL, Army.
EARNSHAM, H. G., Fort Faulkner, Aughrin, Wicklow.
JACKSON, ROBERT EDMUND, Whitby, Yorkshire.
PLASKITT, JOSHUA, Louth, Lincolnshire.
POUNCY, ROBERT CLEALL, Glastonbury.
ROSE, GEORGE COWPER, West-square, Lambeth.
SAVAGE, THOMAS YOUNG, Toronto, Canada.
STRAKER, JOHN FORTUOM, Hon. E.I.C.S. Bombay.
WAGSTAFF, ALFRED HENRY, Ivinghoe, Bucks.

NEW FELLOWS.—The following members of the College, having undergone the necessary Examinations on the 7th and 9th inst., were admitted to the Fellowship, viz.:—Messrs.

BLOMFIELD, JOSIAH, Grove-terrace, Peckham; diploma of membership dated April 19th, 1844.
FIELD, ALF. GEORGE, Manchester-sq.; May 23rd, 1842.
LAURENCE, JOHN ZACHARIAH, Devonshire-street, Portland-place: July 10th, 1854.

At a meeting of the Council on the 10th inst., the following members of the College were admitted "Fellows by election," viz.:—Messrs.

BATEMAN, HENRY, Islington-green; diploma of membership dated Jan. 30th, 1829.
BROOKES, WM. PHILPOT, Cheltenham; March 1st, 1839.
CARY, WALTER, Cheltenham; June 17th, 1831.
FRANCE, JOHN FRED., Bloomsbury-sq.; Jan. 31st, 1840.

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Goold, Hugh, Weston-super-Mare, March 27th, 1835.
Guest, Edmund, Chelsea; July 13th, 1838.
Hayland, C. W., Manchester-square; April 10th, 1838.
Hitchman, John, Mickleover, Derby; May 4th, 1838.
Hoffmeister, Wm. Carter, Cowes; Jan 17th, 1840.
Holttum, Charles, Canterbury; April 3rd, 1840.
Hugman, Wm. C., Great Ormond-street; May 13th, 1839.
Jalland, Wm. Gibson, Madras Medical Establishment; May 26th, 1837.
King, Thomas, Chepstow; September 1st, 1815.
Norway, Samuel, Harrow-road; June 8th, 1830.
Phillips, R., Winchester-pl., Pentonville; June 16, 1837.
Roberts, John Henry, Finchley-road; April 24th, 1835.
Saunders, E., George-st., Hanover-sq.; June 28th, 1839.
Smith, Cornelius, Gracechurch-street; June 11th, 1830.
Wright, A., Newcastle, Staffordshire; Dec. 22nd, 1837.

At the same meeting of the Council, Mr. Richard Clive Hoyle, of Ropsley, Lincolnshire, was admitted an *ad eundem* member of the College.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 17th May, 1855:—

Clarke, Francis Winter.
Norman, Sergeant John Cooper, West Mercia, Essex.
Savile, George Townsend, Driffield, Yorkshire.
Seward, Thomas, Petersfield, Hants.
Webster, Cecil, Newton Heath, Manchester.

APPOINTMENT.

Dr. Bryon has been appointed Civil Physician at the Scutari Hospitals.

DEATH.

Waugh.—May 19, at Bishop's Itchington, Warwickshire, after a painful and protracted illness, John Waugh, Esq., M.D., of Leamington Spa.

The Distribution of the Crimean Medals.—Among those who received Medals, were the following Members of the Medical Profession:—

5th Dragoon Guards—Surgeon M'Culloch.
4th Light Dragoons—Assistant-Surgeon Crighton.
Royal Artillery—Assistant-Surgeon Gilborne.
Grenadier Guards—Surgeon Nicoll.
Coldstream Guards—Surgeon Skelton.
Royal Regiment—Surgeon Hearn.
30th Regiment—Assistant-Surgeon Fyffe.
41st Regiment—Assistant-Surgeons King and Abbott.
50th Regiment—Assistant-Surgeon Noot.
57th Regiment—Assistant-Surgeon Scott.
63rd Regiment—Surgeon Watt and Assistant-Surgeon Flower.
68th Regiment—Assistant-Surgeon Johnston.
98rd Regiment—Assistant-Surgeon Sinclair.
Medical Staff—Dr. Dumbreck, Deputy Inspector-General; Dr. Forrest, Deputy Inspector-General; Ewing and Saunders, Staff-Surgeons; Darcey, Mulock, Mitchell, and Stewart, Assistant-Surgeons.

The following officers of the Royal Navy also received the medal:—

Dr. J. T. U. Bremner, late of H.M.S. Sanspareil.
Dr. W. Graham, late Surgeon of H.M.S. Vengeance.
Dr. H. T. S. Beveridge, late Surgeon of H.M.S. Sampson.
R. Creighton, Esq., Assistant-Surgeon of H.M.S. Trafalgar.

Hospital for Consumption, Brompton.—On Sunday his grace the Archbishop of Canterbury preached at St. Michael's, Chester-square, before several members of the Government, and a crowded congregation, in aid of the Hospital for Consumption, at Brompton. Upwards of 30,000, discarded by most other institutions, had been already treated and benefitted by this hospital; and, irrespective of the number now under treatment, 160 were applying for immediate admission into the wards. The hospital had been extended, and now furnished 230 beds; to keep these in operation, and to develop the full purpose of the charity, the liberal co-operation of the benevolent was entreated. At the conclusion of the discourse, a collection was made, amounting to £105: 0s.: 10d.

Small-Pox Hospital.—Eleven cases of confluent small-pox were fatal at this Hospital between the 13th and 19th instant; in nine of which cases vaccination had not been performed.

Belfast Medical Society.—The stated Annual Meeting of this influential and long-established Professional society was held on Monday evening, the 7th instant, in their Library Room in the General Hospital. Amongst those present were:—Dr. Thomas Read, President, who occupied the chair; Drs. M'Gee, Malcolm, (President of the Clinical and Pathological Society), Gordon, Halliday, Stewart (District Asylum), Patterson, Moore, Bryce, Smith, Dill, Drennan, Wheeler, Pirrie; Surgeons Browne, R. N. Dickson, McCleeny, Ray, Harkin. etc., etc. The Secretary (Dr. Drennan) read the report of the Council for the past year, which was an exceedingly interesting document, and by which it appeared that the affairs of the Society were in a most prosperous condition, and that several interesting papers relating to Medical practice, etc., were read and discussed during the past year at the regular monthly meetings—the President (Dr. Read), Dr. Gordon, Mr. Browne, R.N., Mr. Dickson, the Secretary, etc., having been among the principal contributors of original communications of varied Professional importance and practical worth. A ballot was proceeded with for the election of a new President, two Vice-Presidents, and six Members of Council for the ensuing year, and Scrutineers having been appointed, the following names were returned for the above respective offices, viz.:—President, Professor Gordon, Queen's College, Belfast; Vice-Presidents, Drs. Pirrie and Dill; Council, Surgeon Browne, R.N., Drs. Stewart (Robert), Halliday, M'Gee, Smith, and Wheeler. The Treasurer, Dr. Patterson, and the Secretary, Dr. Drennan, were each re-appointed to their respective offices.

The Belfast Clinical and Pathological Society.—The following is a list of the officers elected by ballot of the Society for the ensuing year:—President, Dr. Malcolm; Town Vice-Presidents, Dr. M'Gee, Surgeon Browne, and Dr. M'Cormac; Country do., Dr. Young, Holywood, and Dr. MacLoughlin, Lurgan; Members of Council, Drs. Murney, Pirrie, Stewart (Robert), Dill, Lynch, and Patterson; Treasurer, Dr. Halliday (re-election); Joint Secretaries, Surgeon Johnstone (re-election), and Dr. Ross. A vote of thanks was passed to Dr. J. C. Ferguson, on his retirement from the Presidentship. Two honorary members were also ballotted for, and unanimously admitted, viz.:—Dr. Stokes, of Dublin, and Dr. Smith, Professor of Surgery in the University of Dublin.

Royal Dublin Society.—The Lords Commissioners of the Treasury have approved of the plans of the Society's proposed museum of natural history, and its erection is to be forthwith set about. The new museum will occupy the south side of the Society's lawn. The building itself will be 230 feet long, and 40 wide, and, in addition to the great space it will afford for displaying specimens on the ground floor and side walls, it will be furnished with two tiers of galleries. The whole establishment in Kildare-street has for a length of time laboured under the disadvantages attendant upon a want of room, not only for their magnificent Natural History collection, but for the vast number of books that have accumulated. The rooms now appropriated to the museum will be thrown into, and form part of, the library, and thus the Society will be enabled to render two important departments more useful to the public than they have hitherto been.

Extract from a Private Letter from Balaklava.—You, perhaps, never saw so beautiful a country as we are in: its mountains, and valleys, and plains, its grand headlands, and glorious sea-views, surpass anything I ever saw, except in Italy. Nature has made it in one of her artistic moods. It is free, and wild, and noble, but when nature delivered it into the hands of man, he did nothing for it. It is still undrained, uncultivated, and unproductive, and now given over to the twin evil spirits of war and pestilence. Balaklava harbour is a cleft in the mountain chain. It is so fine a haven, that the vast Himalaya steamship is lying opposite us, and close in-shore. We are completely shut in by grand mountains. Our view is bounded seaward by a promontory, surmounted by an old Genoese castle, and towards the interior of the country, the spurs of the mountains cross each other, and almost stop the view. The old town is fast disappearing

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under the blows of Turkish pickaxes, and its place is being taken by wooden huts of all forms and sizes. It was a small fishing village with a few inhabitants; now 25,000 men, besides no end of animals, pass in and out every day. The marvellous feature of Balaklava is the railway, leading up to the great Camp before Sebastopol, about five miles away. Considering the difficulties, it is a truly great work. Nothing can exceed the bustle and business along it and the road. It is like the City, without its stoppages. It ascends several hundreds of feet to the great table-land occupied by the Camp, and that Camp is one of the most extraordinary spectacles that ever was beheld. The table-land, about 40 miles in area, is covered with tents, and horses, and men, and marching columns, and great guns, and ammunition, and stores being dragged along to the front. There are about 140,000 men in it, all biding their time to pour down on the devoted city. I have seen it twice; once before the beginning of this, the final bombardment, and again, after the bombardment with 500 cannon had continued four days. The city has been spared hitherto. I could detect no injury either in its splendid public edifices, or in its beautiful and clean streets. A Tartar suburb was destroyed some time ago, but the city proper still remains intact, a sure token that humanity is making progress. The attack is against the great earthworks, behind which the entire Russian army is entrenched. The bombardment on Sunday last was going on all along the line, and the vast fleets were lying outside. I could see the whole works and fortifications like a plain below me, and those of the Russians certainly exhibit vast strength and resources. The army is a motley mixture of men of various races, all bent on the one common object, and full of hope for the result, but the people of England have no idea of the tremendous nature of the conflict and of the difficulties to be overcome. The assault is expected every day. The cannon hardly ever cease to fire. At night the sky is lit up by their flashes, and by day their roll is sometimes incessant. The spectacle is worth seeing, were it only for the purpose of contrasting the work of *destruction* with that of *production* as one sees it at home, but commend me for ever to the latter. There is no gilding or tinsel here. It is pure unmitigated ruin, and man is the agent. Last Sunday morning we went to our most primitive church in Balaklava. The sermon was on the raising of the widow's son of Nain. The preacher's point was, that Christian benevolence asks nothing about the character or creed of its object, for the Saviour only saw the widow and her grief. While the lesson was being enforced, the cannon spoke its commentary more eloquently in favour of peace than all the arguments I ever heard. Such is man, half good, half evil.

THE SANITARY CONDITION OF THE ARMY is as good as it could reasonably be expected to be. The number of men that now occupy the ambulances, which amounted to 7585 during the month of March, is now, in April, reduced to 5600, whilst those who are in a sufficient state of convalescence to be enabled to go at large, amount to from 1064 to 1399. However, in consequence of the operations of the siege, our ambulances have received, during the month of April, a great many more men wounded by the enemy's fire than they did in the preceding month.—*Moniteur.*

THE HOSPITAL AT SCUTARI.—Scutari, May 10, 1855.—The numbers in the hospitals here have received a considerable addition within the last week. With few exceptions the invalids are from the Crimea. Of these, 180 have been sent to the General Hospital, and as many probably may have been admitted to the Barrack Hospital. The diseases seem to be of a much more mitigated and less dangerous form. For the very heavy losses in the hospitals our medical men have been very much blamed, but such censure is unmerited. The men came down here with constitutions so horribly broken up as to be beyond all medical skill; their death was only a matter of time. We consider the internal arrangements for the sick to be approaching a high degree of excellence; but we cannot speak in such a flattering manner of those of an external kind. The complete recovery of the convalescents would be very much accelerated by facilities of obtaining sun and air. For this purpose the space within the quadrangle of the Barrack Hospital should have been preserved; it has, however, been blocked up in a considerable measure by sheds, cooking-houses, and work-shops, all of which not only destroy the amenity of the quarter, but limit the ground for the men to take exercise on. Another evil to which the convalescents are exposed is the multitude of grog-shops near the main entrance to the Barrack Hospital. The consequence often is, that many of the men have relapsed and are sent back to their wards.

A DEPUTATION waited on Lord Panmure on the subject of the health of the troops as affected by inadequate barrack and hospital accommodation, attended by Dr. Monro, Coldstream Guards; Mr. Brown, Grenadier Guards; Dr. Bird, Physician General Bombay Army; Dr. M'William, R.N., Dr. Neil Arnott, Dr. Waller Lewis, and Dr. Milroy.

CHILDREN KILLED WITH HARTSHORN AND OIL.—A bottle containing hartshorn and oil had been left upon the toilet table of the nursery, and during the absence for a few minutes of the nurse in charge of the diseased and of his brother, a lad of about five years of age, the latter, ignorant of the nature of the contents of the phial, and of what the result would be, poured the fluid down the throat of the younger child, which expired soon afterwards in great agony. The Coroner, in summing up, remarked that the case would, he hoped, be a warning to parents, nurses, etc., who were in the habit of leaving dangerous liquids about within the reach of children. He also considered the chemist who sold the hartshorn was censurable for omitting to label the phial with the word "poison," as it appeared that neither the nurse nor the deceased's parents were aware of the poisonous nature of the hartshorn. Verdict, "Death by misadventure." Mr. Baker, the coroner, held an inquest in a similar case at the Royal Mason Inn, Poplar, respecting the death of Ellen Wynn, aged 18 months. On Sunday last the mother was suffering from sore throat, and procured some hartshorn and oil from a chemist's shop. During the temporary absence of the parents the child got hold of the bottle containing the embrocation, and swallowed a portion of the contents. The result was that she died the next morning, after intense suffering. The jury, in this case also, returned a verdict of "Accidental death."

LIGHTNING.—A boy, aged 4, received a severe shock from the lightning on the 11th instant, was seized with tetanus at 5 a.m. on the 13th, and died spasmodically convulsed in 4 hours.

STATISTICAL SOCIETY.—At the next Meeting, on the 18th of June, a Paper is to be brought forward on "The Mortality caused by Military and Naval Operations."

MORTALITY NOTABILIA.—In the week that ended last Saturday the deaths of 1143 persons, namely, 620 males and 523 females, were registered in London. Though the figures show a small reduction on those of the two previous weeks, they still imply rather a high rate of mortality. In the ten corresponding weeks of the year 1845-54 the average number of deaths was 989, which, if raised in proportion to increase of population, becomes 1088. The deaths returned last week are 55 in excess of the number obtained by calculation. The mortality from zymotic or epidemic diseases in the aggregate is about the usual amount. Of 220 cases referred to this class, 161 occurred under ten years of age. Small-pox exhibits a sudden increase. The disease appears to prevail in Shoreditch more than in any other part of London. 41 deaths were caused by scarlatina. Diseases of the organs of respiration have become less fatal; having numbered 219 and 225 in the two previous weeks, they fell last week to 185. There died from consumption 159 persons, of whom 27 were less than 20 years old, 77 were between the ages of 20 and 40 years, 44 were 40-60, and 11 were above that age and under 80.

BIRTHS.—The births of 820 boys and 836 girls, 1656 children, were registered.

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	1	1	8	9	2	5
North	490,396	18	2	14	14	2	6
Central ..	393,256	3	3	6	7	1	5
East.....	485,522	14	3	5	11	6	8
South	616,635	9	4	8	9	4	10
Total..	2,362,236	45	13	41	50	15	34

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DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, May 19, 1855.*

Causes of Death.	In the Week ending Saturday, May 19, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean temp. °	46·0						° 52·4
All Causes	1143	555	178	181	185	23	989·2
Specified Causes	1124	553	177	181	185	23	984·0
Diseases:—							
1. Zymotic Class	220	169	33	7	9	2	205·9
2. Dropsy, Cancer, and others of uncertain seat	51	3	4	19	18	2	43·6
3. Tubercular Class	230	95	79	44	11	1	195·9
4. Of Brain, Nerves, etc. ..	137	76	11	19	28	3	117·2
5. Of Heart, etc.	47	4	7	13	21	2	36·7
6. Of Respiratory Organs ..	185	90	9	33	44	4	152·4
7. Of Digestive Organs ..	64	23	14	12	13	2	63·3
8. Of Kidneys, etc.	16	1	....	6	9	..	11·4
9. Of Uterus; viz. — Puerperal Disease, etc. ..	12	..	3	4	..	..	7·3
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	12	4	3	5	..	..	8·1
11. Of Skin, etc.	3	1	..	..	2	..	1·3
12. Malformations	3	3	..	..	..	..	3·4
13. Debility from Premature Birth, etc.	30	27	..	3	..	..	24·5
14. Atrophy	29	23	1	1	3	1	23·1
15. Age	32	..	..	..	21	11	44·1
16. Sudden	15	11	2	1	1	..	9·6
17. Violence, Privation, etc. ..	38	18	6	9	5	..	25·7
Causes not specified	19	2	1	..	..	..	5·2

BOOKS RECEIVED.

Introductory Lecture to the Class of Military Surgery in the University of Edinburgh. By Sir George Ballingall.

Diagnosis of Diseases of the Brain, etc. By Dr. J. Russell Reynolds. London: Churchill. 1855.

Journal of the Statistical Society of London, June, 1855.

The American Medical Monthly, for January, February, March, and April, 1855. New York.

Griffith's Universal Formulary. By Thomas. Philadelphia: Blanchard and Lea. 1854.

Medical Notes on the Climate of Burmah. By Dr. Murchison. Edinburgh: Neill and Co. 1855.

On the Employment of Water in Surgery. By Dr. Hamilton. Buffalo.

Journal für Kinderkrankheiten. Heft 2 und 4. Erlangen.

Tanner's Clinical Medicine. London: Renshaw. 1855.

On a New Method of Treating Neuralgia. By Dr. Alex. Wood. Edinburgh: Maclachlan and Stewart. 1855.

Fourth Annual Report of the Wilts County Asylum. Devizes.

TO CORRESPONDENTS.

No Earwig.—There is an old proverb, that a person who touches pitch will be defiled. We have our eye upon the parties, and shall keep a strict watch upon their disreputable proceedings.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Will you kindly request your Microscopical contributor to try whether among the list of Bishops, Lawyers, Members of Parliament, Officers of the Army and Navy, and all who were invited to the Ministerial dinners in honour of her Majesty's birthday, he would, by means of the microscope, detect the name of any Physician or Surgeon—as by the naked eye I could detect none?—D. L.

Mr. Chambers—The number of persons working and dealing in animal substances in London, is 40,004; and in vegetable substances, 36,110. The deaths among them were, last week, 0·027 and 0·032 per cent. respectively. The mortality among all occupations having been 0·047 per cent. It, however, requires a more minute distribution into subclasses to get at the full truth of the matter, which no doubt the Registrar-General would supply.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your remarks upon the Hopwood Will cause, you allude to an expression, said to have fallen from Mr. Hopwood on one occasion, viz., asking his granddaughter if she had eaten any "*kensal*," or "cannel." On hearing that evidence given, it occurred to me that Mr. Hopwood might very rationally have meant a dish, which I believe M. Soyer, or any other great *chef*, would tell you went by the name of "*quenelles*," as, *quenelles de veau*, etc. I certainly have seen, and partaken of such a dish.

I am, etc. One who heard the Trial.

W. M.—The average temperature at Madras is—lowest, 64·04; highest, 104·54, Fahr.

Philo.—The practice will work its own antidote. "Let him alone."

Mr. Walter.—We know of no better way of illustrating the subject than by giving the following as the result arrived at by Dr. Thomson, of the relative degrees of the total impurity of the metropolitan waters supplied to cholera houses, and taken as soon as possible after the occurrence of death.

Lambeth	13·36 degrees.
Grand Junction . . .	14·46
West Middlesex . . .	19
Southwark and Vauxhall . .	45
Chelsea	60·17
New River	17·18
Do. do. Soho District . .	25·64
East London	18·30
Kent	17·76
Hampstead	24·22

Errata.—In the report of two cases of Dropsy treated at Bradford, last week, for "House Patient," read "Home Patient;" and for "the aortic cusp of the mitral valve was ½ inch," read "1½ inches."

COMMUNICATIONS have been received from—

Dr. Bence Jones; Dr. Storer; Mr. G. L. Cooper; Mr. T. Holmes; Dr. Shute; The Royal Institution; Mr. M. Henry; Dr. Edwards; One who heard the Trial; Mr. F. J. Bond; No Earwig; Mr. Turner; Mr. C. J. Gibb; Mr. Samuel Brown; D. S.; Mr. Avelino; Dr. Bryce, of Kululee Hospital; A Country Practitioner and Subscriber; Dr. Gillespie, of Edinburgh; Mr. Chambers; Mr. Powell; Dr. Habershon (with enclosure); Dr. Cholmley (with enclosure); Mr. Sibley, the Middlesex Hospital.

APPOINTMENTS FOR THE WEEK.

May & June.	Miscellaneous Register.	Society Meetings.
26. Saturday....	Oxford Easter Term ends. Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 1½ p.m.; Charing Cross, 1 p.m.	Medical Society of London, 8 p.m. Royal Institution, 3 p.m. Dr. Du Bois Reymond "On Electro-Physiology." Royal Botanic Society, 3½ p.m.
28. Monday.....	Cambridge—Matriculation.	
29. Tuesday	Operations at Guy's, 1 p.m.	Royal Institution, 3 p.m. Dr. Tyndall "On Voltaic Electricity."
30. Wednesday..	Oxford Trinity Term begins. Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.	Royal Institution, 3 p.m. Dr. Du Bois Reymond "On Electro Physiology." Geological Society of London, 8 p.m.
31. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.	Royal Institution, 3 p.m. Mr. G. Scharf, jun., "On Christian Art."
Friday, June 1..	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	Royal Institution, 3½ p.m. Dr. Tyndall "On the Current of the Leyden Battery." Botanical Society, 8 p.m.

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Hooper's Invalid Water Cushions and Mattresses, or Beds, for Bed-Sores,

whether threatened with Sloughing, or in which Sloughing has actually taken place.—Fractures, Diseased Joints, Ulcerated Cartilages, Paralysis, Spinal Affections, Renal Diseases, Inflammation of the Bowels, Spasms, Lassitude, Typhoid and other Fevers, Gout and Rheumatic Affections, Cancer, Ovarian Dropsy, Coldness of the Stomach and Feet, Consumptive, and all Bed-ridden Patients, Mr. HOOPER has succeeded in obtaining Waterproof Sheeting (Bed Protectors) at a Great Reduction in Price, Free from Smell, and not affected by Temperature, Urine, Acids, or Alkalies: and MAY BE WASHED AS FAMILY LINEN. Also,—

IMPROVED URINALS, AND ELASTIC BED PANS, OR RECEPTACLES,

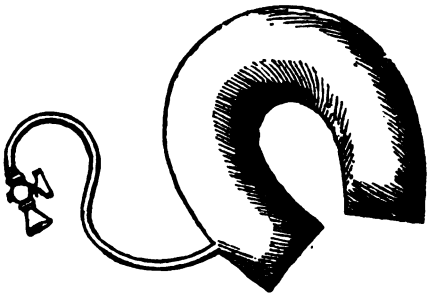
INDIA-RUBBER, ENEMA, and DOUCHE, answering equally for either purpose, and may be carried in the Pocket.

For Hospitals and other Institutions a Discount is allowed. Their advantages over the costly and cumbersome Water Beds have been published in the Medical Journals, and they are particularly applicable for Paralytic and Lunatic Patients.

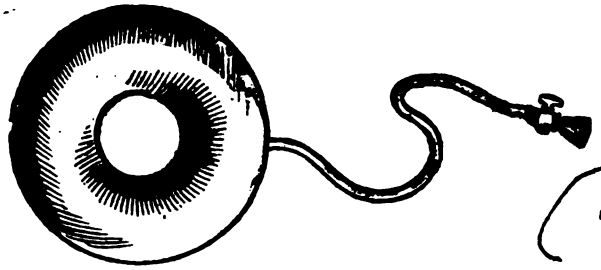
"I have in several instances employed Mr. Hooper's Water Cushions and Mattresses; they have in all cases afforded great relief and comfort, and have proved much more convenient and manageable than the Water Bed.
"JOHN. PEREIRA, M.D.,
"Physician to the London Hospital,
"Finsbury-square,
"February 27, 1852."

"North Wales Lunatic Asylum.
"SIR,—Your Water Cushions and Mattresses answer most admirably; indeed, they are invaluable. They have been in use here for eighteen months.
"Jan. 1854." "R. L. WILLIAMS, M.D., Visit. Phys."

INVALID CUSHION, FOR GENERAL PURPOSES.



CUSHION MORE ESPECIALLY USEFUL FOR SLOUGHING OVER THE SACRUM.



CIRCULAR CUSHION FOR SITTING ON.

MATTRESS OF AN INTERMEDIATE SIZE.

FULL-LENGTH INVALID MATTRESS OR BED.

Being greatly preferable to the original costly and cumbersome Water Bed. The above are simply to be placed on an ordinary Bedstead.

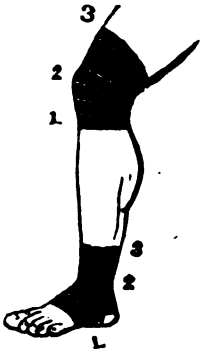
HOOPER'S SPIRAL SUPPORTERS.

[THE FIGURES 1, 2, 3, ETC., SHOW THE POINTS AT WHICH MEASURES SHOULD BE TAKEN IN CIRCUMFERENCE.

KNEE-CAP.

SPIRAL SUPPORTER.

ABDOMINAL SUPPORTER.



ANKLE SOCK.

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HALF-PINTS (10 ounces) 2s. 6d. | PINTS (20 ounces) 4s. 9d. | QUARTS (40 ounces) 9s.
IMPERIAL MEASURE.

BONUS.

POLICIES EFFECTED ON THE PARTICIPATING SCALE BEFORE THE 31ST OF DECEMBER NEXT WILL BE ENTITLED TO SHARE IN FOUR-FIFTHS OF THE PROFITS, TO BE DIVIDED AT THE CLOSE OF THE PRESENT YEAR.

New Equitable Assurance Company.

(Incorporated by Act of Parliament, 7 and 8 Vict. cap. 110.)

CHIEF OFFICES—449, STRAND, LONDON.

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CAPITAL, £100,000.

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SIR CHARLES HASTINGS, M.D., D.C.L., Chairman of the Board.
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The aggregate amount of Business transacted by the Company, up to the end of each year, from its commencement to the end of the year 1854, is as follows:—

	Number of Policies issued	Sums Assured.	Annual Premiums.
1851	901	£98,500	£3,439 0 1
1852	677	278,835	10,608 12 2
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The Directors acknowledge and consult all duly-qualified Medical Practitioners as the Medical Advisers of the Company, and uniformly pay a Fee of Two Guineas for every Medical Report when the Proposal for Assurance is for £200 and upwards, and a proportionate Fee for a smaller amount.

Medical Practitioners are also entitled to Ten per Cent. Commission on First-Year's Premiums, and Five per Cent. on all subsequent Payments, for Assurances effected through their Introduction.

EVERY DESCRIPTION OF LIFE ASSURANCE BUSINESS TRANSACTED.

Prospectuses, Forms for Proposals, and any further information, may be had on applying to the Resident Director, or Secretary, at either Office, or of the Company's Agents.

N.B.—Active and influential Agents wanted.

The Best Food for Children, Invalids,

and others.—ROBINSON'S PATENT BARLEY, for Making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinse of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE, and CO., Purveyors to the Queen, 64, RED LION-STREET, HOLBORN, LONDON.

The Proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s. 6d., and 10s. each.

Dr. Kahn's Museum Re-opened at

4, Coventry-street, Leicester-square, consisting now of One Thousand highly-finished Wax Models, illustrating every part of the human frame, in health and disease. Open (for gentlemen only) daily from half-past 11 till 5, and from 7 till 10. A new Series of Lectures by Dr. Sexton, F.R.G.S., etc., at 12, 2, 4, and half-past 7 in the evening. Admission, One Shilling. A new Catalogue, containing Lectures on the most interesting branches of Physiology, by Dr. Kahn, illustrated. Price 6d., (free by post 6d. extra.)

Bland and Long, Philosophical and

CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 1, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d., 8s. 6d., 15s., and 30s. each.

James's Powder.—Physicians and

other Medical Practitioners having complained of the frequent use of Antimonial Powder, instead of the genuine "James's Powder" prescribed, have represented to Messrs. Newbery, that the price of the powder has greatly led to this fraudulent practice, and has also greatly prevented the more general use of the powder. Messrs. Newbery have therefore yielded to the suggestions of the Profession, and have reduced the price; and, to secure the use of the genuine medicine, recommend that the same should be prescribed as prepared by Messrs. Newbery—thus, "Pulv. Jacobi Ver." (Newbery's.) The price for dispensing will henceforth be reduced from 21s. to 9s. an ounce. The genuine has the name, "F. Newbery, 45, St. Paul's-churchyard," engraved on the Government Stamp.

Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.—"Mr. Dinneford's solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

This excellent remedy, in addition to its extensive sale among the public, is also very largely used in dispensing, for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.,) specially adapted for the use of Surgeons and Chemists. To be had from the Manufacturers.

DINNEFORD and Co., Chemists, 172, Bond-street; and all respectable Wholesale Druggists and Patent Medicine Houses.

Struve's Seltzer, Fachingen, Vichy,

and other MINERAL WATERS.—Under Her Majesty's especial patronage.—ROYAL GERMAN SPA, Brighton.

STRUVE'S PUMP-ROOM AND PROMENADES, affording every facility for a course of Mineral Waters, as perfect and beneficial as at the natural springs, are now open for the 31st Season. Orders for Struve's Bottled Mineral Waters continue to be executed by George Waugh and Co., Chemists to the Queen, 177, Regent-street (West side), London, and by numerous other respectable houses in London and the provincial towns, where a prospectus may be obtained gratis.

CAUTION.—Struve and Co. are compelled, in justice to the public and themselves, to disclaim any connexion with Waters advertised under the general designation of "Brighton Seltzer," "Brighton Fachingen," etc., by various parties, and respectfully request the public, especially consumers at clubs, hotels, etc., to observe carefully that the name of Struve is on the label as well as on both sides of the red ink stamp over the cork, having the words "Royal German Spa, Brighton," beneath the royal arms

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New Medical Glass Bottles. At

MESSRS. E. AND H. HARRIS'S, 2, UPPER COPENHAGEN STREET, BARNSBURY ROAD, ISLINGTON, LONDON.

6 & 8 oz., Green, any shape, plain or graduated,	10s.	per gross.
3 & 4 oz., do. do. ..	8s. 6d.	do.
1½ oz., Moulded Phials	7s.	do.
1 oz. do.	6s. 6d.	do.

In Crates from the works, 1s. per gross less.

Country orders attended to on remittance. Full list of prices sent on application. No charge for package, if returned. Goods delivered free within seven miles.

Impermeable Cloth for Hospital Sheets,

SURGEONS and NURSES' APRONS, etc.

Among the numerous Indian-rubber appliances, none have been more successful than the (deodorized) preparation of cloth for Hospital Sheets, as is shown by the following letter to S. W. Silver and Co.:—

(Copy of R. G. Whitfield, Esq.'s Letter.)

"St. Thomas's Hospital, February, 1855.

"Sirs,—Your Indian-rubber sheeting having been in use in this Hospital for some time, I can strongly recommend it, feeling confident that it possesses great advantages over everything previously introduced; it is admirably adapted for the protection of couches, beds, or for whatever other purpose such articles are usually required, not only from its great pliability and durability, but because neither the various secretions from the body nor boiling water will injure its texture; it is far more economical (from the fact of its not being liable to crack or peel off) than the Green Issue Cloth hitherto in use after operations, and more cleanly, as a wet sponge readily removes all soil or taint from its surface.

"The stump pillows made of the same material are well conceived, and will be found invaluable in the sick room either of the peer or the peasant.

"I have the honour to be, your obedient servant,

"R. G. WHITFIELD, Resident Medical Officer.

"To Messrs. Silver and Co., Nos. 3 and 4, Bishopsgate-street, "Opposite the London Tavern."

To Physicians, Surgeons, and

DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING TISSUE.—PREPARED FROM PURE CANTHARIDINE.

An elegant preparation, vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments, as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the New York Journal of Medicine.

"March 1st, 1856.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this Article is a very simple and neat dressing."

"10, Finsbury-place South, March 16, 1852.

"Dear Sir,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks. I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to insure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"Honorary Surgeon to the Royal Free Hospital, etc., etc.

"To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury. "ANDREW SMITH, M.D.,

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared and sold by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON, and by the Sole Consignee, Mr. WILLIAM BAILEY, Wolverhampton; and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

Baron Liebig on Allsopp's Pale Ale.

—"I am myself an admirer of this beverage, and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English Physicians, as a very agreeable and efficient tonic, and as a general beverage both for the invalid and the robust.—Giessen, May 1."

Allsopp's Pale Ale only is Bottled by

HARRINGTON, PARKER, and Co., Beer, Wine and Spirit Merchants, 54, Pall Mall.

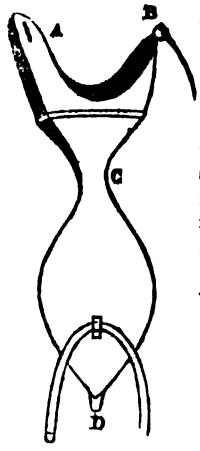
IMPERIAL MEASURE Quarts, Pints, and, for Luncheon, Half-Pints. Also in Casks of 18 Gallons and upwards.

Samuel Brothers' Stock

for the present Season is worthy of your Inspection, combining the three requisites—Quality, Style, and Moderate Price.

READY MADE CLOTHES EQUAL to BESPOKE—an advantage not to be obtained at any other establishment. Dress Coats, 21s. to 42s.; Frock ditto, 25s. to 46s.: Paletots, 21s.; Oxonian Coats, 16s. to 24s.; Albion Over Coats, 21s. to 42s. 9d.; Toga, 25s. to 50s.; Taima, 25s. to 50s.; Poncho, 21s. to 42s.; Fancy Vests, 8s. to 10s.; Hussar Suits, 25s. to 28s.; the new Circular Coat, with Belt, 13s. 6d.

A FOUR-POUND SUIT Samuel Brothers strongly recommend—made from Saxony cloth, manufactured by an eminent West of England house, the wear of which they warrant.—Patterns etc., sent free.—No. 29, Ludgate Hill.—SAMUEL BROTHERS, MERCHANT TAILORS, OUTFITTERS, HATTERS, etc., 29, Ludgate-hill, London.



Walters' India-rubber

URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

F. WALTERS,

16, MOORGATE STREET,

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Adnam's Improved Patent Groats

and BARLEY.—THE ONLY EXISTING PATENT, and STRONGLY RECOMMENDED BY THE MEDICAL PROFESSION.

TO INVALIDS, MOTHERS, and FAMILIES.—The important object so desirable to be obtained, has at length been secured to the Public by J. and J. C. ADNAM, Patentees, who, after much time and attention, have succeeded by their IMPROVED PROCESS, in producing preparations of the purest and finest quality ever manufactured from the Oat and Barley.

The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged.

A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined:—

"Chemical Laboratory, Guy's Hospital,
"February 19, 1855.

"I have submitted to a microscopical and chemical examination the samples of Barley-meal and Groats which you have forwarded to me, and I beg to inform you, that I find in them only those principles which are found in good Barley; there is no mineral or other impurity present, and from the result of my investigation, I believe them to be genuine, and to possess those nutritive properties assigned by the late Dr. Pereira to this description of food. (Signed) "A. S. TAYLOR.

"Messrs. J. and J. C. Adnam and Co."

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SIR,—If the chemistry of fever has its difficulties and obscurities, the physics of fever are still more dark and unintelligible. The alterations in molecular movement, and in nervous currents, will be dimly understood long after the chemical problems have been perfectly comprehended. And yet these are perhaps the most necessary and essential phenomena of fever, to which possibly the chemical changes are merely sequences. Obscure as they are it is therefore necessary to see how far our glance can now penetrate, and to observe along what path future inquirers must advance.

Not many years ago the statement that "Fever is a blood disease" would have met with general acquiescence. The opinion was a reaction from the pure solidism which followed the cultivation of morbid anatomy; and, like most reactions, concentrated too much attention upon a single point. At the time when men saw only the gross changes of texture, and could not recognize, and apparently did not anticipate, invisible changes of composition; at the time, in fact, when molecular chemistry was unthought of, and when a patch of redness on a membrane, or the effusion of a little fluid in a cavity was held sufficient to account for the most urgent febrile symptoms, the condition of the blood and fluids generally was disregarded. It was certainly a grand step in advance when the trammels of this narrow and crude belief were thrown off, and when it was perceived that changes of structure were not only to be sought for in changes of form, but also in modifications of chemical composition. The expression, disease of the blood, was thus a gain to science, because it expressed a larger amount of truth than the doctrine it superseded.

But now even this phrase is felt to be incomplete; we can no longer rest satisfied with localizing fever even in the blood; true the blood is affected, but it is in common with all other parts of the body; its molecular currents undergo alterations, but so do those of all organs; perhaps everywhere in fever the nutritive changes are impaired, and perhaps every organ is both more rapidly changed than usual and is less perfectly repaired. Such is the harmony of the parts of the body that this is indeed inevitable; the rapid interchanges of the molecular circulation either in the blood or in organs, render it impossible that any disease shall remain isolated. As to the correct working of one organ, the correct working of all other organs is necessary. A disease of the blood as a thing separate and peculiar is evidently impossible; from that blood torrents of fluid pass in inconceivable rapidity into all organs, and as rapidly are again gathered up. What was solid is now fluid; what is now fluid is speedily to become, if not solid, yet a constituent of what we call a solid organ. Into that organ the altered fluid carries its own imperfect constitution, and injures at once the function of the structure of which for the time it forms a part.

Yet the blood is affected in fever in fact, must be affected in fever, and the problems which are now presented to scientific medicine are these: What are the exact changes of the blood and organs in pyrexia, and at what period of the disease do these changes occur? In the last lecture, I alluded to the very small number of facts which have as yet been acquired on the constitution of the blood and organs, although there is no reason to doubt that, as our means of investigation enlarge, the question will eventually receive a full reply. I leave this subject, then, to turn to the second problem, viz., As to the period when the blood becomes affected in fever.

A favourite opinion refers the origin of fever to primary disease of the blood.

In almost all the specific diseases, in small-pox, scarlatina, measles, typhus, typhoid fever, relapsing fever, and yellow fever, a fever-making cause appears to enter the blood, at least, it can be proved to enter in several cases, and a strong analogical argument can be proved of its entrance into the rest. The fever-making agent also reproduces itself in the blood, or in some organs. This can accrue only through a direct chemical process, of some sort. In the case of other fevers, also material agents, septic substances can be traced into the blood, as in the fever following parturition, wounds, operations, and purulent formations. In many inflammations, etc., in whatever way they originate, some previous diseased state of the blood can often be proved, or the inflamed part produces products which are manifestly absorbed into the circulation. In fact, this part of the argument scarcely needs discussion, as it is generally admitted that, in almost every case, if not in all, the first action of the febrile cause is on the blood. At a later period, the blood may be supposed to be again secondarily contaminated by the stream of abnormal matters which flow from the organs into it under the rapid disintegration of almost all tissues in pyrexia, or of some special tissues in local inflammation. Then, as already argued in a former lecture, it would appear that, if not got rid of by the excretory organs, the thus contaminated blood produces secondary inflammation, or lights up a fresh pyrexia.

But is this a full expression of the sequence of phenomena? Does the blood, diseased from the poison of small-pox, and, therefore, supplying to the various organs a fluid altered, it may be, in essential conditions, throw the molecular currents, and the interstitial metamorphoses of these organs, into disorder, and thus produce the wide disturbances which characterize the developed fever?

It may be so, and future chemistry may point out exactly how the variolous poison acts thus on the blood, and through the blood on other parts. But it seems probable that this does not express all the phenomena, but that, between the primary alteration in the blood and the altered and increased metamorphosis of the so-called solid tissues, there accrues another essential stage,—a connecting bridge, an intermediate and necessary link, which consists in a profound alteration in the action of some part of the nervous system.

And this brings me to the concluding paragraph of the definition of Fever, which I have taken from the masterly pages of Virchow, and which I shall beg leave once more to note.

"Fever," says Virchow, "consists essentially in elevation of the temperature, which must arise from increased tissue-change, and have its immediate cause in changes of the nervous system."

Why "must have"? Is it so certain that the very basis of the febrile state is to be located in the nerves, and are all the phenomena of fever to be comprehended in the concise, though vague phrase, of "perverted elimination"?

We enter here upon a very different kind of argument from that to which I have hitherto referred. If many things are obscure in the chemistry of the excretions or of the blood, we yet have a definite, and up to a certain point, an accurate mode of investigation. Chemical analysis isolates the elements of the problem, and the balance at every step corrects our inferences, or confirms our deductions. But in the case of the nervous system there are no such certain tests, there is no such infallible corrective. The mode of investigation is vague, uncertain, unsatisfactory.

The tests we have to employ are the symptoms of the diseased body, and the only corrective is our physiological knowledge of the healthy working of the nerves. But the meaning of symptoms is often hard to understand, and the physiology of the nerves is yet almost a virgin soil, bearing often only enigmatical fruit.

The time will come when the alterations in the nerves may be tested during life, and be recognised after death, by the electrical multiplicator; it may be, possibly by muco-chemistry. But till that time arrives it becomes us to advance everything with caution, and to regard even our apparently most certain conclusions as only provisional.

And yet, at the same time, if we are ever thoroughly to comprehend disease, the condition of the nervous system must be understood. The part it plays in every malady is no insignificant one. It modifies, controls, intensifies, cures, and kills. The blood itself does not so quickly carry to other

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structures the impression of the suffering part, and the old doctrine of sympathies has its side of truth. We must then search, if we are ever to advance, and conjecture, if certainty is ever to be attained.

The arguments which can be now brought forward to prove the influence of the nerves in febrile affections impress different minds with different degrees of force. Altogether, however, it would seem, if we may judge both from the older and recent writers, that the essential participation of the nervous system is now doubted by few, and the chief subject of debate is the extent and manner of this participation. Few of the masters of our profession have left the subject untouched, and it would be curious and interesting to review the various opinions and hypotheses which have been advanced. This cannot, however, now be done, and I must proceed to a very brief statement of the various reasons which seem to show at any rate that the nerves are greatly affected, and perhaps to bear out Virchow's statement that this affection is the cause of the other more obvious symptoms.

The most striking phenomena of fever are the augmented metamorphosis and the preternatural heat. Now, over normal metamorphosis and normal heat, the nervous system seems to rule paramount. The influence of the nerves on heat, as developed in muscular action, has been shown by Helmhottz; their regulating power over secretion has been proved by Ludwig; their control over nutritive processes has, if the experiments of Axmann are to be trusted, been at last experimentally established. At the very first step we have at once this question, Is it likely that the system which plays so great a part in normal heat, secretion, and nutrition is inoperative and inert when all these processes are deranged?

To this question a partial answer is given at once by the beautiful experiment of Bernard, which has conclusively shown that artificial disease of the nerves at any rate will alter both tissue-change and normal heat. It would appear as if the tissues at once began to suffer oxidation; as if, in fact, it were the nervous power which had previously prevented from destruction. The older and recent experiments in section of the nerves show the same fact. Thus, when, by section or extirpation, the controlling effect of the sympathetic in the neck is taken away, there occur at once hyperæmia and local development of heat, far exceeding the heat of the blood, in the parts not deprived of nervous influence. By the side of these physiological arguments we can place others derived from the early symptoms of fever, which seem inexplicable unless the participation of the nerves is admitted; and to these again we can add more or less cogent evidence afforded during the course and at the termination of these diseases.

Among the very earliest symptoms of febrile affections are the remarkable depression, apathy, exhaustion, and debility which were much and justly insisted on by Cullen. It is indeed possible that these may be the effects of a general nutritive failure, in which the nervous system merely participates in an equal, but in no higher a degree, than other parts. If there were no other evidence of nervous affection, this argument might be a good one, although the nervous symptoms are certainly unusually prominent; but these acquire significance from being placed in juxtaposition with others.

Another very early symptom of fever is one which seems to indicate most decidedly a more than simple co-affection of the nervous system with other parts. I allude, of course, to the shiverings, the contraction of the superficial vessels, and of the skin. At this time, if not before, the tissue metamorphosis is most decidedly augmenting, for the heat of the blood is rising, as shown by these observations. We have at this time the remarkable subjective sensation of cold, and the rigors, which stand in such striking contrast to the augmenting heat. The explanation of this has been already alluded to, as being given probably by the nerves of the skin and cutaneous vessels, which transmit to the sensorium the condition of the peripheral parts. If this be the case, we have the anomaly, pointed out by some German writer—Henle, I think—of the impression of cold being transmitted from distant nerves along the trunks of nerves, which, lying deeply, and being fed by vessels which are not contracted, must be hotter than usual, although they thus transmit the sensation of cold.

Another very early symptom of fever finds its readiest, perhaps its only, explanation in some condition of the nerves. I refer to the increased rapidity of the heart's action, and to the relaxation of the vessels which soon follows the stage of contraction just referred to, or occurs without it. The increased cardiac action occurring at too early a period to permit us to refer it to altered nutrition of the fibres, or to action of a depraved blood in the endocardium, and reflex action, the hypothesis which refers it to a diseased condition of the vagus is much more probable than either of these propositions, for the vagus is the nerve which regulates the cardiac movements. The experiment of Weber seems to strengthen this supposition, for section of the vagus quickens at once the action of the heart, and the transmission of electrical currents, the nearest approach to the normal currents which we possess, at once lessens again the action. Volkmann again finds that section of the vagus produces an increased lateral pressure in the vessels. Therefore two of the most striking phenomena of fever, the increased cardiac action, and the relaxation of the vessels can be artificially produced at will, by interfering with the nervous currents.

The affection of the vagus has appeared to some so certain, that it has been attempted to prove it to be the essential and proper disease, from which all other febrile symptoms arise. Thus the heart's action being quickened, and the vessels being relaxed, increased circulation, general hyperæmia, and preternatural heat, would seem to be the necessary consequences. But this opinion does not bear examination; for there are cases of fever without quickened circulation, and when there is quickened circulation, it bears no relation whatever to the abnormal heat. On this point much evidence has been published, and I have myself accumulated proof upon proof, which I think it unnecessary to adduce here, that the quickened circulation in various febrile diseases, and the dilatation of the vascular system, as far as this can be judged of by the pulse, are entirely unconnected with, and independent of, febrile heat. And a physiological argument seems to settle the question that, besides hyperæmia, there must be increased tissue-change to account for the heat; for, in Bernard's experiment, the heat of the side of the heart which was deprived of nervous influence was greater than that of the blood; and though there was enormous hyperæmia, this, by itself, could never raise the heat above the temperature of the blood at large.

The occasional absence of this increased cardiac action shows that, when it does occur, it is not owing to diseased blood, for this must exist in all cases; and this is an argument the more for locating the cause in the vagus.

Another very early symptom of fever seems to find its most reasonable explanation in implication of the vagi. I refer to congestion of the lungs, which is so common in almost all febrile diseases as to oblige us to connect it rather with the general febrile state than with any specific disease. It has been lately shown by Woilley that, at the commencement of all acute diseases, in typhoid and rheumatic fever, in ague in some cases, in variola, in scarlatina, measles, and erysipelas, in acute inflammations of the heart, congestion of the lungs is so common, that it is discovered in 80·5 per cent., and is announced by unequivocal physical signs.

The pulmonary congestion of a later period in most of these diseases in various degrees is a fact which has been long known. To what, now, is this pulmonary congestion to be referred? To altered blood refusing to pass through the pulmonary capillaries, to perverted contraction of those capillaries, or to some alteration in the circulation consequent upon altered innovation? It must be confessed that we have few facts to guide us; but when we remember that section of the vagi produces (of course in a still higher degree) the same condition of congestion and œdema of the lungs, and that there is reason to believe, from the condition of the heart, that the regulating nervous currents of the vagi are altered, it seems most reasonable to refer the pulmonary congestion to the same cause as the augmented cardiac action.

It may be possible, as observed by Virchow, to trace the effect of alteration of the pneumogastrics, or of the nerves connected with them, still further, even to the digestive organs, and to ascribe some of the early symptoms of anorexia and nausea to this cause, but it is unnecessary to push this argument further (a).

(a) Since this lecture was delivered my friend, Dr. Radcliffe Hall, has given me the important information that he finds congestion in the hepatic veins to be also an invariable sequence (48 experiments) of section of the two vagi, and to be a frequent result of the section of one vagus. The congestion is confined to the hepatic vein; the portal system will engorged. Dr. Hall writes:—"My experiments were not published; they consisted of section through the vagus, partial section,

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Pursuing now the fever into its developed period, we have a remarkable and very frequent phenomenon, viz., the evident periodicity which attends many cases, which can be accounted for only by acknowledging, not merely that the nerves are implicated, but that this affection is of that kind which subordinates and controls the other symptoms of the case. The symptoms in ague, and the wonderful periodicity which was shown by the late Dr. Graves to govern even the remote outbreaks of attacks are the most striking examples; but the course of all the febrile affections and even of the acute inflammations indicate the same thing.

I shall not venture, and do not further allude here to the subject of critical days; for it would require more time than could be given me to do justice to it; but I must remark that the experiments of Traube, and others, prove that this ancient doctrine must not be thrown aside, as an hypothesis born from the old mystery of numbers, or as a mere dream springing from the wild imagination of the East, and imported into Greece. There is much, though it is not easy to say how much, truth in critical days; and, if so, the nerves must surely play the principal part in their production.

Again, in the course of fevers, the secretions are very much altered in quantity, and possibly, though of this we know nothing, in quality. Now, the nervous system certainly guides and controls the flow of secretion.

Then, passing from the course to the end of fevers, we may observe that the occasional sudden termination in some cases, and the way in which some fevers, as ague, are readily cured by a few grains of medicine, which can scarcely be supposed to alter the constitution of the blood, but the action of which on the nerves is shown by other facts, are again arguments that, in these cases, the febrile symptoms are under nervous control.

I must allude here to one most enigmatical mode of termination of fever, which possibly may be connected with the nerves. It is well known that in most severe fevers there occur instances in which patients die in the early stage, from an unknown cause. It is usually said that the pyrexia itself kills them, independent, as it were, of the specific disease. In such cases, no sufficient anatomical condition is found to account for death. In fact, the various chemical products, which, acting on different tissues, constitute the anatomical signs of the specific fevers, are not formed: there is fatal small-pox, or scarlatina, without eruption, fatal typhus without a rash, fatal typhoid fever with very slight Reyerian deposit. How, then, do such patients die? It may be that there is some alteration in the blood, so profound, as to render life impossible; and, in proof of this, it appears that purpuric spots, blebs filled with bloody serum from dissolved red particles, weeping of such red fluid from mucous surfaces, and such like evidence of a destroyed blood, are generally seen in these cases.

But, besides this, may it not be that in these cases there is profound nervous lesion also? There is extraordinary prostration, a galloping and early-failing pulse, and an excessively rapid respiration, to account for which there is only pulmonary congestion. The mind, it is true, may be perfectly clear in these cases; but that only proves that one special part of the nervous system is untouched.

Leaving, however, this doubtful point, the results of the argument in proof of the implication of the nerves may be thus summed up. These are: 1. The general physiological law that nerves regulate the metamorphosis of tissue and the production of heat, which are both altered in fevers; 2. Experiments on the sympathetic and the vagus, the results of which simulate, so to speak, or are identical with, the febrile phenomena; 3. Various symptoms which announce, accompany, or terminate fevers; 4. The effects of certain remedies.

Whether these various arguments will appear sufficient to any one will, I think, very much depend upon the weight which he attaches to the physiological and the experimental part of the argument. Those who are imbued with a sense of the constant and necessary action of the nerves on nutrition will find their opinions give strength to the otherwise comparatively weak arguments which are drawn from the symptoms and the course of fevers.

Against the view that the nerves are especially and essentially implicated we have the argument that no decided experimental proof has yet been given of abnormal innovation; but then, in the present state of physics and micro-chemistry, this argument is really worth little.

If there be perverted innervation as a necessary part of fever, in what does it consist?

Two opinions only need be noticed: one advanced some years ago by Henle, that there is irritation of the nerves, the other of more recent date, and founded upon recent experiments, that there is partial paralysis of the nerves, or rather of certain of the nerves.

In favour of this last opinion we have the following facts:—

Wherever, in experiments on nerves, the phenomena are like those of fever, viz. augmented circulation, relaxation of vessels, perverted nutrition, and abnormal heat, the state is one in which the nerve-currents are interrupted either by extirpation, section, ligature, or chemical destruction of the nerves. On the other hand, irritation of nerves by electrical currents produce phenomena different from those of fever. Thus the vagus is cut, the heart beats rapidly; when the cut vagus is irritated (so to speak) by galvanism, the heart beats again slowly; when the sympathetic of the neck is cut the vessels of the side of the head enlarge, the part grows hot; when a galvanic stream is passed through the nerve, as in Dr. Waller's interesting experiment, the vessels contract, and the heat disappears.

Other experiments, as already said, lead us to infer that section of the sympathetic or of other nerves connected with nutrition is always followed by disintegration of tissue, and perhaps even by final death of the part.

Coupling these facts with the early symptoms of prostration and languor, we may conclude that the state of the nerves is one rather of exhaustion and paralysis, than of irritation and excitement.

(To be continued.)

ABSTRACT OF CLINICAL LECTURES

DELIVERED AT THE

Hotel Dieu.

BY PROFESSOR TROUSSEAU.

LECTURE I.

GENTLEMEN,—I am not in the habit of delivering formal introductory lectures, but I ought to state what you may expect to find by attending here, and the conditions you must supply in order to profit by what you listen to. There is a very great difference between the teaching of the Professor of Internal Pathology and the Professor of Clinical Medicine. The former should be a faithful mirror of the actual state of our science, acquainted with all that is published, in order to teach it to his auditors—a kind of speaking cyclopædia. Then, having exposed the opinions of others, he has to deliver the opinions and convictions he has himself formed, so that we may say of him, *loquitur ad docendum et non ad narrandum*. It is different with the Professor of Clinical Medicine. He has to deliver solely his own proper opinions and medical creed, and is exclusively personal, even in the application of the ideas of others. He ought to maintain himself on a level with the progress of the science, but for his own sake only, and not for the purpose of expounding it to his auditors, whom he has a right to suppose are pathologists. Thus, you will perceive, there is some danger in listening to his discourses with insufficient ideas of pathology. In the

burning with cautery, and partial ligaturing of the large ganglion of the vagus, all with the idea of setting up irritation in the ganglionic structure, and observing the results. I was disappointed to find that there was great difficulty in producing irritation, merely owing to the effusion of lymph consolidating the tissue of the ganglion and glueing it down to the parts adjoining, virtually occasioning complete constriction of the vagus through its ganglion, with the usual results of complete ligaturing of the nerve in any part of its cervical course, which are the same as those induced by section. Until the symptoms of such obstruction of nerve came on, very little physiological effect of any kind ensued. Gradually, as the lymph-compression of ganglion proceeded, slow, deep inspirations and dyspnœa, and the usual sequel of pulmonary congestion and effusion supervened, and, sooner or later, death, provided both nerves had been subjected to experiment. There was no exception among the animals examined to the fact of hepatic venous congestion, I believe."

(a) In the *Révue Médicale*, 31st December, 1854, there is a paper by M. le Docteur Hudellot, Médecin en Chef de l'Hôpital de Bourg, (Ain,) on the comparison between sulphate of quinine and cinchonine in the treatment of intermittent fever. 507 cases were treated with sulphate of cinchonine, only 9 were uncured; there was no inferiority to quinine observable; equal doses were given. He states also that a prophylactic sulphate of cinchonine is as efficacious as sulphate of quinine.

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absence of this preliminary instruction, how much will seem strange and unintelligible. You ought, then, to have acquired a knowledge of pathology; for my mission is not to teach but to verify it. Methodical descriptions of disease, in which the symptoms are described in exact order and classed according to their importance, and the progress and terminations of the disease are skilfully displayed, are found in books for the aid and the great advantage of study. But this is no longer the case at the bedside of the patient, where the disease appears with a proper character, and reveals itself by its individuality; and where, if very often it brings confirmation to what we have already learned, it is by no means rare for it to force us to make some corrections in this. Well, my function is to point out to you in each disease how far there is there dissidence or agreement with what pathology has taught you. I have to guide you in the practical part of our art, and I can only do so according to my own ideas, every Professor having his personality, good or bad, which he cannot forego. For myself, I am not a man of great generalities or abstractions. I have an instinctive aversion for medical philosophy, perhaps, and even probably, because I do not understand enough of it to see my way clear; and I infinitely prefer the observation of facts in all their details, assembling and grouping them together, and deducing from them some simple theory or practical inference.

We will now cast a glance at what has transpired in my wards for some time past. No affection has taken on that amount of diffusion characterizing epidemics. Among the typhoid fevers, which have been pretty numerous, some of them were remarkable by the violence of the chest symptoms, and the diagnosis was difficult, at first, when putrid fever supervened in individuals attacked five or six days before with the symptoms of influenza and catarrh. All the pregnant women in the wards were exempted from the disease until delivery, but after then the febrile state continued, and, in a certain number, was prolonged into a true putrid fever.

We have had a slight epidemic of pertussis in the children's wards, where it was introduced by a single case. During a certain period, all the children in the ward, and those who were admitted, acquired the disease. Then, at a certain period, although there were from eight to ten children at the height of the disease, others were admitted without any of them catching it. Thus, to render contagion possible, certain conditions are necessary, which are no less real for being undetermined.

In No. 6 there is a woman suffering from very violent pains in the head, which are continuous, but aggravated by night, and are accompanied by exostosis of the frontal and right temporal bones. These pains dated as far back as eighteen months, but we have in vain questioned her in respect to syphilitic antecedents. In interrogating women concerning primary accidents, we usually obtain no information, whether it is that they will not speak the truth, or that they have not noticed the ulcers, which may often happen with persons of the lower class who are so little careful of their persons. Secondary symptoms occurring in the throat or on the skin do not, however, so easily pass unperceived, and it is with regard to these that the interrogatory is of importance. Regarding the symptoms in this case as due to tertiary syphilis, the iodide of potassium was given, but without avail. This, however, did not induce me to believe my diagnosis was wrong, but that I had to do with a case of tertiary syphilis that resisted iodine. Ricord has, indeed, proclaimed iodine as possessing absolute supremacy in tertiary symptoms; but we should not allow, to the great detriment of our patients, exclusive ideas of this kind to prevent our having recourse to other means. Prior to the discovery of iodine, tertiary symptoms were cured by mercury, and to mercury we should again resort in the exceptional cases that prove refractory to iodine. I commenced with applying what I term the touchstone of the mercurial treatment, viz., the administration of five centigrammes of calomel in ten doses, for three successive days. Finding melioration to result, I concluded that mercurials were indicated, and for a month since I have given the proto-iodide of mercury with very excellent effect. In a few days we shall go back to the iodide of potassium, which will then probably furnish results it at first refused. The economy may cease to become impressed by a therapeutical agent, just as in the physiological state a too long continuance of the same aliment fatigues it, and ceases to afford it reparation.

ORIGINAL COMMUNICATIONS.

CASE OF GUNSHOT WOUND OF THE COMMON CAROTID, IN WHICH HÆMORRHAGE CEASED SPONTANEOUSLY.

By H. CHOLMELEY, M.D.
Assistant-Surgeon, 1st Madras Fusiliers.

Captain N., of the 1st Madras Fusiliers, while on picket duty at Pegu on the morning of January 7, 1853, received, at 8 a.m., a musket ball in the neck. He fell insensible, and remained so for about 15 minutes (a); profuse hæmorrhage occurred on the reception of the wound, and continued for about five minutes. I first saw him at 9 a.m.: he was then sensible; his face very pallid; skin cold and clammy. Pulse scarcely perceptible. The bowels had acted involuntarily. The ball had entered the neck on the left side, about the centre of the sterno-mastoid muscle, had apparently passed directly across, and then obliquely down, the right side of the neck, to the upper surface of the acromial end of the clavicle, whence it was extracted by a skin incision. A little venous blood flowed from the wound of entrance while it was being dressed, but soon ceased.

A layer of wet lint was placed over each wound, and kept in position by a light bandage.

Brandy and water was given at intervals, and hot bottles applied to the legs and abdomen.

1 p.m. No reaction yet; much difficulty of deglutition; there is a good deal of pain up the left side of the neck and head; and there has been another involuntary action of the bowels.

7 p.m. Moderate reaction; body and legs warm; hands dry and cool. Pulse quick, small, very feeble. Much difficulty of deglutition, much thirst; complains of pain in the throat and chest, and tingling pain down the back, and in the hands and legs; there is partial paralysis of the arms and legs, with numbness of the hands. During the morning there was an oozing of blood from the wound of exit, but this has now ceased. There is considerable swelling about the front of the neck. No difficulty in breathing.

Midnight.—Great restlessness, and inclination to talk. Complains much of "helplessness," and of pain in the hands and feet, with great numbness. Surface moist and warm, but quickly cooling on exposure.

8th.—6 a.m. Skin warm and moist; head rather hot; pulse soft, quick, and small; tongue furred. Great thirst. Increased difficulty of deglutition. Bowels not again moved. Urine drawn off by the catheter. He wanders much, but is sensible when spoken to. The paralytic symptoms are less strongly marked, but still he cannot straighten the fingers, nor raise the hands higher than the face; and there is very little power in the legs. He complains of pain all over the body.

Fever drink. Thin arrowroot. Mutton broth.

6 p.m. Constantly talking and muttering. Countenance distressed. Face pale. Skin about the natural temperature, and moist, rapidly cooling on exposure. Paralysis seems diminishing. Has had no sleep.

℞ Morph. acet. gr. ss.; taken at 7 p.m.

8 p.m. Has had a little sleep, but is sinking. Pulse rapid, small, and weak. Skin hot and clammy. Countenance sunken and pale; inspires with difficulty; cannot swallow.

Died at 10½ p.m., 38 hours after the receipt of the wound.

Post Mortem.—14 hours after death. Countenance blanched. Neck much discoloured; on the left side, the discoloration extends from the neck over the thorax, to the nipple; on the right, from four inches above the wound, to a little below the

(a) As he fell, he gave one "loud gasp."

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clavicle. Some dark fluid blood, mixed with air bubbles, issued from the wound of entrance, when the head was moved, or any pressure made on the neck. On removing the integuments and platysma, it was found that the ball had divided the external jugular vein, had cut through the sternal portion of the sterno-cleido-mastoid muscle, just at its junction with the clavicular portion, had passed just above the omo-hyoid, cut open the inner side of the internal jugular vein, and perforated the common carotid artery, leaving its upper and lower ends only connected by two very narrow strips; then passing through the anterior part of the body of the sixth cervical vertebra, and breaking the anterior tubercle of the right transverse process of the same vertebra, it had passed behind the blood-vessels, and in front of the nerves, passing to the brachial plexus, and perforating the anterior edge of the trapezius had passed to the upper surface of the outer end of the clavicle. The cellular tissue, throughout the anterior and lateral regions of the neck, was infiltrated with a thin sanious fluid, but no clot or collection of blood was found external to the wounded carotid, except one loose soft coagulum of the size of a walnut, which lay behind the common sheath of the wounded vessels. The "strips" connecting the ends of the wounded carotid, were parts of the external coat of the vessel; the middle and internal coats were considerably retracted and contracted, somewhat to about the size of a common quill. Within each thus contracted extremity was a firm clot, perfectly closing the tube; that in the proximal end was very firm, and extended below the clavicle; the clot in the distal end was less firm, it extended for a quarter of an inch into the external and internal carotids. Above the wound, in the internal jugular vein, there was a moderately firm clot, four inches in length; there was no clot below the wound, and blood, mixed with air, bubbled up through the wound. The pneumogastric and descendens noni nerves were apparently uninjured.

No saw being available, the spinal cord was not examined; but its canal had not been opened by the wound in the body of the vertebra. Upon the vertebra lay some small pieces of cloth.

Remarks.—Those about this officer when he fell could not inform me whether the blood which flowed from the wound was venous or arterial, nor whether it flowed *per saltum*; but all agreed that a large quantity escaped in a very short time. As the hæmorrhage had ceased spontaneously I was in hopes that, notwithstanding the situation of the wound, the large blood-vessels of the neck had escaped injury. There was no pulsation in the left facial artery, but pulsation was barely perceptible in that of the right side, and the general circulation was extremely feeble; so that that evidence was not of much weight. I do not remember any recorded case of gunshot wound of the common carotid not proving instantly fatal. Hennen says; "I omit saying anything on the wounds of the jugulars and carotids; gunshot openings of them I hold to be so universally fatal that any exception may be looked upon as merely serving to confirm the general rule" (b).

Sir George Ballingall holds much the same language. He says: "Wounds of the primitive carotids are so generally fatal that it were idle to enlarge upon them" (c).

I do not remember that Guthrie makes any mention of wounds of the common carotid. Baron Larrey, in his "Mémoires de Chirurgie Militaire," mentions a case of gunshot wound opening the carotid at its division into the internal and external carotids, and says that the wound being plugged by the fingers of an artilleryman till surgical aid was obtained, the patient was saved, and he adds, "C'est le seul exemple de guérison bien constaté d'une semblable blessure" (d).

The paralysis, affecting both sides of the body, and gradually lessening before death, was probably due to concussion of the spinal cord. The difficulty of deglutition was perhaps caused by a temporary paralysis of some of the pharyngeal muscles, or by the sympathetic nervous disturbance which Hennen says generally accompanies gunshot wounds of the neck. The shock to the nervous system appears to have been the immediate cause of death.

The air in the vein was caused most likely by commencing decomposition; though no other sign of that process was present, and the nights were very cold.

(b) Principles of Military Surgery. 3rd Edition, p. 357.
(c) Outlines of Military Surgery. 4th Edition, p. 304.
(d) Mémoires de Chirurgie Militaire. Tome I. p. 309.

CASE OF RUPTURE OF THE POSTERIOR TIBIAL ARTERY.

By FREDERIC JOWERS,
House-Surgeon, St. Bartholomew's Hospital.

Robert Sparrow, aged 28, a strong, muscular drayman, accustomed to large quantities of beer, was driving his dray, and dropped the reins; dismounting, he recovered them, and again mounted the dray, his legs hanging in front. Just then the horses started off, and his left leg was crushed between the front plank of the dray and a gate-post. The blow was a severe one, and almost immediately the limb began to swell. Brought to the Hospital two hours and a half afterwards, the whole limb below the knee was swollen, tense, and cold, the coldness commencing somewhat abruptly, and well-defined, from the warmth of the limb above.

There was a considerable swelling in the popliteal space, with ecchymosis, and a small abrasion of the skin. The most careful scrutiny failed to detect pulsation in either the anterior or posterior tibial arteries. He complained of intense pain in the calf of the leg, otherwise sensation was diminished, and the rest of the limb felt "numbed." He was cold and somewhat peculiar in his manner, like a person labouring under slight concussion. He said he had not been drinking more than usual. Four hours after admission the swelling of the limb had increased, as well as the tension, and this was particularly noticeable in the popliteal region; the limb was also colder, and had become extensively ecchymosed. He complained much more of pain in the calf, describing it as a sensation of extreme "tightness," "as though it would burst," and of increased numbness of the foot. The rest of his body was warmer; his pulse had increased in frequency, and his tongue was furred and inclined to dryness.

Mr. M'Whinnie now saw the patient, and as it was extremely probable that some large vessel had given way, and that a few hours more of this state of extreme tension and coldness of the limb must be followed by mortification, and taking into consideration the man's habits, he determined to cut down in the popliteal space, ascertain what vessel was injured, and, if necessary, amputate the limb.

The nature and probable results of his accident were accordingly made known to the patient, together with the necessary operative proceedings, and he was removed to the operating theatre. Chloroform having been administered by Dr. Black, Mr. M'Whinnie made an incision about four inches long in the popliteal space, and exposed the popliteal artery, which was found beating firmly, its vein entire. There was extensive injury of the muscles. The internal head of the gastrocnemius was ruptured, and the upper parts of the soleus and tibialis posticus were severely bruised, and there was a considerable quantity of blood found extravasated between them. A large torn vein was met with, which it was hoped might have been the source of the hæmorrhage; but tracing the artery down with the finger, it was found that pulsation did not extend very far, and the muscles were felt ragged, and the tibia laid bare for some distance. It being, therefore, more than probable that it was the posterior tibial artery which had suffered, the wound was enlarged downwards to about ten inches, and the posterior tibial was found pulsating for about half-an-inch only below the bifurcation of the popliteal. Here it looked contracted and felt uneven, as though one or more of its coats had given way, and below this the artery was contracted and pulseless. As no wound could be found in the artery, and in the hope that one might be found below the point where the peroneal is given off, the dissection was continued below this point, and a ligature placed around the vessel. Another ligature was placed about four lines from the bifurcation of the popliteal (around the posterior tibial) in the confident belief that the artery was injured at the point where pulsation was lost, and that this injury was on its anterior aspect (a).

The wound was brought together with one broad strip of strapping, and covered with wet lint. The whole limb was then wrapped in cotton wool, and the patient placed in bed

(a) Notwithstanding the great depth of the vessels in this region, they, as well as all the parts in relation with them, were all most distinctly brought into view, including the anterior tibial artery, which, although surrounded by torn and contused tissues, was uninjured, and pulsated as far as it could be traced.

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with the limb raised. The influence of chloroform was well sustained during the whole time of the operation, which occupied an hour and three-quarters.

About an hour and a half after the operation he became very restless, and ♏ xxx. tinct. opii were given him, with small quantities of brandy-and-water.

Seven hours after the operation.—Has had but little sleep. Face flushed, not expressive of pain; skin warm, slightly moist; pulse 80, good volume, compressible; tongue moist, thinly furred; is very thirsty: bowels open twice.

Expresses himself as feeling pretty comfortable, with the exception of some smarting pain in the wound. The toes are of good temperature, and feel but slightly benumbed. There has been some slight oozing of blood, but not sufficient to require the limb to be disturbed. Porter Oij.

Twelve hours after the operation.—Has been starting up in bed once or twice, and rambling somewhat. Face flushed and hot; eyes suffused; expression disturbed; skin hot, moister; tongue thinly furred, moist; pulse 130—140, full, jerking, very easily compressible. Tinct. opii ʒj.; brandy ʒiv.; beef-tea.

Twenty hours after operation.—Has dozed a good deal, waking at intervals to take beef-tea and toast freely. Now very restless; face less flushed, bedewed with clammy sweat; pulse 160, very small and compressible; tongue has a broad, dry, central streak, with moist edges. Says he is more comfortable, but still complains of pain in the wound. The toes feel hardly so warm; the thigh is swollen and ecchymosed. Porter ad lib.; brandy-and-water.

He soon began to sink rapidly, was sick once, and died thirty-two hours after the operation.

Post-mortem, twenty-four hours.—Rigor mortis throughout. The whole limb was most extensively ecchymosed. The anterior tibial artery was entire throughout, but there was much blood effused around it in the first part of its course; the tibialis anticus was much bruised and torn from its origin, and the interosseous ligament extensively lacerated. The hamstring muscles were also much bruised; much blood was effused between them, and along the sheaths of the great sciatic and popliteal nerves nearly up to the buttock. The popliteal vessels were entire. There was a small ragged opening in the posterior tibial artery, just below the ligature on the anterior aspect of the vessel; below this the artery was quite sound. The bones were entire. Thoracic viscera healthy. Liver somewhat doughy, and its edges rounded. Kidneys, especially the right, very flabby, and its pyramids ill-defined. Other organs healthy.

Although the issue of this case was unfortunate, there seems no reason to regret the course pursued, or tempt one to act otherwise than in a precisely similar manner in a similar case.

It was evident from the history of the case, the appearance of the limb, and the absence of pulsation in the arteries, that some vessel had been ruptured. It was evident, four hours after admission, that the man was worse, and that from the hourly increasing swelling, and tension, and coldness, and the agonizing pain, if something were not done, the limb must inevitably mortify. The question seemed to lie between amputation and cutting down in the popliteal space. The latter appeared the more preferable course; for, if it should be found that the hæmorrhage proceeded simply from numerous small ruptured veins, the clearing out of the coagula from a clean incision would afford the desired relief, and could not add materially to the danger, while amputation would be unjustifiable for such a state of things; if it proceeded from a ruptured popliteal, or posterior tibial artery, or other artery, this could be tied; if both popliteal artery and vein should be found injured, recourse could still be had to amputation.

It may be said that the ligature was placed on the artery without positive evidence of a rent in it; but there was sufficient evidence of its having been most seriously injured by the uneven, contracted state of the vessel, by the absence of pulsation, and the presence of a large quantity of effused blood. There was, then, the strongest evidence of a rent next to positively seeing it; and as it was in all probability on the anterior aspect of the artery, more harm would have resulted from extensive manipulation to ascertain its precise situation than by at once passing a ligature around the vessel immediately above the point where pulsation ceased. The event proved that this course was the correct one to pursue; warmth returned in the limb, and the post-mortem examination revealed the rupture of the artery at the point suspected; and there does not appear any sufficient reason why—apart from his occupation and habits—he should not have recovered. Amputation would not probably have afforded so good a chance of recovery. Below the knee it would have been useless from the condition of the soft parts; and above the knee the post-mortem examination showed extensive bruising also of the muscles, rendering its value somewhat doubtful. Moreover, the course pursued here was the one recommended and practised by Mr. Guthrie in a parallel case (Commentaries, Lecture XIII). There was, therefore, high authority for the operation. The absence of pulsation in the anterior tibial artery, in front of the ankle, somewhat perplexing to account for at the time of the operation, is readily explained by the dissection; it was doubtless due to the pressure of the quantity of extravasated blood.

CUTANEOUS NÆVI CURED BY THE APPLICATION OF IODINE PAINT.

By S. EDWARDS, M.D.

Physician-Accoucheur to the Samaritan Hospital for Women, etc.

During the past twelvemonth I have met with two cases of cutaneous nævus in infants, which have been most satisfactorily and completely eradicated by means of the external application of iodine paint.

The first instance in which I was induced to employ it, was for a nævus unfortunately situated on the side of the neck of a female infant. At birth it appeared simply as a small, red shining spot, which in three months increased to the size of a fourpenny piece. The mother of the child at this time positively refusing to have any escharotics employed, fearing that it might give rise to a permanent and greater deformity, I recommended astringent and cold applications to be applied constantly, and this was kept up for some time, but with no good result. The nævus at the end of ten months had acquired additional size, and was observed to become redder and a little more elevated, whenever the circulation was increased by crying, etc. The parents still refusing any of my former suggested remedies, or even of vaccination, "until it got worse," I recommended the use of iodine paint, which was regularly employed by gently painting over the surface with a camel's hair pencil every alternate day, occasionally leaving it off for three or four days when the skin was very irritable and rough. Under this treatment I was pleased to find that the growth of the nævus was arrested, became smaller and mottled, and finally disappeared; a speck or two being alone visible to mark its former site.

The second case was very similar; occurred in a little boy nearly two years of age. The nævus was about the size of a shilling, but slightly elevated, and situated on the abdomen, and had gradually, but very slowly, increased since birth. No treatment had been employed, the Physician who attended the mother of the child, having advised nothing to be done unless it increased. The tincture was commenced in September, 1854, and was continued more or less up to last month, when the disease had disappeared, leaving scarce a trace of the mischief.

I know not whether others may have made trial of this treatment, but its success in these two cases has induced me to draw attention to it, as it is a plan so simple in its character that I can see no objection to its employment. In neither of these cases did it produce fever, or, in fact, any effect upon the general health. It is difficult, of course,

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to decide what might have been the result had these cases been left to themselves without treatment. I have seen several that in the course of time spontaneously disappeared; but still the fact that each of the above cases had gone on increasing up to the commencement of the treatment, and then began shortly to recede, and finally disappeared, must induce the belief that some considerable merit is due to the iodine, and that it deserves to have a more extended trial.

The many plans that have been proposed and adopted for producing inflammation in, and consequent destruction of, the nævus, are mostly attended with serious objections—*caustics*, by occasional extensive ulcerations, serious hæmorrhages, and by exciting not unfrequently considerable constitutional irritation. *Vaccination* has, I believe, generally failed, and when successful has the disadvantage of leaving the ordinary cicatrix. The seton, needles, the injection of fluids, and lastly, and perhaps the best of all, the knife, have an aspect of seriousness to the parents, and are all fraught with occasional serious consequences. The latest plan which has been suggested, is that of Mr. J. B. Brown, who has produced pustules on the cutaneous nævus by means of tartar emetic ointment. Besides the almost certainty of a larger or smaller cicatrix being left, in one of his cases it occasioned very serious sloughing of the neighbouring parts; objections to its employment about the face and neck of a very decided character.

Under these circumstances, I feel desirous of drawing attention to the above examples, that others may put to the test the value of iodine in these troublesome malformations of the skin, and which, if they would kindly give me the result of their trials, I should esteem it a favour.

7, Upper George-street, Bryanston-square.
May 17, 1855.

ON THE TREATMENT OF TAPE WORM BY KOUSSO.

By SPENCER EDMONDS, M.R.C.S.L., and L.S.A.

When a remedy for the most part unknown to us, in respect of its practical application, is vaunted as a specific for a formidable malady, it is, doubtless, incumbent on the members of our Profession to give it a fair trial, or at least to ascertain from some experienced Medical man, more disposed to novelties than himself, the result of his administration of it. With the hope that it may lead some of my Professional brethren to state the result of their experience in regard to the value of kousso, as an agent for the expulsion of tape-worm, I am induced to furnish the following case to your paper:—My patient is a healthy adult man, a great consumer of animal food. Four years ago he passed many joints of the common tape-worm, whereupon he consulted a Physician, at whose recommendation he took two large doses of castor-oil and turpentine, which caused the expulsion of a small tape-worm, minus the head, so that the worm was again rapidly developed. He has since been suffering, more or less, from the ordinary symptoms of tape-worm. Last week he consulted me, refusing, however, again to take the turpentine, in consequence of the previous dose having produced nausea, strangury, and much general uneasiness; so I determined to give him the kousso, and in accordance with Mr. Coles's judicious plan. On May 17th, at seven a.m., he took an ounce and a half of castor-oil. On the following day, at ten a.m., I gave him half an ounce of kousso, (finely powdered,) infused in a pint of water; at four p.m., on the same day, six hours, that is, after taking the kousso, he passed a tape-worm. On examining this, I found it to be the common tænia solium, there being, however, much greater regularity in the shape of its joints than usual; and it was twenty-eight feet in length. No head was attached to it, but the joints at the lesser end were of very small size. It had, previously, however, been subject to a violent washing, so that whether the head was detached externally, or still remains within the body, it is impossible to say. Though kousso has now been before the Profession for several years, I am not aware whether it is in common use, as I hope and trust it soon will be, throughout the country.

Appleby, May 24, 1855.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

SERIES OF CASES ILLUSTRATING THE TREATMENT OF STRICTURE OF THE URETHRA.

We commence in this Journal, and shall continue as regularly as other claims upon our space will admit of, a series of cases illustrating the treatment of stricture of the urethra, as pursued in the London and Provincial Hospitals. The number of cases in which operative measures, consisting either in external or internal incisions, have been adopted during the last few years, is very considerable, and quite sufficient to afford for comparison an important body of evidence. All the cases of this class occurring within the last two years have been briefly mentioned in our "Monthly Reports of Operations." The great brevity, however, of the accounts of them there given, as well as the circumstance that the final result has often, from the length of time elapsing between the performance of the operation and the termination of treatment, either not been stated at all or stated long after the original mention, make it desirable that so important a class of cases should be detailed in a manner more easy for reference. It is not, however, by any means proposed to restrict the series to cases in which operations have been performed; but to include all such as bear with interest on any of the various methods of treatment adopted in this disease. We shall thus be able to place on record illustrations of the opinions and favourite modes of practice of most of the more celebrated of our Hospital Surgeons of the present day. With regard to plan, it will probably be found most convenient to commence by the simple narrative of cases, leaving deductions therefrom, and remarks, etc., till towards the end of the series, or of its different departments; at the same time not omitting to insert, in passing, any explanatory comments which may seem needful. In order to secure as much completeness as possible, and to make our reports exhibit the knowledge and reflect the opinions of the whole British Profession, we desire to invite the co-operation of all who may be in possession of data relating to this subject. We shall receive with pleasure either the notes of cases or any suggestions, comments, or queries which our readers may be inclined to forward us, and shall endeavour to put them to the best use.

THE LONDON HOSPITAL.

Case 1.—IRRITABLE AND IMPERMEABLE STRICTURE IN THE ANTERIOR PORTION OF THE URETHRA.—EXTERNAL INCISION.—RECOVERY.

(Under the care of Mr. CURLING.)

The following are the particulars of the case, from the notes taken by Mr. Jenkins, the dresser of the patient:—

A. R., aged 24 years, a healthy-looking, well-formed man, of nervous temperament, by trade a tailor, residing at a market-town in Surrey, was admitted into the London Hospital, under the care of Mr. Curling, suffering from obstinate stricture of the urethra, on the 20th of July, 1852.

He stated that, about twenty-four months ago, when living at Swindon, he contracted gonorrhœa, which continued for a considerable time, and for which he was successfully treated by medicines, and injection of sulphate of copper. He noticed that after this the size of the stream of urine gradually diminished, and one evening, about six months after the discharge from the urethra had ceased, on endeavouring to micturate, he was much alarmed at seeing a large quantity of blood pass from the passage, (he says about four ounces,) attended with excruciating pain. A Surgeon who was sent for prescribed some medicine, which relieved the pain, and checked the hæmorrhage; and in about a week, when the inflammation had subsided, commenced the use of instruments. With difficulty the smallest elastic catheter was passed night and morning, for six months, and last Christmas (1851) a No. 2 elastic catheter was passed, and tied in for two days and nights. The use of this sized instrument was continued at short intervals until February last, when he returned to his home in Surrey, and no larger instrument has ever been passed. He was here attended by a Surgeon, who was at

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first able to introduce the catheter easily, but having discontinued its use for a month, could not succeed in passing any instrument into the bladder, although several attempts were made.

July 20th.—On admission, a stricture of almost cartilaginous hardness could be felt externally, about two inches and a half from the meatus, extending backwards for an inch and a quarter; into this even the smallest catheter would not enter, the attempt to introduce it causing considerable pain. The urine passed almost guttatim, or in a very slender stream. He complained much of pain in the loins. His general health appeared to be good.

July 21st.—A suppository of 10 grains of soap and opium pill was prescribed; and he was ordered a hip-bath every alternate night.

24th.—Another attempt was made to pass a catheter, but proved unsuccessful, causing considerable pain and faintness. He was ordered another suppository, and an antispasmodic draught immediately.

26th.—As he still complained of severe pain in the lumbar region, he was ordered a belladonna plaister to the loins. This appeared to afford some relief.

From this date, repeated and persevering attempts were made to introduce an instrument into the bladder, but always without success. Smart febrile symptoms frequently followed these attempts, requiring the use of powerful anodynes, etc. The patient was kept on a good, but unstimulating diet, and continued the frequent use of the warm bath. He continued to be able to pass his urine, though very slowly, and with great effort. His general health did not appear to suffer much.

August 20th.—In consequence of increased difficulty and pain in micturition, Mr. Luke, in Mr. Curling's absence, with considerable difficulty and some degree of force, passed a sound, and afterwards a No. 2 silver catheter into the bladder. The catheter was tied in for two days.

22nd.—At this time the catheter passed on the 20th had to be removed, as severe febrile symptoms supervened. From this he recovered under appropriate treatment, and for about a week was able to pass urine more easily than he had done for some time before; but as no instrument could be passed for some time afterwards, on account of the irritation, he soon relapsed. After he had recovered a little, attempts were frequently made to pass an instrument, but invariably failed, and were discontinued for about a month.

October 4th.—The late Mr. Avery saw the patient with Mr. Curling, and an attempt was made to introduce an extremely small silver catheter, with the assistance of Mr. Avery's speculum. By means of this instrument the aperture at the point of the stricture could be distinctly seen, but the catheter would not pass more than half an inch into it. Severe pain was caused by the attempt, and smart febrile symptoms followed, requiring the use of opiates, salines, etc. for more than a week afterwards.

14th.—Mr. Curling and Mr. Avery again saw the patient together, and repeated the attempt to pass an instrument with the aid of the speculum. No better result ensued than from the former trial. The man complained greatly of the pain, and in a few hours afterwards was attacked with severe fever, attended with great irritability of the stomach, which continued for two days, but was relieved then by the treatment adopted. These repeated attacks had impaired the man's general health, and rendered him rather desponding; yet still he seemed determined to suffer anything that would afford him a prospect of cure.

19th.—As it was evident that a successful result could not be expected by persevering any longer in attempts to pass an instrument through the stricture, it was proposed to divide the strictured portion of the urethra, and endeavour to keep the canal patent during the union of the wound. To this the patient at once consented.

The man having been brought under the influence of chloroform, a small sound was passed down to the seat of stricture, and held steadily there. Upon the point of this Mr. Curling cut down, and subsequently divided the stricture throughout its whole length, without much difficulty. Owing to spasm at the membranous part of the urethra, no instrument was passed into the bladder. The man was removed to bed, and an opiate suppository and draught were administered to him.

20th.—He stated that he had passed a good night, and suffered no pain. The urine passed through the wound in a full stream. The wound was dressed with wet lint. An aperient draught was ordered.

22nd.—The man complained of severe pain in the right testicle, which was found to be somewhat swollen and inflamed. Three leeches were applied to the scrotum, and a poultice applied to the wound.

24th.—The orchitis had, in a great measure, subsided, and the wound was healing fast at the anterior part. A No. 6 bougie was passed through the wound to-day, and retained for an hour.

November 1st.—It was still found impossible to retain a catheter in the bladder, but as it was necessary to adopt some means to prevent the urine flowing through the wound—as this quite prevented it from healing—a short elastic catheter, with a silver extremity perforated, was therefore passed through the stricture, and tied in, being removed and cleansed every day. Under this treatment the wound went on uniting for some time, but at last remained stationary, as part of the urine still escaped through the wound. To obviate this inconvenience, an instrument, No. 10, with a larger aperture, in proportion to its size, was passed on November 26th, and this effected the purpose, for the wound steadily progressed, and was completely united on December 18th; but as the stricture still showed a tendency to contract, it was kept in for a short time longer.

December 23rd.—The instrument was withdrawn, to see if the stricture would relapse. The man appeared quite well now, and was most anxious to go home.

24th.—On attempting to introduce a bougie of the same size as the instrument removed yesterday, it would not enter the stricture, but, with a little perseverance, it was passed, and then the instrument before mentioned was reintroduced and tied in. This was retained till January 3rd, 1853, when it was again removed. The stricture contracted but slightly after this, the man passing a bougie (No. 9), with which he had been furnished, every day. As he now seemed to be able to prevent a return of his disease himself, and was most anxious to go home, he was discharged early in January, 1853, having previously been cautioned not to omit the introduction of the bougie daily, for some time after leaving the Hospital.

He paid a visit to the Hospital in the spring of 1854, and reported himself quite well of the stricture, and in excellent health, and that he had been married several months. He still passed the bougie occasionally, but always without difficulty.

Case 2.—OLD CARTILAGINOUS STRICTURE IN THE URETHRA, ANTERIOR TO THE SCROTUM. —EXTERNAL INCISION.—CURE.

[Under the care of Mr. CURLING.]

Richard Taite, aged 49, a discharged soldier, was admitted on February 20th.

In 1843, while in India, he had a severe clap, complicated with phymosis, and sixteen months ago, without any fresh gonorrhœa, he found that he had some difficulty in passing urine; the stream became smaller, and was accompanied by considerable scalding; this gradually increased, till, with the greatest effort, he could only pass water drop by drop. Being at Swan River at that time, he had no medical assistance for several weeks; at last, he was sent up to a town, where an instrument was passed, and where he remained under treatment for nearly six weeks. Before he was quite cured, he started to return home, but, by the time he reached Calcutta, he was so much worse again, that he was obliged to apply at the Hospital there. He remained two months under treatment there, and at the end of that time again started on his road home; he reached England a month before he came to the Hospital.

On admittance he was very much out of health, suffering from bronchitis, and debility from want of food.

On examination a stricture was found in the spongy portion of the urethra, at about 3 inches from the orifice of the canal, through which a No. 4 catheter was passed by Mr. Curling with some little difficulty. Corresponding with this externally, at the anterior part of the scrotum, an extremely indurated and thickened state of the urethra could be felt with the fingers.

He passed his urine drop by drop, with great pain and straining, and it exhibited a thick mucous sediment upon standing.

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Upon Thursday, February 22nd, Mr. Curling determined upon laying open the stricture from without.

Accordingly, having introduced a common silver director of small size through the stricture, he cut down to it and divided the strictured portion upon the director, freely incising the indurated mass involved in the contraction, the incision extending into a part of the penis covered by the scrotum. Some difficulty was experienced in introducing a catheter after the operation, owing to its extremity hitching in the edge of the incision at a depth in the scrotum; but a No. 3 silver instrument having at length been passed into the bladder was fastened there. The patient was ordered to have an opium suppository and to return to bed; he was put on full diet.

During the first 48 hours a considerable quantity of urine passed by the side of the catheter, and through the wound.

On Saturday, the 24th, the silver catheter was taken out, and a short elastic instrument with a silver nozzle, and open at the extremity, was introduced (No. 5).

After that very little urine passed through the wound, and on Thursday, March 1st, another short elastic catheter, two sizes larger, was substituted. The wound had then healed considerably, and only a few drops of water passed that way. The induration, also, as felt externally, had very much decreased. He was ordered quinine mixture three times a day.

On Monday, 5th, the wound was healing, and was not more than half its original size, but still a few drops of urine passed through it occasionally. His health was very much improved, and he was ordered to get up.

The short elastic catheter was taken out, cleaned, and reintroduced.

8th. The catheter was changed for one of the size of No. 12.

12th. Wound nearly healed. The catheter taken out, and a short (No. 13) elastic gum bougie to be introduced for an hour daily. All induration had disappeared.

15th. The external wound had quite closed. Some contraction had taken place since the catheter had been removed, so that only a No. 6 size would pass. The instrument was directed to be retained for a longer period.

19th. A full-sized elastic bougie can be passed with ease, and one was directed to be retained for a few hours daily.

The above particulars are from the notes taken by Mr. Crossman, the dresser of the patient.

About three weeks after the date of the last note, the man was discharged from the Hospital. At that time a No. 10 could be passed quite easily, and the cicatrix remained sound. The stricture, however, still showed a considerable tendency to recontract, and it was therefore deemed essential to insist upon the daily use of the instrument for some time to come. This the patient was instructed to manage for himself.

ST. MARY'S HOSPITAL.

CUT THROAT FOLLOWED BY DELIRIUM TREMENS. DEATH.—AUTOPSY.

(Under the care of Mr. COULSON.)

The following case, which has recently occurred in the practice of Mr. Coulson, at St. Mary's Hospital, presents several points of interest, and not the less so that its final issue was an unfavourable one.

Alfred P., aged 29, a hatter by occupation, was admitted May 8th, 1855, having a short time before his admission into the hospital, attempted to cut his throat with a table knife, while under the influence of delirium tremens.

For the last few years he had been addicted to drinking in excess spirits and other intoxicating liquors. He has had several attacks of delirium tremens, and two or three fits of an epileptiform nature since the commencement of this bad habit; and while under the influence of liquor has frequently threatened to kill his wife and children. For three or four days previous to the date of his admission he had been suffering from one of his usual attacks.

There was found to be a wound across the throat situated about the middle of the thyroid cartilage, about three inches in length, and more to the left than the right side. The wound was not deep, no artery having been divided; the thyroid cartilage was seen to be cut across in two places, the incisions, however, only affecting the anterior portion, and being but an inch or less in length. It was evident that the knife had been drawn across the throat twice. There was no indication of the incision having penetrated into the larynx, as no air passed through the incisions in the thyroid cartilage. Very little bleeding took place from the wound. The manner of the patient was very violent, and it was found necessary to have some one constantly with him to keep his arms quiet.

Two or three interrupted sutures were put in to keep the edges of the wound together, and a little wet lint applied.

During the day he continued very restless, talked incessantly something about removing furniture; the skin hot, pulse quick, etc.

At 11 a.m. 40 minims of the tincture of opium were administered.

At 3 p.m. the dose was repeated. At 7 p.m. 1 drachm of the tincture of opium was given, and at 9 p.m. a similar quantity. During the day 2 ounces of brandy were twice administered, and 2 pints of porter. In the evening an enema was thrown up the rectum.

May 9th.—The patient has had about two hours' sleep. The enema has acted. He seems a little inclined to sleep now (10 a.m.) Skin, hot; pulse, 90, rather weak. Tongue, brown; mouth, dry. He answers rationally, but immediately wanders off, and talks of his shop and furniture. At 11 a.m. 30 drops of tincture of opium ordered to be taken every four hours. During the day the restlessness continued, and he required watching closely to keep the hands from the throat.

10th, 11 a.m.—Very little sleep during the night. The last dose of opium was taken at 9 a.m. The patient now appears stupid, and under the influence of the medicine. Soon after this the effects of the medicine became more obvious, and it was found to be difficult to rouse him. Stimulants were applied, and the electro-magnetic current used during the day. A mixture containing chloric æther and camphor was given every four hours, and the opium discontinued. An enema of turpentine was thrown up the bowel. In the evening he was quite sensible, and appeared very much better; he talked rationally, and was quite awake.

11th.—During the night he has had a tolerable amount of sleep, though occasionally awake and restless. He talked of his wife, and said he was going to die. At six this morning, without any particular previous warning, he died.

During his stay in the Hospital he had taken very little nourishment, that which was ordered for him having been refused.

Post-mortem Examination May 12th.—The body very muscular, well-made. No adhesion of edges of wound. A probe passed readily through the incisions in the thyroid cartilage into the larynx, at the anterior attachment of the vocal cords. There was a slight ecchymosis under the mucous membrane covering the left saccula laryngis. The vessels of the brain were not unduly congested, and, in fact, beyond a slight thickening of the arachnoid, along the borders of the median fissure, the contents of the skull appeared healthy. The lungs were congested; the heart large. The right auricle contained a large transparent, fibrinous clot, adherent to the tricuspid valve. No clots in the other cavities. The liver very large, and containing a large quantity of blood. There were several patches of injection of the mucous membrane along the course of the small intestine. The cœcum, and part of ascending colon, presented internally deep claret-coloured injection, abruptly terminating at the ilio-colic valve.

No other abnormal appearance was observed.

BLOOMSBURY DISPENSARY.

FIBRO-CARTILAGINOUS TUMOUR—OPERATION.—CURED.

[Communicated by Mr. GEORGE L. COOPER.]

Eliza P., aged 40, married, healthy in appearance, was admitted April 13th, 1855, with a tumour, about the size of a small orange, situated in the region between the external meatus of the left ear, and the projection of the malar bone. She states that it has been growing to its present size nearly nine years, and she has perceived a gradual increase in its dimensions, but could not summon up courage enough to consult a Surgeon. Feeling an increase of weight in it, accompanied by shooting pains across the face, she applied for admission. It is a hard, stony swelling, moveable, but has evidently deep attachments. It extends from a situation

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opposite the external meatus of the ear downwards to within half-an-inch of the angle of the jaw, and slightly posteriorly behind the ear, overlapping a portion of the parotid gland. Before commencing the operation I was in hopes it would prove to be an encysted tumour; but such was found eventually not to be the case. On the 20th, assisted by my friend, Mr. Chaplin, I commenced my incision, half-an-inch above and in front of the external meatus, carrying it down to nearly the angle of the jaw. A transverse one through the centre enabled me, when the flaps were turned back, to ascertain the situation and size of the tumour, covering the temporal artery and branches of the portio dura nerve; also the anterior portion of the parotid gland. By using the forefinger and thumb of the left hand, instead of either forceps or the vulsellum, the tumour was grasped; when, by a careful dissection, it was taken out, without a tea-spoonful of blood being lost. The edges were then brought together, and with a compress and bandage all was completed. In the evening, when I visited her, the pulse was slightly quickened, but she complained of a little pain. Ordered

℞ Pulv. Doveri gr. x., h. s., olei ricini ʒss. primo mane.

21st.—Has passed a quiet night. Bowels open; pulse 90.

℞ Liq. ammon. acet. ʒj., Spr. æth. nitr. ʒij., mist. camph. ʒvii. M. Capiat ii. cochl. ampl. 4tis horis.

The wound has discharged freely.

22nd.—The wound is dressed, and is going on in every respect favourably.

May 14th.—She is quite well, nothing untoward having occurred to this date.

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Advertisements should reach the office by two o'clock on Thursday, at the latest, but earlier, if possible, accompanied by a Post-office order, (payable to Mr. James Lucas, at the Post-office, 1, Coventry-street,) or postage-stamps for the amount, and directed to 11, New Burlington-street, London.

Medical Times & Gazette.

SATURDAY, JUNE 2.

THE NEW ADVERTISING SCHEME.

If we have not hitherto noticed a new advertising scheme, invented by one of our contemporaries, our silence has not been owing to any negligence on our part towards the interests of the Profession, but to a conviction, which we cannot yet entirely shake off, that the whole affair is a hoax, which has been practised at the expense of some of our Professional brethren. But, as we find that the persons chiefly involved in this very heavy piece of pleasantry have not yet been at any pains to disabuse the public mind as to their supposed participation in the joke; and, as we believe that many of them are still ignorant of the use which has been made of their names, we are compelled, however reluctantly, to mention the subject, in order to give them an opportunity of disavowing their connexion with what appears to us to be a transaction little calculated to reflect credit either upon themselves or upon the authors of the scheme.

The *Medical Circular*, whose lucubrations we do not usually notice in this Journal, has hit upon a new and ingenious plan of extinguishing quackery, and advancing the cause of legitimate medicine; but, as we fear that we cannot do justice to its views by any language of our own, we prefer to allow it to speak for itself, in a printed circular letter, which has been distributed to various members of the Profession. It runs as follows:—

"Dear Sir,—By this post, you will receive a copy of the *Medical Circular*, in which you will find the first edition of a 'Guide to Living Medical Authors.' I hope you will approve of my project sufficiently to accord to it your support, by adding the advertisement of your book to the list. The terms are £5 for 50 insertions of six lines, being only 2s. each; payment in two half-yearly instalments.—I am, etc.

"James Yearsley.

"15, Savile-row, St. James's,
"May 11, 1855."

"Permit me to call your attention to my Paper, on a new method of treating otorrhœa, which, if adopted, will supersede the use of astringent injections, often so prejudicial to the sense of hearing, and not attended by risk.—J. Y."

The avowed object of this letter is to induce members of the Profession to forward the advertisements of their books for insertion in a proposed Gallery of Living Medical Authors, thus presenting at a single *coup d'œil* the whole array of Medical literary talent of the present day. One would have thought, that so far as the Profession are concerned, the zeal of the aforesaid *Circular* was somewhat superfluous, inasmuch as through the means of the different Medical Societies, gentlemen of our Profession have abundant opportunities of making their researches known to their brethren; while the independent portion of the Medical Press have generally been considered willing, in reviewing the publications sent to them, to accord merit where merit is due, and to guide opinion upon the Medical literature of the age. It does not follow, however, that because a man writes a book it must be a good book, and it is quite possible that many of the criticisms which appear in this and other independent Journals, exhibit the shallow pretensions of some who vainly aspire to the honours of authorship. But the new *Circular* crucible melts all together under the influence of those magic solvents—pounds, shillings, and pence—and turns them out bran new, stamped and ready for use from the mint in Savile-row.

The Professional reader, as we have just remarked, does not need the services of the said *Circular* to inform him who are and who are not the best guides to theory and practice; and we are, consequently, compelled to assume that the information thus collected in the pages of our contemporary must be intended for the general Public, who are presumed to be so destitute of Medical advisers that they are unable to resort to trustworthy sources to obtain the names and addresses of those who have shed lustre upon the annals of our art. The public are, therefore, charitably informed, if they have a disease in their eyes, or their ears, or their breasts, who are the parties to whom they ought to apply, without the necessity of consulting their ordinary Professional attendants. Does any one labour under indigestion, lo! there is a Knight, with three Squires, ready to assist the stomach against its "difficulties;" while the disorders of menstruation, numerous as legion, require only a single champion to run a successful Tilt against the multiform enemy. Is any one suffering from spermatorrhœa, that insidious and fatal disease which so many out of the Profession pretend to cure, and which so few in the Profession have even so much as met with, and the literature of which is chiefly, though not exclusively, confined to certain useful but indescribable places of public resort; let such martyr of youthful indiscretion forsake the Curtises and the Lamberts, and fly to the pages of the *Circular*, which

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will guide him to the true source of Manly Vigour and renovated powers. "Quackery," says the *Circular*, in announcing the new scheme on the 9th of May, "quackery is of such *a Protean nature, takes so many shapes and disguises*, and *so artfully clothes itself in the semblance of authority*, that it is most difficult for the unlearned public to distinguish between those whose science and honour may be unhesitatingly trusted, and those whose lying and fraudulent pretensions should be summarily disregarded."

The *Medical Circular*, actuated by this wholesome abhorrence of quacks and quackery, proposes to draw a distinct line of demarcation between the ignorant pretender and the accomplished practitioner, and modestly announces that the small charge made for this magnanimous and disinterested zeal for the honour of the Profession is £5 a-year, payable in two half-yearly instalments, being at the rate of about 2*s.* a-week.

The "Guide to Living Authors," which is comprised in a space little exceeding half a page of the work, is a curiosity in its way. We have seen the Lord's Prayer inclosed in the space of a nutshell, and we have known, in a newly-invented instrument, writing so small that it required the powers of the microscope to discover it; but among the wonders of micrographic literature, not the least curious is certainly the epitome of Living Medical Authors, with a classification of the subjects of their writings, comprised in about half a page of foolscap! Our own Journal teems with reviews and references to the writings of living Medical authors, whom we always imagined to be as multitudinous as the grains of sand on the seashore; but here we see them all squeezed together under about fifty names, in the space of half a page, thick as the leaves in Vallombrosa, and compressed into pygmean dimensions, like the fallen angels in the palace of Pandemonium :—

> "Behold a wonder! They but now who seemed
> In bigness to surpass Earth's giant sons,
> Now less than smallest dwarfs, in narrow room
> Throng numberless:
> Thus incorporeal spirits to smallest forms
> Reduced their shapes immense! and were at large,
> Though without number, still amidst the hall
> Of that infernal court."

We hope that we shall be pardoned for quoting MILTON, as the poem of the illustrious bard was recalled to our memory by the association of ideas with one of the distinguished surgical authorities who figure in the "Guide."

We ought, however, to notice, that the present List of Medical Authors may possibly be hereafter expanded, but that the expansion will depend upon the pecuniary support afforded to the speculation. "The Guide over-leaf," says the *Circular*, "will be continued from week to week *only to the extent* commensurate *with the support* which we may receive, as indicated in the Guide introductory to the book advertisements." We are here reminded of the peripatetic exhibitors of the drolleries of Punch and Judy, who regulate the length of the drama by the "support" of the public, and who close the performances and drop the curtain when the halfpence are no longer forthcoming.

In other respects, however, the "Guide" is a curiosity, for while we search in vain for the names of Sir Benjamin Brodie, Mr. Lawrence, Mr. Guthrie, Sir John Forbes, Dr. Latham, Dr. Copland, and many others, with whom, and with whose works we are more or less acquainted, we find in the "Guide" the names of several others, whose merits were entirely unknown to us before the *Circular* undertook to enlighten our ignorance; and we really rejoice to find that, upon such important subjects, for instance, as Rupture and Military Surgery, Mr. Lawrence and Mr. Guthrie have, with a modesty which does them infinite credit, retired in favour of younger authors, whose labours and whose writings are no doubt equally well known, or, at least, will speedily become so through Mr. Yearsley's exertions to inform "the unlearned public." Why, the retirement of Canrobert from the command of the French troops in favour of Pélissier was nothing compared to the magnanimity of the veteran President of the Royal College of Surgeons, in hiding his diminished head before the rising luminary of Military Surgery!

We feel, however, that we are scarcely able to do justice to this valiant attempt to exterminate quackery by grappling with the monster in his strongholds, from our inability to perceive the whole drift of Mr. Yearsley's scheme, and from the impression lingering in our minds, as we expressed in the beginning of the present article, that the whole affair may be, perhaps, after all, only a hoax. If it be so, however, we confess that we are too obtuse to see the fun; and we hope that, whatever other persons may choose to walk through Coventry, like the ragged regiment who followed Falstaff, there are a few recruits, mingled, perhaps, accidentally in the Procession, who will, before long, repent of having fallen into bad company, and withdraw from exposing their raggedness and their buffoonery before the eyes of the Profession, which is already tired of the exhibition, and ashamed of the performers.

THE SCUTARI HOSPITALS.

WE have to announce the appointment of Dr. Bryce as Civil Physician at the Scutari Hospitals under circumstances that claim particular notice, not more from the respect we bear that gentleman than from his appointment being one of those facts, now brought to light, which prove that the chief of the Army Medical Department is not the impassive, routine, red-tapist obstructive which his detractors love to represent him to be.

In common with the rest of the public press, it was our painful duty to make known at the time the sad mortality that prevailed among the sick and wounded brought into the Scutari Hospitals. It was shown how little of this calamity was justly chargeable to the Medical Staff itself. The recent parliamentary revelations, by eliciting truth, and in apportioning blame with regard to certain departments of state, have dispelled much error and prejudice respecting the Army Medical Staff, from the Director-General down to the last appointed Acting Assistant-Surgeon. Such, however, was not the popular impression, nor, indeed, Professional estimate, on reading the weekly returns of the deaths occurring in the months of December, January, and February last, in our military hospital establishments on the Bosphorus.

It is now known that one of the many consequences of that mortality was much earnest discussion at Constantinople, as well as nearer home, on the mode of Medical treatment adopted at Scutari for the cure of the Crimean sick. Opinions were very freely expressed in certain influential circles of Pera — to which the *Times*, with its customary boldness, gave utterance—deprecatory of the practice of the Army Surgeons. The Metropolitan press Correspondents thought themselves not only quite competent to criticize the miserable inadequacy of the Scutari Hospitals for the demands unexpectedly made on their space and capability, but these gentlemen also took upon themselves the right to decide on matters of strict pathology and therapeutics. According to one of these fashioners of public opinion and instructors of Cabinet Ministers—not the less potential for being the able almoner of the "*Times* Subscription Fund,"—a chief cause of the terrible number of deaths in those hospitals was the very means used for its diminution. The comparison he drew, and statements made by him in confirmation, of the very different success which attended a different practice at the hands of the European resident Medical Practitioners of Pera, provoked at length

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such an amount of hostile opinion that justice to the Army Surgeons demanded some authoritative investigation of this subject. The interests of Medical science, as well as of humanity, forbade the question of the proper treatment of our Crimean sick to remain in such marked discrepancy. The two modes of treatment, English and Constantinopolitan respectively, were far too antagonistic at the sick bedside to admit of compromise or reconciliation. Nor were the Pera Practitioners inclined to accept wholly for excuse and justification of the English treatment and its alleged results the peculiar physical state of the soldier, arising from his services in the field during the winter campaign.

It was at this stage of a discussion which had now reached the Medical *employés* of every French, Turkish, and British hospital, that Drs. Millingen and Lohrab, distinguished English resident Physicians at Constantinople, offered, in conjunction with Dr. Bryce, their gratuitous professional services for one year, to open and take charge of a separate hospital on the Bosphorus, capable of accommodating two hundred sick and one hundred convalescents, provided these were placed under their exclusive and entire control. The establishment of the Smyrna Hospital under Civil practitioners, they alleged, would only lessen, not remedy the evils existing at Scutari.

This proposition, together with the grounds on which it was based, was officially communicated to Government. Its authoritative adviser on such questions, Dr. Andrew Smith, properly objected, as we think, to this proposal, that if a detached locality was obtained for the sick in a position more conducive to health than that at Scutari, then the means of fairly testing the two different modes of treatment would not exist, as, possibly, the superior position would do more towards the cure than any medical aid, in which case the Physician would gain credit for what locality and its advantages had mainly accomplished. For these and such-like reasons the Director-General decided that no just conclusions could be drawn unless the patients treated were in parallel circumstances. Accordingly he invited Dr. Bryce to enter upon the experiment in the General Hospital at Scutari, offering to place one hundred beds under his professional charge, with the necessary aid of such Assistant-Surgeons, etc., as he might require. And what marked the straightforward conduct of the Director-General, he promised that Dr. Bryce should not be subjected to any interference in the discharge of his duties.

We are glad to announce that Dr. Bryce frankly accepted the terms of an arrangement most honourable to him. He has been placed on the Medical Staff at Kulalee, with the rank of first-class Staff-Surgeon, to try fairly and report honestly to what extent, if at all, the Constantinople mode of treatment can be applied beneficially to the English soldier, regard being had to his peculiar habits of life, campaigning hardships, and the atmospheric and other local influences to which he is now, for the first time, subjected.

It only remains to add that Dr. Bryce's earlier residence in Turkey, and his published writings on various medical subjects, especially a Memoir on the Fevers of the Levant, prepared at the request of Government for the especial use of the Medical Staff of the expeditionary army, give us fair grounds to expect that he will faithfully meet the difficulties as well as the responsibilities of his position.

THE WEEK.

The "Naval Medical Reform Association" is, we are glad to know, proceeding vigorously. The movement, although begun and carried on hitherto by Students almost exclusively, has the active sympathy and most cordial approval of the leaders of the Metropolitan Profession. We trust that it will be effective, and that real reform will follow the exertions of the Association. All that is necessary thereto is that the Profession should be unanimous, and that its expression of sentiment should be made as early as possible. If the matter is to be brought before the House during the present summer the greatest energy must be used. We trust that this hint will not be lost upon our provincial friends.

The accounts of the health of the Army in the East continue to be favourable in all respects excepting one;—the cholera has again appeared. Among the French, indeed, throughout the winter a few isolated cases have been from time to time reported. Until within the last week we have, however, heard nothing of it among our own soldiers. Although, at the date of the last despatch (May 15) there was a large number ill, and the suddenness of the outbreak appeared to threaten severity, yet, as the telegraphic messages since have not thought it worthy of further mention, it may be fairly hoped that the epidemic is not spreading. The officials at Scutari, Kululee, etc., are enjoying a period of comparative rest.

A project long under consideration is said to be about to be carried out in Paris for the building of a new Hôtel-Dieu. The site of the old edifice on the banks of the Seine is to be abandoned, and a new one has been selected, to the north of the Cathedral of Notre Dame. The new Hospital is to accommodate the same number of patients as the present, that is, about 800, and is to be divided into 27 wards of equal size, each to contain 30 beds. The estimated cost of the site is no less than 400,000 fr., and that of the erection will probably be nearly 300,000 fr. additional. Our neighbours have not as yet nearly equalled ourselves in attention to the comfort and well-being of their Hospital patients, and many improvements may be fairly looked for in the proposed erection.

The Registrar-General's Report of the deaths in the metropolis during the past week still shows a number considerably above the average. As might have been anticipated from the state of the weather during the last few months, pulmonary complaints in general, and phthisis in particular, have been unusually fatal in the present spring. The opinion we expressed last week, that the prevalence of illness has not been lately nearly so great as might have been inferred from the number of deaths, has since been supported by communications from many who have large opportunities of judging. It might be of interest to know whether in the Provinces the same fact has been noticed.

A paragraph in our News columns of to-day exhibits an illustration of the old-fashioned treatment of lunatics. Abhorrent as every feature in the loathsome narrative is to the humane mind, a useful lesson may yet be extracted from it. Let all who are ever inclined to indulge in anything like despair at the progress of our art, measure by this case the rate of our advance. The treatment of the Lunatic adopted by Huxtable is criminal simply because it is out of date. The poor Devonshire peasant chose to ignore the lapse of a century. He does not appear to have been of a cruel nature, and utter ignorance of the progress of psychological science seems to have been his only crime. His method of management which, in 1855, has sent him to gaol, might perhaps in 1755 have earned him a place of emolument and trust. So great is the extent of an improvement on which our Profession may congratulate itself in having taken the larger share.

A Society under the quaint designation, "For the Protection of Mankind," is about to be formed in France. At present it contemplates directing its attention chiefly to "the

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breeding and rearing of children." Dr. Munaret, its originator, founds his argument on reference to the improved breeds of cattle, etc., which have been obtained by the aid of Agricultural Societies. The diffusion of knowledge respecting the means by which healthy and well-developed animals may be secured has, he argues, been the means by which farmers have been enabled to produce stock so vastly superior to that of a century ago. Might not, then, he proceeds, similar results be expected in the case of the human animal? Baby-shows in real earnest form one part of his scheme. Prizes are to be offered regularly for those who can exhibit the finest children. Dr. Munaret is a man whose proposals are entitled to consideration, and seriously there is much in his scheme well worthy of consideration. In spite of the knowledge and the clear views possessed by the Profession on all that concerns the management of children, no fact is more palpable than that the most grievous ignorance and incompetency prevail respecting it among the public. We want some means of making popular the knowledge which is now almost restricted to Medical men, or, at most, to the well-educated classes; and, perhaps, a Society somewhat on the plan suggested, however it might astonish certain prejudices, would be as effective as anything that could be devised.

It is not long ago since the public was indignant at the account of a poor fellow who arrived sick from the Crimea, and, when landed at Portsmouth, was refused admission at the Hospital for want of a formal order. Another case, now going the round of the newspapers, in which a seaman landed in a most critical condition from small-pox, was first refused at the Dreadnought on account of the nature of his disease, and then again refused at the Small-Pox Hospital because he had not obtained a letter of recommendation. In neither of these cases, we believe, did the least blame attach to the Resident Medical Officer of the institution concerned. They supply, however, good instances in proof of the inexpediency of having stringent rules, unless the Governors of Hospitals desire that every now and then such cases as these should outrage the feelings of society, and seriously damage the interests of their institutions. They ought so to frame their regulations as to leave the Resident Officer to exercise his own discretion.

REVIEWS.

A Guide to the Practical Study of Diseases of the Eye. With an Outline of their Medical and Operative Treatment. By James Dixon. London, 1855. Pp. 395.

This work is completely what it professes to be. It is not a system of ophthalmology, but it is a treatise embracing the clinical experience of Mr. Dixon during the twelve years that he has been connected with the Ophthalmic Hospital in Moorfields. The author clearly draws his pictures from nature, and describes disease as he has seen it, avoiding theoretical and controversial discussions, and confining his remarks to points of the most practical interest. The technical terms which are so repulsive to the student at the commencement of his ophthalmic studies are also to a very great extent dispensed with. Mr. Dixon deserves the thanks of the Profession, if for this reform alone.

The diseases of the eye are treated in anatomical order. The diseases of the conjunctiva and sub-conjunctival areolar tissue are first discussed, and subsequently those of the cornea, sclerotic, and iris; then conjoined inflammation of the iris and cornea, a disease described by authors as aquo-capsulitis; and then the diseases of the choroid and retina, and the retina alone, the vitreous body, lens, and capsule. After these Mr. Dixon considers the diseases which involve all the tissues of the eyeball; then certain subjective phenomena, as muscæ volitantes, etc., and lastly, the diseases of the lachrymal apparatus, eyelids, and orbit. The latter part of the volume is devoted to a consideration of the operations for cataract, artificial pupil, staphyloma, strabismus, etc.

After this outline of the contents of Mr. Dixon's book, our readers will be in a position to form an idea of the quality of the information to be derived from it by one or two extracts. Turning to the chapter upon "diseases which involve all the tissues of the eyeball," we find the subject of glaucoma one upon which we are anxious to hear what Mr. Dixon has to say. After alluding to the derivation of the term, he adds:—

"We may for the present dismiss all questions of etymology, and consider 'glaucoma' as a convenient term, used in a purely arbitrary sense, to imply an incurable form of blindness, attended with peculiar morbid changes in all the various tissues of the eyeball.

"Even before the middle period of life, the lens, as I have already mentioned, always acquires a yellow tint, which gradually deepens, until it assumes, in old persons, a decidedly amber colour; and this quite irrespective of any cataractous change. * * *

"The student cannot be too soon made aware of the fact, that pure and absolute blackness is not, under any condition, the characteristic of the pupil in elderly persons; a knowledge of this will save him from falling into constant errors of diagnosis. Any whitish deposit on the surface of the retina will increase the intensity of the reflection; and if, at the same time, the contractility of the iris be diminished, and vision impaired, the phenomena of 'glaucoma,' in the sense so commonly attached to the term, will all be present.

"A well-marked, greyish, drab-coloured, or bottle-green reflection from the pupil of a patient's eye, may then co-exist with good sight; but, if the reflection is accompanied by impairment, or even total loss of vision, still the reflection is not the essential sign or characteristic of the disease. Nor is the case to be set down as one of *glaucoma*, however *glaucous* the pupil may be deemed, unless other very marked changes be present in the eye."—P. 225.

After giving an excellent description of the aspect presented by a case of fully developed glaucoma, (using the word in its arbitrary sense,) he observes, that the morbid appearances "may be produced in two very different ways. They may have been the slow result of disease going on, with intervals of apparent quiescence, for months, or even years; or sight may have become extinct after a few hours of agony, and all the inflammatory changes in the tissues of the eye, (except the opacity of the lens,) be apparently completed within a few days. Mere inspection of a glaucomatous eye will not enable the Surgeon to tell whether these changes have been the result of the chronic or of the acute form of the disease."—Page 229.

He then describes the insidious origin and progress of the chronic form, and adds,

"The sequence of morbid changes seems to be as follows:—First, in the retina and choroid; going on, perhaps, to serous effusion between these two coats, which causes the bulging forwards of the lens and iris, by pressing from behind upon the vitreous body; then congestion and inflammation of the iris and cornea; and, last of all, opacity of the lens, as a consequence of its deranged nutrition."—Page 230.

The way in which the author describes in what manner the "glaucomatous" changes are induced by *acute* disease, is by relating two cases from his note-books in which they occurred in this form. In fact, marked cases of disease narrated in a clear manner, are copiously distributed through Mr. Dixon's pages, and add greatly to the value of the work.

We strongly recommend this book to the perusal of the Profession; because it contains the results of much careful observation; and for the student we have seen no work better adapted as a practical introduction to the study of ophthalmic diseases.

Loudon's Encyclopædia of Plants. New Edition, corrected to the present time. Edited by Mrs. Loudon. Pp. 1574. London: Longman and Co. 1855.

The enormous labour involved in the production of this work may be estimated when we state that, in addition to a recent Supplementary List of Plants lately introduced into this country, it contains a description of no less than two thousand one hundred and sixty-seven genera, and of twenty-one thousand two hundred and eighty-nine species of plants. It is truly an Encyclopædia of Plants, and an Epitome of Botany, for it contains full descriptions and glossaries of all the terms used in the science, and a copious Introduction both to the Linnæan and the Natural Systems. Mrs. Loudon was assisted

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in this work by Professor Lindley, who superintended the purely botanical portion, and by Mr. Sowerby, Mr. Don, and the Messrs. Loddiges, who assisted in furnishing the illustrations in which the Encyclopædia so copiously abounds. To all botanists the work must be already well known; but to those who desire to possess a book of reference, which may make them acquainted with all the genera and species of plants known or introduced in Great Britain, it may be necessary to state that there are illustrative wood-cuts of all the genera, and of many of the species; that the generic and specific names of every plant are accompanied with its English synonym, its habit, whether herb, shrub, or tree; its popular character, whether esculent, ornamental, poisonous, etc.; its duration, annual, biennial, or perennial; its habitation, in stove, greenhouse, frame, etc.; its time of flowering; its colour; its native country; the year of its introduction, if an exotic, and its locality if a British species; its mode of propagation; the soil which it prefers; and lastly, the scientific specific distinction by which the plant is known from all others. Every page contains numerous illustrations, and it is almost impossible for any one who desires to know the history of any member of the vegetable kingdom, not to succeed in his object, by reference to this Encyclopædia. The present edition is by Mr. Loudon's widow, assisted by eminent botanists and draughtsmen, and is brought down to the latest state of botanical science. We warmly recommend the book to all who are either attached to Botany as a science, or to the cultivation of plants, whether as a profession or an amusement.

The Policy of the Medical Profession. Pp. 64. Liverpool: Walmsley. 1855.

The anonymous author of this pamphlet is a bitter enemy to all the existing institutions connected with Medicine and Surgery, and proposes a comprehensive scheme of Medical Reform, in which all the present Colleges and Halls are to be shorn of their powers, and a new uniform Government plan of education and examination substituted for the various and conflicting systems now in operation. A full and consecutive series of subjects for study and examination is laid down for the Medical tyro, who is, moreover, to take a degree of Bachelor of Arts before being permitted to commence his Medical studies. Practitioners of Medicine and Surgery are not to dispense medicines, and druggists are to be prevented from prescribing; all Medical men are to be registered in an official book, and all those who neglect to register are to be fined £20, or to cease practising; and those who fraudulently obtain a place on the register are to be liable to seven years' transportation. It is impossible not to admire the views and to be amused at the style of this pamphlet, and we wish that some of the wholesome truths which it contains could make an impression in influential quarters; but we fear that the notions of such sweeping changes are somewhat Utopian in a country wedded, as ours is, to old institutions, and that nothing less than an imperial edict can enforce a new code for the government of our Profession. We recommend this pamphlet to all who are interested in Medical Reform.

Introductory Lecture delivered to the Class of Military Surgery in the University of Edinburgh, May 1, 1855. By Sir George Ballingall, Regius Professor of Military Surgery. Pp. 44. Edinburgh. 1855.

In this lecture Sir George Ballingall offers an eloquent tribute to the merits of the Medical Service of the Army, which he also warmly defends from the attacks recently made upon it. He considers that the military Medical Officers are quite competent to any duties which may be imposed upon them, either as connected with a regiment or an hospital; and he attributes the alleged deficiencies of the Medical Department to the faults of the Purveyors, and to the absurd system of routine hitherto adopted in military affairs.

Observations on the Life, Disease, and Death of John Hunter, in Elucidation of the Nature and Treatment of Gout and Angina Pectoris, etc. By Joseph Ridge, M.D. London. 1855. Pamphlet.

These "Observations" constituted the Oration delivered before the Hunterian Society at its thirty-sixth anniversary. The pamphlet is interesting, scientific, and very worthy of perusal.

FOREIGN CORRESPONDENCE.

MEDICINE IN HOLLAND.

In a paper, entitled "Bite of the Mute Rattlesnake of Surinam," Dr. Landré says, in introducing some favourable observations on the internal use of olive-oil in the treatment of the bite of the rattlesnake (Crotalus horridus), given in the *Boston Medical and Surgical Journal*), that he administered the oil (two spoonfuls every two hours) to a negro, who, according to his statement, was bitten by a snake (Crotalus mutus L., Trigonocephalus rhombifer Cuv.). The painful little wound, which had produced a burning sensation and considerable swelling of the leg, was at the same time dilated, and, in order to promote bleeding, was covered with warm poultices; in addition, the entire leg was repeatedly rubbed with mercurial ointment. The wound was also subsequently kept open for a month by means of blistering ointment.

PREMATURE BIRTH, RETENTION OF URINE IN THE FŒTUS FROM IMPERFORATION OF THE ORIFICE OF THE BLADDER; DEGENERATION OF THE KIDNEYS, WITH FORMATION OF CYSTS.

[Communicated by Dr. L. LEHMANN.]

A primiparous woman, aged 22, with leucorrhœa, an excoriated state of the labia majora, and vegetations around the opening of the vagina, was delivered, after a labour of a few hours' duration, of a living male six-months' child, which, without having cried, died some hours afterwards.

The unusual prominence of the abdomen in a child, who, with the exception of having two club-feet, was otherwise well formed, at first caused the existence of ascites to be suspected, but this condition was soon found to depend on great distension of the bladder. This organ was equal in circumference to a man's fist; it was of an oval shape; all the abdominal viscera were so pushed upwards by it, that the liver lay as if turned over, with its concave surface and the gall-bladder against the parietes of the abdomen; the capacity of the thorax was very much diminished. The uropoietic system presented the following abnormities: in the glans penis the urethra was deficient; the corpora cavernosa were only separated by an open channel, terminating at the inferior edge of the glans; the penis was connected with the bladder by a strong slip of fibrous tissue. The orifice of the bladder was absent; in its place there was a slight elevation; on the anterior and posterior surface of the bladder were several projections of the mucous membrane produced by the hypertrophied layers of the muscular coat being separated from one another; the urachus terminated in a *cul-de-sac* on the fundus of the organ. The latter contained five or six ounces of clear urine of neutral reaction, in which no trace of albumen could be discovered, while there were epithelial cells in all possible forms and degrees of development, epithelium cylinders of from 0·056 to 0·280 of a millimetre in breadth, bundles of fibrous tissue derived from the kidneys, numerous dark-coloured irregular molecules, consisting of urates (urate of soda and ammonia?). The ureters were distended, their walls were thickened, and their course was tortuous; the left, moreover, was divided by partitions into numerous distinct cavities filled with urine. The urine contained in the very narrow calyces and pelvis of the kidneys was also rich in epithelial cells, broad tubuli, and dark-coloured sand. The kidneys were large and flat, loosely connected with the capsule, and on section appeared as a fibrous network with attenuated cortical substance (cystic kidney) filled with a clear fluid; only in the left did any traces of the pyramids still remain. The fluid found, not only between the meshes of the network, but also in the cysts, which were easily isolated, was albuminous, and under the microscope exhibited granular cells, among which were many distinct granules with broken-up cellular membrane, transparent delicate so-called albumen cells with slender walls, tubuli strongly distended to the breadth of from 0·112 to 0·232 of a millimetre, many of which obstructed by uric acid exhibited the same albumen cells in their walls. A dark-coloured granular mass everywhere pervaded the substance of the kidney. The walls, which in some of the isolated cysts were devoid of structure, in others

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consisted of concentric fibres, and in the larger ones these were particularly distinct.

Such abnormities in the urinary system of the fœtus are rare, they prove that even at a very early period of embryonic life an excretion of urine takes place which must become mixed with the liquor amnii. The great degeneration of the kidneys in this case can evidently not be explained simply by the accumulation of the urine. Dr. Lehmann considers it probable that the deposition of urates in the tissue of the kidneys may have given rise to stagnation of the urine and distension of the tubuli uriniferi, or also of the Malpighian corpuscles, and their gradual change into cysts: he, however, also acknowledges the possibility of the origin of these serous cysts from burst albumen cells. That the urine in the bladder contained no albumen(a), in which the fluid in the cysts was so rich, is not in favour of the view which ascribes the origin of albuminuria to albuminous metamorphosis of the epithelial cells of the tubuli uriniferi through the bursting of these cells. The author concludes his paper with some remarks on uric acid impaction in the renal tissue. His observations during the last three years have shown him, that this occurs in the form of an orange-coloured red powder in the pyramids, papillæ, calyces, and pelves in children who have lived some days and have died of various diseases, but that it is also frequently absent. Difference of food exercised no influence on the deposit; lesions of the organs of respiration appeared to favour its formation. In the renal tissue of still-born children he found it nearly as often in greater or less quantity as in that of those who died after birth, in the form of little irregular, dark-coloured, glittering grains, whether scattered separately in and between the tubuli, or collected together in larger granular masses. Care was always taken not to confound these deposits with blood pigment. The presence of renal sand as little proves that a child has lived subsequently to its birth, as the want of it does that it was still-born.—*N. L.*, April, 1854, p. 620.

ATHEROMA AND ATROPHY OF THE VASCULAR SYSTEM, REPEATED HÆMOPTYSIS, EPISTAXIS, AND DEATH FROM HÆMORRHAGE OF THE BRAIN.

By Professor SCHNEEVOOGT.

An hæmoptisical man, aged 58, whose mother was stated to have suffered from repeated hæmorrhages and among them from hæmoptysis, did not in 1851, when he was treated at the dispensary, although he was then very much enfeebled and emaciated, present the ordinary signs of the phthisical habit; nor did percussion and auscultation, nor microscopic examination of the sputa afford sufficient ground to assume the existence of pulmonary consumption. The spirometer, however, indicated a vital capacity of the lungs of only 1650 cubic centimetres instead of 3250, the calculated amount. A year later, however, it still amounted to 1600 cubic centimetres, notwithstanding the greatly increased cough, with expectoration of thick purulent sputa. As to diagnosis, we were in doubt whether to look upon his disease as proceeding from hæmoptisical infarction or chronic splenization of the lungs, perhaps consequent on previous attacks of lobular pneumonia. The coexistence of dyspepsia with pyrosis and vomiting sometimes of blood, caused us to suspect the presence of an ulcer of the stomach. Repeated hæmorrhages from the nose and lungs, as well as intermittent febrile attacks, weakened the patient, who, so early as July, 1852, began to complain of formication in the limbs and of attacks of vertigo; the latter were sometimes so violent as to deprive him of consciousness. In connexion with these symptoms, the hardness and tortuousness of the radial artery led us to consider a morbid condition of the vascular system to be a principal element in his malady. The treatment was directed accordingly, and with tolerably satisfactory results until, in February, 1853, an attack of apoplexie foudroyante suddenly terminated his existence. The post-mortem examination in every respect confirmed the last diagnosis. The larger, and also the smaller branches of the pulmonary artery, especially in the left lung, exhibited atheromatous yellow spots and great thinness and brittleness of their walls, while the inner coat separated on the application of the slightest force. The heart was of the ordinary circumference; in the left ventricle there was concentric hypertrophy, there were small openings in the semilunar valves; the arch of the aorta, and also the aorta itself, presented, especially at the bifurcation into the iliac arteries, atheromatous, and here and there even ossified spots. There was considerable extravasation within the cranium; a coagulum of the size of the palm of the hand covered the anterior lobe of the right hemisphere, one equally extensive at the base of the skull reached through the occipital foramen to the commencement of the spinal marrow. The two lateral and the third ventricles were distended to double their size with blood, which spread through the aqueduct of Sylvius to the fourth ventricle. The hæmorrhage had probably arisen from a small artery in the corpus striatum, which was completely split through the middle by the coagulum, and contained an apoplectic focus, the walls of which consisted entirely of macerated cerebral substance hanging in flakes, soaked round about with blood, and, moreover, studded with hyperæmic spots. The entire substance of the brain was greatly dotted. In the larger cerebral arteries there was no atheroma; they were so attenuated that they everywhere collapsed like veins. The stomach was strongly mammillated at the pylorus, with isolated petechial spots in the mucous membrane and some cicatrices of former erosions. The lungs in some places were emphysematous, in others there was splenization of the organ; in the summits of each lung was a small cavity, which must be considered as a dilated bronchial tube; there were no tubercles; the larger ramifications of the bronchi were filled with mucus, the finer ones were much thickened. The liver was highly vascular, nutmeg-like, coarsely granular; the spleen was a little enlarged, much puckered; the kidneys were highly vascular, and contained many little cysts; the intestinal canal was in its normal state.

(a) In a paper by Dr. M'Clintock, contained in the Seventh Volume of the *Dublin Quarterly Journal of Medical Science*, some experiments on fœtal urine, by Dr. W. Moore, are quoted (page 46). Dr. Moore examined at various times the urine of nine fœtuses, in one of whom, as in the case above described, the urethra was imperforate, and a large accumulation of urine had taken place. Another specimen was the urine passed by a male child immediately after its birth. All these specimens were found to be highly albuminous; in none of those in which it was looked for could urea be detected, and in most instances the remarkably large amount of epithelium is noted. It has recently been stated that the fœtal urine is ordinarily saccharine.

FRACTURE OF THE SKULL WITH LOSS OF CEREBRAL SUBSTANCE THROUGH THE EAR.—RECOVERY.

V. D., 27 years of age, fell backwards from a ladder on a marble stone; there was immediate loss of consciousness, quickly followed by vomiting; soon after a discharge of some of the substance of the brain from the left ear was observed. Brought into hospital he recovered, in half an hour after the fall, some degree of consciousness. In the integuments over the left parietal bone was a stellated wound, 2 inches in width. No fracture could be discovered in this situation, nor were there any inequalities in the temporal region, which was extremely painful. The left external meatus auditorius was filled with a white creamy substance, in which the microscope exhibited granular cells of various sizes and molecular fat, fine capillary vessels lying loose, and distinct nervous fibres. Blood was still flowing from the ear; the pulse was 60, small and weak; there was little heat of skin; the face was pale and cold; the vomiting still continued; consciousness was imperfect. The wound was dressed, and the patient left at rest. The next day it was found necessary to perform venesection on account of congestion of the head. On the third day leeches were applied behind the left ear; cold was also employed, and a clyster administered. So early as the fourth day after the fall consciousness was completely restored, the fever and headache had quite given way. The wound healed by the first intention. After an undisturbed convalescence of some weeks, the patient was dismissed, without any paralysis or lesion of cerebral function, and even without deafness of the left ear. Several months after he was still in the enjoyment of perfectly good health. The author at the same time quotes a case communicated by Graham, in the *Monthly Journal of Medicine* for October, 1852, and afterwards gives a *résumé* of what is to be found in reference to this singular species of fracture in Victor Brun's Handbook of Practical Surgery (*Handbuch der Praktischen Chirurgie*). As to the situation of the fracture of the base of the skull in cases like his, in which the cerebral mass apparently comes out of the cavity of the tympanum, without injury of the bony meatus, the author thinks it probable that the fracture traverses the

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petrous bone, perhaps in the same manner as is observed in discharge of cerebro-spinal fluid, that is from the internal meatus through the labyrinth and the cavity of the tympanum into the external meatus. If we add to the accompanying laceration of the pia mater, arachnoid, and membrana tympani, a little slit in the inner lamina of the arachnoid and in the pia mater, we have a passage by which the cerebral substance may be discharged through the (sometimes gaping) fracture of the petrous bone. The absence of deafness and of paralysis of the facial nerve does not refute this view; the former does not always accompany laceration of the membrana tympani; the latter may also be wanting in cases of discharge of the cerebro-spinal fluid. In conclusion, Dr. Tilanus communicates three cases of paralysis of the facial nerve in fracture of the base of the skull; the first instance in a man with concussion of the brain, hæmorrhage from the right ear, paralysis of the right half of the face and deafness; these phenomena gradually disappeared, and the patient recovered; fracture of the petrous bone was in this case extremely probable. The other two cases terminated fatally; in one the facial nerve was injured by a quadrangular piece which had separated from the fractured petrous bone; in the other, there were two fissures in the bone, one of which crossed the course of the nerve.

FRACTURE OF THE SKULL WITH DEPRESSION.—TREPANNING.—RECOVERY.

Among the 148 cases of serious injury of the head, (98 of concussion of the brain, 50 of fracture of the skull,) which were admitted into the Clinique during a period of ten years, (from July 1843 to July 1852,) the operation of trepanning was only once indicated; nor did it appear, on post-mortem examination of the 44 who died with fracture of the skull, to have been indicated. It is probable that fissure of the skull existed in several of the cases of concussion of the brain, in one this was subsequently ascertained. The present case was that of a man of 28 years of age, on whose head a heavy corner-stone fell from a house, producing immediate loss of consciousness and vomiting. On dilating the wound in the integuments it was seen that an elliptical portion of bone, 2 inches in length by 1½ in breadth, was broken off between the protuberance of the left parietal bone and the sagittal suture being posteriorly depressed to the extent of 3 lines, and somewhat pushed under the adjoining part of the bone. Consciousness partially returned in an hour after the fall. The pulse was 68. There was a constant oppressive headache, with indistinct vision. On account of these symptoms, it was determined to replace the portion of bone which pressed upon the brain. A disk of 7 lines in diameter was taken away with the trephine, at the posterior extremity of the fragment, from the free edge of the parietal bone, and space was thus obtained to replace almost completely the piece of bone by means of the lever, whereby a splinter of 3 lines in length was removed. Immediately after the operation the patient declared that he had much less headache, and, without being questioned on the point, he stated that he could now again see distinctly. Subsequent congestion and irritation of the brain required the repeated application of leeches behind the ears; and at a later period, the persistence of tinnitus aurium, and of a feeling of oppression over the eyes, rendered the application of a blister, and the administration of gentle purgatives necessary. The functions of the brain were completely restored.—*Nederlandsch Weekblad voor Geneeskundigen. Derde Jaargang*, from the *Nederlandsch Lancet* for April, 1854. Page 614.

Among 680 women (of whom two-thirds were prostitutes), treated at the Hospital at Graavenhage for syphilitic and cutaneous diseases, Dr. Chandleury van Ijsselstein saw two cases of true Hunterian chancre on the cervix uteri. In the first case the diagnosis was confirmed by inoculation, performed with the necessary precautions. In the second the speculum could not be employed for some time, until after the sores on the external genitals were cicatrized; the diagnosis here rested first on the appearance and situation of the ulcers, at some distance from the orifice, and not running into the cavity of the cervix; secondly, on the contemporaneous occurrence of chancres in other localities; thirdly, on subsequent observation of the woman, who came under treatment three times afterwards without exhibiting any affection of the cervix uteri, while erosion or simple ulceration almost always returns; fourthly, the woman had never, as yet, been pregnant, and, consequently, simple ulceration of the neck was little likely. This affection is rare, not because the cervix is less susceptible of chancrous infection, but because the matter does not easily reach it. Of the means of diagnosis, the author thinks the toucher dangerous to the operator; of specula he gives the preference to those with two and four blades, with which the part of the vagina around the neck can be widely dilated, and the handle of which is longer and consequently adapted to prevent the necessity of the hand coming in contact with the genitals. The diagnosis can be made with perfect certainty only by inoculation.—*Nederlandsch Weekblad voor Geneeskundigen. Derde Jaargang*, from the *Nederlandsch Lancet*, April, 1854, p. 617.

GENERAL CORRESPONDENCE.

RESECTION OF THE ELBOW-JOINT.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last Number there is a very indignant letter from Dr. H. R. Storer, regarding a short criticism appended to a case of Scrofulous Disease of the Elbow-joint, quoted in the *Edinburgh Medical and Surgical Journal* for January, 1855.

As I happen to be the author of the few lines so warmly animadverted on, and do not choose to shelter myself under the mantle of "one of the Editors," to which I have no claim, I trust you will allow me a few explanatory remarks.

In Dr. Storer's letter to yourself it would be seen that he considers the offending criticism especially directed against Dr. Warren and the Boston Medical Society as Americans. Now, this I explicitly disclaim, and am quite ready to admit all that Dr. Storer has said in their praise; but that is not the question at issue.

When a case is published in a Medical Journal it becomes, as it were, public property, and any person is, I conceive, entitled to point out what he may consider an error in practice. This I have ventured to do in the present instance, and I am told my remarks are "*alike unnecessary, uncourteous, and unjustifiable.*"

I. First, then, as regards their being "*unnecessary.*"

When isolated cases are brought under the notice of a Medical Society or published in a Medical Journal, they are expected to contain something of especial interest, either in their symptoms or treatment, otherwise the journals would be overflowing, even more than they are at present, with details of no value whatever to any but the parties desirous of appearing in print. After perusing carefully Dr. Warren's case, the only novelty I could find was his having recourse to amputation for scrofulous disease of the elbow, but resection of that joint for the disease in question is now so firmly established in practice, that it constitutes the rule, amputation of the arm the exception. If this be admitted, (as by Dr. Storer's own showing we may expect Dr. Mason Warren and the Boston Medical Society to do,) the reader of the case cannot but be struck by the total absence of any allusion whatever to the departure from the ordinary operation; and I appeal with confidence to every practical surgeon conversant with resection of the elbow-joint, to say whether there are any details in the case, *as recorded in the Journal*, sufficient to contra-indicate that operation.

The majority of Medical men have not the advantages possessed by metropolitans, and are therefore apt to be guided in unusual cases by what they glean from their more fortunate brethren, I would therefore humbly suggest that the fact of so eminent a Surgeon as Dr. Mason Warren recording a case of amputation of the arm for scrofulous elbow-joint, without one word of explanation as to his departure from the usual course, is apt to mislead, and likely to induce others to reject the conservative method on too trivial grounds. My remarks were, therefore, not "*unnecessary.*"

II. They are styled "*uncourteous.*"

Having already disclaimed any intention of being disrespectful to our Transatlantic brethren, I trust I may be acquitted of discourtesy; but I may remark that Dr. Storer has applied a stronger interpretation to the term "malpractice" than I intended it to convey, and I hasten to disabuse his mind, and that of any other who may have given it the same meaning, and by doing so making the only reparation in my power. I did not calculate on its being interpreted as a

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charge of very culpable and gross misconduct on the part of Dr. Warren, but merely on its representing what I conceived to be bad practice, an error in practice, or, in other words, injudicious. Still less did I mean absolutely to assert that the Boston Medical Society, ("composed only of the best men in Boston,") are unacquainted with resection of the elbow-joint, for the sense of the passage must be much distorted ere it can admit of such an interpretation.

III. My criticism is stated to be "*unjustifiable*."

Having during the last thirteen years witnessed, with but one or two exceptions, every case of resection of the elbow-joint occurring at the Royal Infirmary, Edinburgh, where it is so frequently practised, myself a former pupil and House-Surgeon of Mr. Syme, one of its warmest and most able advocates, and now one of his colleagues at the Surgical Hospital, I should, at all events, know something of the operation, and no one will, I think, question the accuracy of the statement when I assert that a large majority of cases requiring resection are of a scrofulous habit, and not a few of them have suspicious indications of pulmonary disease of a phthisical character. When this disease is in the quiescent state, but the patient likely to succumb to irritative fever, it is considered the proper course to combat the more immediate danger by resection of the joint, notwithstanding the threatened phthisical tendency; and many of these cases subsequently do well.

Dr. Storer says that in the details of the case, as given in the *Boston Journal*, there is sufficient evidence against the propriety of resection; this I leave for competent judges to decide, merely for my own part adopting the language of Shylock,

"I cannot find it—'tis not in the bond."

Had I possessed the private means of information enjoyed by Dr. Storer, I would *most certainly* not have suggested *resection*, though I would as decidedly have been disposed to challenge the propriety of *amputation*; but I was unacquainted with the fact that "*a difficulty in the lungs*" was a synonym for "*suppurating tubercles under both clavicles*."

But I am afraid Dr. Mason Warren will be disposed to cry: "*Save me from my friends!*" for Dr. Storer, while endeavouring to show the impropriety, and "ridiculous" proposal, of resection, has surely proved too much. He tells us the patient had only a few days to live on earth, owing to these suppurating tubercles, under both clavicles; and that the amputation was undertaken at the patient's urgent request, in order that she might pass these few days in comparative comfort.

I suspect few of your readers are prepared to admit, when a patient is evidently dying of acute phthisis, and has only a few days to live, that any capital operation whatever is justifiable, even though it should be at the urgent request of the patient. In the same number of your Journal, we are told that Luigi Buranelli tried to persuade a friend to shoot him; but the friend did not feel himself called on to *shorten his days* by complying with his request.

I fear I have trespassed too much on your valuable columns, but I could not answer in shorter space the various charges brought against me. I am, etc.

James D. Gillespie, M.D., F.R.C.S.E.
Assistant-Surgeon Royal Infirmary
30, York-place, Edinburgh. Edinburgh.

THE FOLEY-PLACE MURDER.

[To the Editor of the Medical Times and Gazette.]

Sir,—It now only remains to take a review of the evidence given by Dr. Sutherland on the trial of Buranelli, for the statements made by Mr. McMurdo have already been sufficiently disposed of in your leading article of the 5th instant.

Dr. Sutherland "observed no symptom of aberration of mind" in the interview of an hour and a half's duration that he had with the Prisoner on the day before the trial, and he agreed with Dr. Mayo in ascribing the symptoms spoken of to hypochondriasis, not to insanity. The "acts of violence," that is, the murderous acts, Dr. Sutherland should not in his judgment refer to "unsoundness of mind;" for he says: "I cannot consider them to have been the result of *motiveless impulse*"—and he afterwards adds, "The acts which I have heard of, I do not consider to be *motiveless, and therefore the result of insanity*." This proposition necessarily carries, as a corollary to it, the doctrine that the insane act without motive; a statement contradicted by experience in a Lunatic Asylum. Not excepting, probably, the very lowest class of idiots, lunatics invariably act from motives, and from reasoning which, though false, is yet satisfactory to their imperfect or impaired minds. Buranelli's letters show that he would in all likelihood have destroyed Dr. Baller at the time he murdered Lambert, for the reason that he attributed his delusion to the former; and in such a crime there would have been nothing like "motiveless impulse." Any such doctrine, as affecting the responsibility of the insane, is manifestly untenable. Next, Dr. Sutherland observes: "I should consider his impression that water came from his person in quantities in the bed, and that on one occasion he said that he swamped the bed, to be an illusion, the result of hypochondriasis—not a delusion, the result of insanity." Here I cannot refrain from noticing the unfair manner in which the questions, to which the statement just quoted was the answer, were asked by the Counsel on the part of the Prosecution—"If *on one occasion* he said that he swamped the bed," when the evidence of the nurses established that the complaint was made not once, but perpetually, many times each day, during the three weeks that the Prisoner was an inmate of the Middlesex Hospital,—"*an illusion, the result of hypochondriasis—not a delusion, the result of insanity!*"

This extraordinary assertion was so ably commented on in your leading article that I need do no more than reproduce it here.

The next assertion hazarded by Dr. Sutherland is, perhaps, even more remarkable than the foregoing, and is thus referred to in the paper which my colleague, Mr. Shaw, drew up, and forwarded together with his suppressed evidence to the Secretary of State.

"I could not," says Mr. Shaw, "agree with Dr. Sutherland who, upon being asked by the counsel for the Prosecution, with an object which was patent enough, whether hypochondriasis was a disease of the brain or not, answered that it was not; adding that the disease was seated in the stomach, which organ, he continued, sent up erroneous or false sensations to the brain, thereby producing despondency of spirits. Now, if that opinion has any meaning at all, it signifies that the stomach, besides the powers of digestion, has an office like that of the sensorium, viz. a power of judgment and comparison, and of forming either correct or erroneous impressions independently of the brain, a function which I believe no physiologist of past or present times has ever before attributed to it."

Further comment is needless.

Lastly, Dr. Sutherland affirmed that the "reasonable ground" upon which he believed that Buranelli had built up his hypochondriacal illusion was this: "He told me that Mr. Henry had tried to persuade him that he did not pass the water behind, and he said that he showed Mr. Henry the lint, and it was wet."

It is deeply to be lamented that so important a point was not more fully investigated before Dr. Sutherland ventured to draw from it such momentous conclusions. It is quite true that I did place lint in contact with the supposed fistula, in order to show the Prisoner that his urine did not flow from it, but I was obliged to give this test up, in consequence of the lint contracting, as, indeed, it was sure to do, a sort of dampness from remaining at the anus for a lengthened period, and, in this way, only confirming the patient's hallucination. Here, Sir, I quit Dr. Sutherland, and, in taking leave of this subject, and, in thanking you for the space you have so liberally provided me in your Journal, it only remains to state, that my connexion with the case has been throughout most painful and distressing. In the ordinary course of Hospital practice, the unhappy man, Buranelli, became my patient, and so continued for some months. Believing him to be insane, my duty, when his life was in jeopardy, was plain, and to have shrunk from it, because the subject was alien to my usual pursuits, or because my conduct might be open to misrepresentation, and I might be accused of morbid philanthropy, or unbecoming weakness, would have been to have acted with a degree of cowardice inconsistent with the practice of the Medical Profession, or with the dictates of the commonest humanity. I have not thrust myself into this case, and have no sympathy with the plea of insanity as an excuse for crime; the names, however, of those who joined in the doctrine of Buranelli's irresponsibility, assure me that,

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had I pursued a different course, and left the man to his fate, I should justly have incurred the contempt of all right-thinking persons; and, though our efforts were unavailing, and a Lunatic has been sent to his last account, we may yet hope that the conviction of the public will not sleep, but that it will continue to live, and to prevent the annals of our country ever again being stained with the record of such an execution.

I am, etc.

Harley-street, May 28, 1855. MITCHELL HENRY.

PREVENTION OF HÆMORRHAGE AFTER LITHOTOMY.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the last number of your valuable journal, which is ever giving forth new and useful additions to the knowledge and apparatus of the Physician and the Surgeon, I observed an instrument described which Mr. Hilton had contrived for the prevention of hæmorrhage after lithotomy. It struck me, after reading the description, that, if the cavity of the oiled silk bag were to be distended with air instead of sponge, the instrument would be lighter, cooler, and, from the closeness with which it would adapt itself to the sides of the wound, more efficacious in preventing hæmorrhage. The idea is not a new one, "Bushe's Compressorium," for the prevention of hæmorrhage after the extirpation of inner piles, is upon the same principle.

Chapeltown, May 21, 1855. I am, etc.

JAMES H. AVELING, M.R.C.S.E.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, May 12th.

DR. SNOW, President, in the Chair.

Dr. E. Smith made a communication, in reference to the presence of a greenish-yellow oil in phthisical bodies. He stated that, in making numerous post-mortem examinations in such cases, at the Brompton Hospital for Consumption and Diseases of the Chest, he had frequently noticed the presence of a yellowish-green oil in various parts of the body usually occupied by fat in fat cells. It is most abundantly seen about the base of the heart, and then has a gelatinous lustre underneath the serous covering. It is also met with in the areolar tissue, surrounding the great vessels, and even in that of the muscular structure, both of the heart and of the extremities. It is met with in large globules, and is clearly apart from any cell-wall, and has a further peculiarity of being insoluble in boiling æther. He stated that he had frequently torn small portions into the smallest shreds, and had boiled it for many minutes in æther; and, although the little mass seemed to shrink from the boiling, the quantity of oil-globules appeared, on careful comparison, to be as large as before. He solicited an explanation of the fact from the Fellows, and presumed that it must be attributable, either to some unusual condition of an oil, which thus obtains in phthisical persons, or to the tissue in which it is imbedded, and remarked upon the apparent similarity of this oil and that which had formerly been described at a meeting of the Society as "green pigmental degeneration," as it occupied the place in which fat is usually deposited, while the fat commonly disappears in phthisis before death. He thought it not unlikely to be a modification of the natural fat, but it differs widely from the condition which is understood by the term "fatty degeneration" of various structures.

Dr. Gibb said he had endeavoured to show that one great source of fat in the body was sugar. In phthisis, the sugar in the system was increased; and he suggested, whether the oil mentioned by Dr. Smith might not be the result of the chemical conversion of the sugar.

Mr. Weedon Cooke mentioned a case, in which there was double ptosis, from the absence of the menses in a young woman 18 or 19 years of age.

Mr. Henry Smith then read a paper on

SOME INFLAMMATORY AFFECTIONS OF BONE AND THEIR TREATMENT.

He stated that there was more interest and more difficulty connected with the pathology of affections in bone, than with the corresponding diseases in the soft tissues, and that during the last few years there had been a great increase in cases of inflammation in bones, owing either to some peculiarity in the human constitution or in the conditions of the atmosphere. This inflammation was produced in two ways; 1st. From some injury first received in the neighbouring soft parts, and from thence propagated to the subjacent bone. As an illustration of this form he would mention whitlow, which had been of late extremely frequent, and which disease was generally the result of some local excitement primarily, which being neglected or badly treated, would go on to inflammation of the periosteum and bone, and, finally, death of that texture, and probably destruction of a neighbouring joint. In the other way, inflammation of bone, and especially of their shafts was produced by a cause acting directly upon the bony tissue itself; and, as illustrations of this case, he would refer to the acute inflammation which sometimes followed the application of the saw after excision or amputation, or that which sometimes ensued upon a fracture of a long bone. The author then proceeded to the consideration of the successive results of inflammation attacking bone, and described the conditions known under the name of denudations—Purulent infiltration, and actual necrosis, which was the ultimate termination of inflammation. With reference to denudation of bone, the author particularly insisted upon the great importance of not mistaking this condition for actual death of the osseous texture, but he believed it frequently occurred, and was treated as such. In many instances, denudation might occur even to a considerable extent, and yet no real mischief have involved the bone, for it had only become deprived of its periosteum and inflamed, conditions admitting of perfect recovery. He referred to cases illustrative of this point, and mentioned one in particular, where a young girl had received an injury to the thigh, which was followed by rapid inflammation and deep suppuration, which was not at first detected. The matter was at length evacuated, and it was then discovered that a large extent of the femur was denuded. The patient was excessively worn down by the suppuration and discharge of matter, that the surgeon in attendance deemed it necessary to amputate high up in the thigh. The parents would not consent, and the child was left to the resources of Nature; the consequence was, the health gradually improved, the discharge ceased, and the patient quite recovered her health. In this case the opinion was, in all probability, that the thigh bone had become necrosed, but in reality it was only denuded, and was capable, as was seen, of recovery. When, however, inflammation attacked bone, in instances of persons affected with some constitutional taint, as struma, syphilis, or scurvy, further changes would take place, and then suppuration would result, either to the interior of the bone itself or within its medullary cavity, and, subsequently, actual death of some portion; and such conditions were most formidable enemies to the operating surgeon, as they frequently obtained, after direct injury, by the saw, as also from fracture and cases in illustration were mentioned, and where, when the inflammation was acute the charges were most rapid. One case was alluded to in which a strumous boy, having received an injury to the elbow, severe disease came on in the joint, and Mr. Smith was compelled to excise; the patient recovered from this operation, but in six weeks fell down and fractured the same arm, just below the shoulder-joint, and such rapid and acute inflammation followed that it was deemed necessary to amputate at the shoulder-joint. On examining the bone it was found denuded of its periosteum to a great extent, and its medullary cavity infiltrated with pus. It was, however, a question with him whether this extreme measure was absolutely necessary. Further experience since this case had happened to him had taught him, that possibly the fracture here might have united, but he was supported in the opinion of amputating by some very able surgeons who were present. When the inflammation was of a more chronic character it would lead, in unhealthy subjects, to results as serious and as certain, but more slowly and with less constitutional disturbance; still, in time, complete or partial death of a bone would be brought about, and a series of pathological changes would occur which are very interesting to the Surgeon to

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watch, and which are so well known as hardly to require description. As regards the treatment which should be adopted in these various forms of diseased bone, the author remarked, that when there was reason to believe that matter was deeply formed close upon bone and was producing mischief, very free incisions should be made and the matter evacuated. As a precautionary measure this treatment would often prevent the bone itself being affected, as is frequently seen in the cases of whitlow, where early resort was made to incision; but where, on the contrary, the matter has been suffered to accumulate, the further changes mentioned by the author would have taken place, and amputation of a portion of the finger was required. In cases even where a large surface of the bone was denuded and inflamed, the free evacuation of matter, perfect rest, and good support, will frequently lead to the restoration of the patient; and on no account should the surgeons be led to resort to amputation in a hurry, with the idea, that because the bone was bare, death of that structure must necessarily ensue. Where, however, in acute cases, there is probability that acute necrosis is occurring, a neighbouring joint is perhaps involved, and the patient's life is in danger, amputation should be resorted to, but never in a hurry. In chronic cases resulting in necrosis, the surgeon must wait until the dead bone is loose, and then extract it if possible; in some he cannot do so, and a case was mentioned by the author where he could not succeed in removing a large sequestrum in the femur, and in another similar case such an operation was successful, but it took him an hour to finish. When necrosis involved the extremity of a long bone, and the joint was otherwise diseased, resection would be applicable, and the author illustrated this by the case where he had lately performed excision of the knee-joint, and where, on examination, a small piece of necrosed bone was found just separating from the femur, and when the joint was otherwise diseased, a cure had been effected, and a useful limb was the result.

Mr. De Meric said, that denudation was not always followed by the death of the bone, and he believed that limbs were sometimes too precipitately condemned. In two cases of whitlow on the finger, in which he thought the bone would have been destroyed, he abstained from interfering, hoping that granulations would come up and give rise to the process of cicatrisation, which ultimately occurred. A great portion of a limb might be necrosed, and the bone be afterwards regenerated. He thought an attempt might have been made to save the arm of the strumous child mentioned by the author. With regard to excision of the knee-joint, he knew of no satisfactory argument that could be brought against the operation; and he believed the shortened limb would grow proportionately with the other. Perhaps the chief inconvenience from an anchylosed joint was its liability to a recurrence of inflammation.

Mr. Rogers Harrison said, that one means of distinguishing necrosis from simple denudation was, that the discharge of pus from the former was attended with a very disagreeable odour. In cases of denudation it was rarely necessary to amputate, unless the injury was produced by poison; when necrosis took place, and a reasonable time had elapsed, the surgeon should operate at any chance. He did not object to excision of the knee-joint in adults, but he thought the operation of questionable value in children, as it was uncertain whether the shortened limb would grow in proportion to the other. Anchylosed joints were sometimes more troublesome and inconvenient than artificial limbs. He knew a man whose arm was anchylosed in such a manner that he found it constantly in his way, he accordingly had it amputated, and could then earn his livelihood better.

Mr. A. Fisher said, allusion had been made to the danger of allowing matter to lie in contact with bone. The great danger, he thought, arose from its lying on the fascia and producing constitutional irritation. Where such irritation was not produced he was not alarmed at the existence of matter contiguous to the bone. He knew a lady who had a chronic abscess over the sternum, which he and the late Mr. Aston Key thought it would be dangerous to open. The abscess accordingly remained for seven or eight years, when a small puncture was spontaneously produced, and the abscess gradually disappeared.

Mr. Dendy said, if we waited for natural reparation in those cases of strumous diathesis where a slight injury produced considerable effects, we should probably wait in vain; but where the system was healthy, and the injury severe, nature would, no doubt, do all that was required. With regard to anchylosis, if produced at all, it should be perfect, so as to leave no room for the slightest motion; and in that case the limb might be saved, and the operation prove highly valuable. Perfect anchylosis would seldom be attended with pain, and never be subject to a recurrence of inflammation.

Mr. Gay regarded the author's views respecting whitlows as practical and correct. Death of the bone did not always follow denudation; and when it did, it was usually limited to a small space; but when denudation followed death, the extent of the disease was usually very great. Necrosis was confined to the hard, compact structures, thus differing from caries, which affected the softer parts. His experience was not great in anchylosis, but he thought it important to save a limb by that means if possible, as in the case mentioned by Mr. Smith.

The author replied, and the Society adjourned.

THE PATHOLOGICAL SOCIETY OF LONDON.

MAY 1.

Mr. ARNOTT, President, in the Chair.

Mr. Henry Thompson showed a drawing of the condition of parts in a case of

EXTROVERSION OF THE BLADDER.

The patient was a child of two years old. The upper part of the penis was wanting, as also the skin from the pubic region nearly to the umbilicus. The mucous membrane of the bladder was thus exposed, and the urethra was reduced to a mere trough in the penis, being entirely without its upper wall. The parents of the child were nowise deformed. Mr. Thompson did not contemplate any operative procedure.

Mr. Thompson showed also a specimen of

STRICTURE OF THE URETHRA.

A man, aged 68, had been under his care three years ago, and by the use of bougies had been relieved from a stricture which was at first very tight. Subsequent contraction had, however, taken place, and about a month ago he had again come under treatment, suffering from perineal abscess. Instruments were again successfully employed, but the patient's powers, already much reduced, had given way under an attack of erysipelas. The autopsy showed a very tight stricture just anterior to the membranous tract, and immediately behind it a large, irregular, and pouched dilatation.

Mr. Thompson next brought forward a

DISEASED TESTICLE (CYSTIC?).

The patient, a man aged 25, had received a blow over the gland seven months ago, ever since which it had increased in size. Its bulk and weight had at length made him desirous to get rid of it, and it had accordingly been excised. The gland was enlarged to about the size of a fist, its section showed numerous cysts filled with a gelatinous material, and separated by thick intervening layers of fibrous material. Mr. Thompson reported that his examination of the specimen had been but short, as he had removed it only a few hours before the meeting; he believed, however, that it was an example of cystiform disease, but was not positive that it was not of a cancerous nature.

Mr. Gray showed a specimen of

RUPTURE OF THE RECTUS ABDOMINIS MUSCLE.

The patient, a watchmaker, aged 35, had died of tetanus in St. George's Hospital, after an eight days' illness. There had been nothing in the course of the illness which made rupture of the muscle suspected, and the lesion was discovered only at the autopsy. The belly of the affected muscle was torn quite through, and much extravasated blood surrounded the injured spot. In the history of the case it was remarkable, that although the man had often, in the course of his trade, had small pieces of glass lodge in his fingers, yet he was not aware of having received any recent wound.

Mr. Prescott Hewett inquired the position of the laceration.

Mr. Gray replied that it was midway between the umbilicus and the pubes.

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Mr. Hewett observed that the part mentioned seemed to be one in which rupture almost always occurred. In an epidemic of fever, which he recollected occurring in St. George's Hospital, in the subjects of which lacerations of the rectus were observed in not fewer than six or seven instances, the site of the rupture was always the same, *i. e.* about midway between the pubes and umbilicus, and just above the insertion of the pyramidalis.

Mr. Curling believed rupture of muscles in tetanus not nearly so rare as they had been imagined. Since the publication of his work on that subject, he had met with many instances, affecting not only the recti, but also the psoæ and the lumbar muscles. If the muscles were always examined after death from tetanus, he thought that the lesions mentioned would be frequently observed.

Dr. Ogle thought it worthy of note that, in the case from which the specimen before the Society had been taken, there had occurred very little of general spasms, it had indeed been almost solely an example of trismus.

Mr. Gray showed also a

HORNY TUMOUR FROM THE LIP.

A man, aged 70, not accustomed to smoke, and who could assign no cause for the disease, had for years been affected by a horny growth from the left side of the lower lip. At length its size had become such that he desired its removal; it being then about ½ an-inch in length, and, at its extremity, of quite a horny character. A microscopic examination of its constituents at different times showed it to consist of epithelium in various stages of dryness. Towards the apex, the cells were dry and shrivelled, but at the base they were moister, and their true epithelial characters much better marked. Mr. Gray adverted to Mr. Erasmus Wilson's opinion respecting the production of these growths, by the ulceration of a sebaceous cyst. At first he had been inclined to think that there were appearances of the existence of a portion of cyst wall at the lower boundary of the growth under inspection. These, however, were proved to be deceptive by further examination, and he was inclined strongly to think that, in the present instance, the horn had been produced by the heaping up of epithelial scales on a particular spot of membrane.

The President inquired how long a time had elapsed between the removal of the growth and the microscopic examination which Mr. Gray had quoted, and also whether there was any account of a swelling in the lip prior to the outgrowth of the tumour.

Mr. Gray believed that no tumour had been noticed before the horn began to grow. It was two or three years since the specimen had been removed.

Dr. Ogle showed a specimen in which had occurred

EXTRAVASATION OF BLOOD INTO THE SUBSTANCE OF THE BRAIN.

The patient has several times had apoplectic fits. She had at length died hemiplegic, in St. George's Hospital, very shortly after the occurrence of another attack. A large extravasation of blood into the corpus striatum was found to have occurred.

Dr. Ogle brought forward also an example of

CYST CONNECTED WITH THE SPINAL ARACHNOID.

The specimen had been found accidentally in the body of a patient who had died of disease in nowise connected with it. It consisted of a semi-transparent cyst, the size of a horse-bean, composed of arachnoid, which had protruded through the dura mater, near to the aperture of exit for one of the nerve-trunks. There was connected with it a tuft of vessels from the pia mater.

Mr. William Adams showed a large series of specimens, illustrating the processes of repair after

DIVISION OF TENDONS.

Mr. Adams observed that, after the careful investigation of this subject by Mr. Paget, and his account of the process given in his lectures at the College of Surgeons, it might seem superfluous to have made these experiments; but different accounts of the process have since been given by Thierfelder, Perogoff, etc., and therefore he had undertaken a re-examination. The results of the present experiments confirmed Mr. Paget's account in most respects, especially with regard to the influence of blood, and the inflammatory process interfering with, rather than assisting, the reparative effort; and also with regard to the development of the new connective tissue, from a nucleated, blastematous material, rather than the ordinary inflammatory products. But Mr. Adams agreed with Thierfelder in attaching great importance to the influence of the sheath, not only as forming the matrix in which the reparative material is formed, but in determining its direction and definite form. The complete division by open-wound did not destroy the influence of the sheath, as had been supposed. Mr. Adams found in these cases that the sheath did not retract with the divided ends of the tendon, but that its cut edges became adherent to the edges of the cutaneous wound, and when this healed favourably, very little difference existed in the conditions of the subcutaneous and open divisions.

Sixteen specimens were exhibited, and the examinations were from two to sixty-two days after division.

They satisfactorily disproved the old opinion, recently revived (1851) by Perogoff, that the bond of union is formed by extravasated blood, for in some of the early examinations—one on the second day for example—no extravasated blood whatever was found, and scarcely a trace of inflammation or muscular injection. Wherever clots of blood existed, the reparative process was interfered with to a corresponding extent, and inflammation usually also existed in the neighbourhood. In one specimen on the tenth day an elongated clot of blood was found in the centre of the new connecting bond, but simply enclosed, and without exhibiting any disposition to organization.

Mr. Sydney Jones exhibited

THE STERNUM OF A CHILD, UNUNITED DOWN ITS CENTRE.

The child had been born alive, and had lived thirteen hours after its birth. The sternum was divided by a longitudinal fissure in its lower two-thirds, and the heart was exposed.

Mr. Gamgee mentioned two instances of a similar deformity; one, of which a calf was the subject, had been shown to him by Professor Herring, of Vienna, and a second existed in a child now attracting the attention of the Profession in Paris. The exposure of the heart in the latter instance was such as to permit of some interesting experiments being made as to the physiology of its sounds.

Mr. Vasey showed casts of a case in which great

DISPLACEMENT OF THE TEETH

had occurred, consequent upon the contraction of a cicatrix resulting from a burn. The child's chin had been drawn down by a large cicatrix in front of the neck, and the front teeth of the lower jaw had grown forwards in an almost horizontal direction.

Mr. Shaw mentioned a similar case. He was inclined to refer the displacement of the teeth to their growth after the axis of their pulps had been altered by the dragging down of the jaw.

Mr. Curling believed that in many of these cases the want of support of the lip externally was the cause of the teeth falling outwards from their upright position.

Mr. Salter thought that when the lower lip was dragged down by a cicatrix, that the end of the tongue was usually made to serve in its stead to retain the saliva, food, etc. To the pressure thus exerted against the front teeth he inclined to attribute the circumstance that they often got pushed into more or less of the horizontal direction.

Dr. Quain exhibited for Mr. Steward the morbid viscera of a patient who had died of

APOPLEXY CONSEQUENT ON DISEASED KIDNEY.

A lady, aged 41, the subject of an ulceration in the leg, had in January suffered from dimness of sight. A few months later she had one morning been found insensible in her bedroom, and had died without regaining consciousness. The autopsy showed a large clot on the upper surface of the right hemisphere, effusion of blood beneath the peritoneal investment of the liver, and an advanced stage of Bright's disease of the kidneys.

Mr. Hutchinson exhibited on behalf of Mr. Lacy, of Poole,

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PORTIONS OF A LARGE CONCRETION REMOVED FROM THE RECTUM.

The patient, a lady of rather more than middle age, had consulted Mr. Lacy, with the account that for twelve years past she had been liable to severe pain in the lower part of the bowel. She was the subject of habitual constipation, and had for long regularly taken black draught every night. On examination Mr. Lacy found the rectum occupied by an enormous mass of hard stone-like concretion, which was somewhat vase-shaped, and would probably measure fifteen inches in circumference. By means of forceps, and at many sittings, this concretion was broken up and got away piecemeal. The patient recovered perfectly. The portions removed more than filled a large tumbler. The interior of the mass consisted of aggregated seeds of strawberry and other fruits, and the exterior of laminated strata of carbonate of magnesia and iron. It appeared that, thirty years before, the patient had, for the relief of stomach irritation, and for attacks of tic-douloureux, been in the habit of taking large quantities of magnesia and iron. Her rectal symptoms dated almost from that period.

Mr. Hutchinson showed drawings illustrative of the condition of

HAIRS IN ALOPECIA CIRCUMSCRIPTA.

The condition constantly observed in this disease was, that the bulbs of such hairs as grow either on or near to the patches are wasted and extremely thin. Often the bulb is reduced to a mere point, the tapering off commencing at the neck of the hair and increasing gradually to the extremity. No alteration is observable in the hair shaft, which retains its bulk and strength. The drawings exhibited side by side hairs taken from different parts of the same scalp; those from, at, or near the diseased patch always contrasting most markedly in the circumstance referred to with those from healthy regions. Mr. Hutchinson, differing from Cazenave, Schœdel, and others, believed alopecia circumscripta to be a peculiar disease, quite distinct in all its stages from the other affections of the scalp, with which it has been confounded. In all the cases he had examined (upwards of thirty) the state of the bulbs alluded to had been constantly observed, and had constituted the only morbid appearance. In none had there been found anything of the nature of cryptogamic growth, while, in all, the history given by the patient was that the patch, from the very first, had been smooth and perfectly free from scurf. In none had there been any history of contagion. The degree of wasting of the hair bulbs might be made available for prognosis, being least marked in the cases most susceptible of cure.

Mr. Hutchinson also showed drawings of

HAIRS IN TRUE RINGWORM OF THE SCALP.

Out of nearly a hundred cases examined, in every one the hairs had been found infested with the sporules of the tricophyton furfurans. Mr. Hutchinson believed that this fungus constituted the essential cause of the disease, and endowed it with its power of spreading by contagion. In a very large majority of the cases which had fallen under his notice, there was a history of the affection having spread to many children, often to different families. The subjects of it frequently presented every characteristic of perfect health; and as it occurred at various ages, and under the most different circumstances, as to diathesis, mode of life, etc., he was strongly inclined to the opinion that constitutional conditions had nothing whatever to do with its production. One of the drawings shown exhibited large clustered masses of the sporules external to the hairs, and was held to disprove the theory of Mr. Erasmus Wilson respecting the disease consisting in a granular degeneration of the hair-structure itself. Mr. Hutchinson remarked that it was very common indeed to see the sporules adhering to the outside of the hair-shaft, and stated his belief that they always invaded it from without.

Mr. Hutchinson next brought forward a drawing of

NEW FUNGUS (?) OBSERVED UNDER THE CRUSTS OF PORRIGO.

The fungus having been noticed in only a single case out of a very large number of examinations, was not believed to have more than an accidental relation to the disease. Its characters were very peculiar, and differed much from those of any fungus yet figured or described. The case from which it had been obtained was one of contagious porrigo on the scalp of a child.

The patients on whom the observations referred to in these communications had been made were mostly under treatment at the Hospital for Skin Diseases, and Mr. Hutchinson stated that he had been indebted to the kindness of Messrs. Startin and M'Whinnie, the Surgeons to that Institution, for permission to examine them.

THE EPIDEMIOLOGICAL SOCIETY.

MONDAY, MAY 7, 1855.

Dr. BABINGTON, President, in the Chair.

DR. M'WILLIAM read a Paper on

THE BOWEL DISEASES PREVALENT IN THE CRIMEAN EXPEDITION.

By WILLIAM SMART, M.D.,
Surgeon of H.M.S. "Diamond," (Hospital Ship,) at Balaklava.

The author describes two forms of bowel disease that have prevailed in the forces of the Crimean Expedition during the last winter, and he gives cases typical of each. The first affection described is that kind of dysentery terminating in ulceration of that variety termed "Pustulai," by Blane, and other authorities in the Medical histories of former campaigns. The other form of disease is classed "Diarrhœa," the name, as observed by the author, of a symptom only, and not even persistent in the course of the complaint, and which cannot convey any idea of morbid conditions that terminate in general softening of the villous layer of the mucous coat of the intestines—a lesion that causes death, by destroying the absorbing power by which the chylous products of digestion are introduced into the system.

The author remarks that, accustomed as we are to regard diarrhœa and dysentery as curable, and rarely fatal diseases in temperate climates, it may be a very natural source of surprise to many, on finding that they have occupied the chief place among the causes of mortality in the Crimean expedition; and justly considers that any accurate description of those diseases that have undermined the strength of the Allied forces, and have even endangered the stability of our position at a most momentous period, together with some inquiry into their causes, cannot fail to be attended with utility and interest. Dr. Smart, after giving a full account of the symptoms, cause, and duration of each form of these two disorders that became epidemic in the camp, and detailing the post-mortem appearances, proceeds to discuss the causes that have contributed to produce them. Reviewing, says Dr. Smart, the term of six months now expired since leaving the shores of Bulgaria, there is seen to have existed throughout a winter campaign an almost exclusive disposition to diseases affecting the organs of digestion and assimilation. This of itself the author considers would point to malific causes of a nature wholly different from those which ordinarily determine the relative frequency of diseases; because, under common circumstances of winter season, in a climate rather more temperate than that of the British isles, the maladies that affect the glandular system, the respiratory organs, and those of locomotion would be expected to prevail. In estimating the causes which have led to the production of other forms of disease than those just alluded to, the author observes, that it should be recollected that when the army left the plains of Bulgaria to combat on the heights of the Crimea, the cholera was not extinct from its ranks; that during the passage by sea it had given ample proofs of its not having left them, and that after they were landed it burst out with epidemic violence immediately after the battle of the Alma, when the Allied troops encamped upon the ground upon which the enemy had been routed. Cholera followed the armies to the encampments on the heights of Sebastopol and Balaklava, but with the advance of winter it declined, and before Christmas its intensity had become so reduced that perfectly developed cases of it were of rare occurrence. The author continues, when cholera and diarrhœa were on the wane, diarrhœa and dysentery complicated with jaundice became very frequent complaints. These were at first manageable complaints, but the operation of new malific agencies, such as deficient vegetable supplies, improperly cooked and salted meat, the overcrowding of men in the tents,

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the continued position in the trenches, cold, defective clothing, and other causes which are inseparable from winter campaigns induced a scorbutic cachexy effecting a complete change in the general expression of the bowel diseases, which then assumed the forms of "camp dysentery" and the "lienteric diarrhœa," which latter the author regards as a continuous link in the chain of the last cases of cholera.

Some discussion followed the reading of this paper, in which Dr. McWilliam, Dr. Babington, and Dr. Bryson took part.

Dr. Snow next commenced reading a paper on "The Propagation of Cholera through the medium of Water," but as the time of the meeting had expired before its conclusion, and some of the members appeared eager for its discussion, its further reading was deferred until the next meeting, when the subject will be resumed by Dr. Snow.

SMYRNA HOSPITAL MEDICO-CHIRURGICAL SOCIETY.

MONDAY, MAY 14.

MR. HOLTHOUSE, in the Chair.

A long discussion took place on the question of confirming the minutes of the last meeting, Mr. Macleod alleging that certain statements made by Dr. Leared were inaccurate, but the matter being one of local interest only it is unnecessary to report further.

Dr. Macraith, of Smyrna, then gave an account of

TWO CASES OF HYDROPHOBIA RECENTLY OBSERVED IN SMYRNA.

In the month of September, 1853, a dog bit a man, 22 years of age, on a naked part of the calf of the leg, and on the same day bit a female, 20 years of age, on the hand. The man's wound was deep. No caustic was applied. It suppurated freely, and did not cicatrize for fifteen days. The girl's wound was so slight that it was scarcely perceptible six or eight hours afterwards, when it was seen by a Medical man, who touched it with nitrate of silver very slightly. The next day a young man was bitten in the hand, but the wound was immediately cauterized by the acid nitrate of mercury. The dog, being ill, was poisoned by strychnia. In April, 1854, eight months after the bite, the man first bitten was seized with unequivocal symptoms of hydrophobia, and died 70 hours after the symptoms declared themselves. On the 17th April, 1855, twenty months after the bite, the girl also was attacked, and died in about 60 hours. The third person bitten has not yet suffered. The girl had not been aware that her bite might prove dangerous, and had had no fear of hydrophobia. Pustules under the tongue were looked for in the girl's case, but not found, although the arteries and veins of the part appeared congested. No unusual mode of treatment was practised. Dr. Macraith shortly alluded to three other cases he had heard of, showing that the disease was not infrequent in Smyrna, and stated that a part of the coast of Asia Minor opposite Rhodes, where hydrophobia was prevalent in the days of Hippocrates, was still noted for the frequency with which it is met with in the present day.

Mr. Spencer Wells, having inquired of Dr. Macraith whether the symptoms in these cases had been preceded by pain in the bitten part, and received the reply that they had in both instances, alluded to the propriety of excising the cicatrix at any period after the bite, even after the commencement of the symptoms of hydrophobia. He said pain in the cicatrix was so commonly observed that, although it was difficult to suppose that a poison could be mechanically imprisoned in any part of the body, it appeared advisable to perform excision, if only for the purpose of giving confidence to a patient. In the only case of hydrophobia he had ever seen this was done, and the symptoms certainly abated for a few hours afterwards.

Mr. Eddowes said that in tetanus he would also perform excision of any injured part, and had seen the practice of great use, accompanied by the endermic application of morphia.

Mr. Halke alluded to the state of the kidneys in hydrophobia. He had seen a case last year in King's College Hospital in which great diminution of urine, and finally suppression, took place. Urine drawn off by the catheter was smoky, highly albuminous, and largely charged with free epithelium and epithelial casts. The kidneys, at the post-mortem examination, presented all the appearances of acute desquamative nephritis. In another case, at Charing Cross Hospital, the kidneys presented similar appearances.

Dr. Leared suggested that possibly the diminution in the quantity of urine might depend upon the fact that no water was imbibed.

The Chairman inquired if any account could be given of the manner in which the dog acquired the disease. Dr. Macraith replied that it was a sporting dog, and nothing could be discovered as to inoculation.

Mr. McDonnell related a case he had seen to prove that the bite of a dog simply enraged, and not suffering from hydrophobia, might give rise to the disease. In this case the bite of a spaniel that continued well was followed by fatal hydrophobia.

Mr. Macleod said that this was a well-known and established fact.

Mr. Spencer Wells doubted the correctness of these statements, and thought that a dog must be suffering from this specific disease before he could convey it to the human subject. He might have it mildly (just as a person with but a few spots of small-pox might communicate a severe form of disease to another person), and recover. In the case he had seen, inoculation was distinctly traceable. It occurred in Malta, where the disease had been unknown for upwards of thirty years, and it was only after considerable trouble that it was found that a dog had arrived in a vessel from Gibraltar that had died of hydrophobia, after biting another dog, that had bitten a cat, whose bite had proved fatal to a woman after an interval of about six weeks.

Dr. Wood, of Smyrna, then made some allusion to the salubrity of Smyrna, contradicting certain statements made by Captain Boldero in the House of Commons, but as the hour of meeting had expired the subject was not pursued, and the Society adjourned.

ARMY BEFORE SEBASTOPOL.

WE have been favoured by Dr. A. Smith with the following Report from the Medical Officers of the Army before Sebastopol.

Weekly return of Sick and Wounded of the British Army before Sebastopol, from 22nd to 28th April, 1855.

Remained	3499
Admitted	1140
Total treated	4639
Discharged	1173
Died	80
Remaining	3386
Number of Sick Officers	64
Strength.—Officers	1393
„ Men	31,858
Ratio per cent. of sick to strength	14·1
Ratio per cent. of deaths to sick	1·7

Diseases remaining 28th April, 1855.

Diseases.	Men.	Officers.
Fevers	1652	26
Diseases of brain and nerves	9	—
„ lungs	190	3
„ heart and great vessels	—	1
„ liver, spleen, and stomach	19	2
Diarrhœa	269	5
Spasmodic cholera	3	—
Dysenteria acuta	94	—
„ scorbutica	13	—
Scorbutus	114	—
Gelatio	50	—
Rheumatism	93	2
Phlegmons and ulcers	173	—
Venereal diseases	42	—
Wounds and injuries	381	16
Ophthalmia	41	1
All other diseases	243	8
Total	3386	64

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LIGHT DIVISION.

Fevers still continue to be the prevailing diseases, there being now under treatment in the Division 236 cases. Of these, 63 were new admissions. 13 deaths in Hospital have occurred during the period; of these 5 were from fever, being 2·1 per cent. of the total under treatment for that class of diseases; 1 from cholera; 1 diarrhœa; and 6 of wounds.

Of diseases of the bowels there are now only 54 cases on the list—a considerable reduction on last week.

The fatal case of cholera occurred in a man of the 7th Fusiliers, admitted from the trenches. He rallied from the stage of collapse, but sank under consecutive fever.

Only 8 cases of scurvy remain under treatment.

During the past week 90 sick and wounded of the Division have been removed from the camp by the ambulances.

Of gunshot wounds 28 cases have been admitted—the majority flesh-wounds.

The following are brief notes of some of the severe cases: In a man of the 19th Regiment the scalp and occipital bone had been ploughed across by a musket-bullet. The wound was transverse, and about two inches in length. No fracture or depression had occurred. He was in a comatose state from the time of receiving the wound in the evening until he died on the following morning. On the head being examined, a considerable quantity of extravasated blood was found subjacent to the wound of the external parts between the skull and dura mater, as well as between the latter and the brain. Rupture of the longitudinal sinus had occurred, and this without any appreciable lesion of the central mass; but no depression, fissure, nor any solution of continuity of the inner table of the cranium had taken place.

A private of the 23rd Fusiliers was hit on the forehead by a segment of a bullet, which he states had first struck his bayonet, and had thus been split into two portions. One of these had produced fracture of the frontal bone, and was extricated from the wound. Up to last report no untoward symptom had occurred in this man's case.

A soldier of the 77th Regiment was shot directly through the left half of the chest, at its upper part. The bullet having traversed the lung, escaped posteriorly. Profuse expectoration of fluid blood followed, with dyspnœa, and other urgent symptoms.

By free venesection, and the influence of full doses of tartar emetic in solution, continuously kept up, the urgent symptoms were relieved, and the bloody sputa had all but disappeared.

Another severe chest wound, left side, occurred in a private of the 88th Regiment.

A man of the same corps was struck by a bullet, which entered the left hip, traversed the lower portion of the pelvis, wounding the viscera in its course, and lodged in the opposite thigh. He died in a few hours.

A private of the Rifle Brigade was hit on the right side by a ball, which, traversing the liver, fractured the tenth dorsal vertebra, and the corresponding rib of the left side, and, glancing obliquely upwards, was cut out from below the posterior fold of the left arm-pit.

From the receipt of the wound until his death, he was incapable of passing urine, and there was complete paralysis of sensation in the penis and lower segment of the body, and of motion also of the lower limbs.

Another man, of the same regiment, was struck close to the right eye by some earth and gravel. Irregularity of the pupil, and total blindness of the adjacent eye followed. He has, however, partially recovered his sight.

The camp of the Division is clean, and every precaution is taken to keep it so.

There is also a good supply of medicines, medical comforts, etc. etc.

FIRST DIVISION.

The weather has been extremely fine during the week. Some refreshing showers fell on the night of the 27th.

The health of the Division continues to improve. At the termination of last week, 514 cases remained; 94 have since been admitted, making a total of 608 treated. Of these, 103 have been discharged to duty, 43 have been sent on board ship, and 11 have died, leaving only 451 under treatment.

The 79th Highlanders have improved daily in health, since they have moved from their former unwholesome Camp-ground. The cases of fever, though still a numerous item of the sick list, are of a milder and more manageable character than formerly.

The employment of quinine wine as a prophylactic, is continued, and with manifest advantage.

The Medical Officers of the Division have suffered greatly from sickness, which is mainly to be ascribed to their unremitting attention to their duties. Six of them are on the sick report, three Surgeons, and three Assistant-Surgeons; besides one Surgeon, and one Assistant-Surgeon, who have proceeded with sick leave on board of ship.

Dr. Scot, of the 79th, has been very seriously ill for some days; but there is now, happily, a shade of improvement, and prospect of recovery.

SECOND DIVISION.

There has been a general amelioration in the health of the men. The total treated during the week amounted to 570 sick, and 80 wounded. Of these numbers, were admitted 146 sick, and 32 wounded; were discharged to duty 100 sick, and 17 wounded; died, 21 of disease, or about 0·4 per cent., and 17 of wounds, or 2·1 per cent.; and there remained 449 sick, and 58 wounded, being in all only 1 per cent. of the number of men composing the Division. Its strength, which has lately received an accession by the arrival of the 2nd Battalion 1st Royals, amounts to 4731 men, exclusive of 144 officers. Fevers constitute one-half of the Sick List. They have lately, however, become milder, and more amenable to treatment, though relapses are frequent. Scurvy has almost quite disappeared; and the cases of catarrhal and abdominal disease have not been severe. All the Regiments in the Division, except the one lately arrived, have each three hospital huts, and the batteries of Artillery are each provided with one. As soon as circumstances will permit, every Regiment is to have two additional hospital huts. The 41st, 47th, and 49th Regiments, are now hutted; and the other corps are to be so as soon as huts can be brought up to the camp, and carpenters be procured to erect them.

THIRD DIVISION.

The prospects of subsidence of the prevalent fever in this division, by the mitigation of severity and decrease of mortality manifested during the preceding, are shown to have proved fallacious during the past week. This remark is true of the regiments generally. In some, however, there is improvement as regards the fever, while in others sickness and mortality by this form of disease have increased. Of these cases some are indistinctly maculated, many are complicated with diarrhœa or dysentery. Cerebral and hepatic symptoms frequently predominate.

A yellow tinge of the skin and conjunctiva is also common in fever cases.

With reference to the treatment of the prevailing fever there exists among the Medical officers a growing conviction that quinine does not realize the expectations formed of its utility, whether given in large or in small doses.

All seem agreed as to the very marked benefit resulting from the administration of an emetic in the first instance.

The Hospitals are continuing to acquire additional comforts for the sick. More huts are promised. Fresh meat and vegetables have been supplied daily, bread frequently.

FOURTH DIVISION.

The strength of the Division amounts to 4727, including men employed in the Crimea and the sick, but excluding men sick at Scutari or absent elsewhere. The total sick in camp number 455, 214, or nearly one-half of which, are cases of fever. Four deaths have occurred during the week, 8 having been the number last week. Of scurvy only 41 cases remain under treatment. One case of cholera has occurred. The 48th Regiment joined the division on the 21st instant from Corfu. There is an hospital marquee as well as other tent offices established. But there is a delay in the transport to the camp of a hut for the sick and wounded. The surgeon of the regiment was obliged to go to Balaklava himself to urge greater despatch.

The hut for the divisional stores, which is much wanted and for which requisition was made eight days ago, has not yet been brought up by the Land Transport Corps.

CAVALRY DIVISION.

The weather still holds fine, with a refreshing sea breeze daily. Fevers still hang about the cavalry camp, but the number of the cases is not on the increase, and only one has terminated fatally since the appearance of that form of disease

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two months ago. The 10th Hussars, lately arrived from India, 658 strong, have 45 men sick. Of these four are affected with fever, and the remainder chiefly suffering from bowel complaints, ascribed in part to the great changes of climate to which they have lately been exposed, and partly to their being obliged to sleep on the ground in Egypt and since their arrival in the Crimea.

The reporters are Dr. Linton, Mr. Alexander, Mr. Taylor, and Mr. M'Donnell, Deputy-Inspectors-General of Hospitals; and Dr. Wood, Staff-Surgeon.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diplomas were admitted members of the College at the meeting of the Court of Examiners on the 25th inst:—Messrs.

ADAMS, ROBERT SEYMOUR, Lymington.
ARNOLD, RICHARD, Army.
BURN, JOSEPH, Kirton, near Boston, Lincolnshire.
DREVAR, ARTHUR, Dublin.
GAGES, CHRISTOPHER, Howden, Yorkshire.
HALPIN, STOPFORD WILLIAM, Quebec.
HOPKINS, NATHANIEL, Llandillo, Carmarthen.
LOWE, EDGAR, Manchester.
MURPHY, ALEXANDER, Army.
RIGBY, JOHN MORRIS, Chorley, Lancashire.
STELFAX, THOMAS, Leigh, near Manchester.
THOMAS, RICHARD ROBERTS GREGORY, Monmouth.

The following gentlemen were admitted members on the 28th inst.:—Messrs.

BROOKS, RICHARD WILLIAM TOMLINSON, Uttoxeter.
BROWN, HENRY OSMOND, Egham Hill, Surrey.
CALVERT, FRANCIS, York.
CLARK, WM. WAKE, Wellingborough, Northamptonshire.
COLLIS, WILLIAM, Army.
FARLEY, NATHANIEL, Clones, Co. Monaghan, Ireland.
HAYNES, SYDNEY, Sandwich.
SADLER, MICHAEL THOMAS, Barnsley, Yorkshire.
YORK, GEORGE BILLING, Wharncliffe House, St. John's Wood-road.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 24th May, 1855:—

ALLEN, DAVID, Carmarthen.
ALLINSON, AUGUSTUS WARD, H. E. I. C. S.
BRIGSTOCKE, NEWTON THOMAS, Milford Haven.
BROWN, AUGUSTUS, Egham Hill, Surrey.
PENHALL, JOHN THOMAS, H. E. I. C. S.
MACNAB, ROBERT ALLAN, Cross Hills, Craven, Yorkshire.

APPOINTMENTS.

TEIGNMOUTH INFIRMARY.—Mr. E. A. Rogers, M.R.C.S., and L.M., has been appointed House Surgeon to the above Infirmary.

GLASGOW UNIVERSITY.—Dr. Easton has been appointed to the Chair of Materia Medica, vacant by the death of the late Dr. Couper. Dr. Easton filled the same Chair in the Andersonian University for several years. Dr. Easton, from his intimate acquaintance with his subject, his great attainments as a general and classical scholar, and his clear and eloquent style as a Lecturer, will not fail to sustain the reputation of the Chair to which he has been so judiciously elected by the Crown.

DR. MORTIMER GLOVER, of Newcastle-on-Tyne, has been appointed to the Civil Medical Staff at Scutari.

DR. WM. LINDSAY is promoted to be Inspector of Hospitals and appointed to Haslar; Dr. Peter Leonard is promoted to be Deputy Inspector of Hospitals, and appointed to Haslar.

DR. HOFMANN has been appointed Assayer to the Mint.

DEATHS.

BOND.—May 25. at Polesworth, of paralysis, aged 78, Joseph Bond, Esq., Surgeon.

CHEYNE.—Oct. 22, 1854, on board the *Cyclone*, between Calcutta and Australia, George Macartney Cheyne, Esq., Surgeon, H. E. I. C. S.

ROYAL INSTITUTION OF GREAT BRITAIN.—The Fullerian Professorship at this Institution is now vacant. Among the candidates we hear the names of Dr. Lankester, Mr. Huxley, Dr. Kirkes, and Mr. Gray. The appointment is held for three years.

UNIVERSITY COLLEGE.—The Council, at their session on Saturday last, received notice of the resignation by Mr. Graham of the professorship of chemistry, in consequence of his having received the appointment of Master of the Mint. The resignation was accepted, with regret at the loss to the college of Mr. Graham's valuable services; and the vacancy was ordered to be advertised. At the same session, announcement was made of the following addition to the property of the college:—The parliamentary library of the late Mr. Joseph Hume, bequeathed by him to the college. The collection of fossils presented to the college by the late Mr. G. B. Greenough, and delivered by his executors, Messrs. Decimus Burton and Robert Hutton, with a presentation copy of Mr. Greenough's Physical and Geological Map of India; and the portrait of Harvey by Mirevelt, a *chef-d'œuvre*, bequeathed to the college by the late Mr. George Field, of Isleworth. Proceedings of a former session were confirmed as follows:—The appointment of Professor Jenner to be Physician to the Hospital instead of Assistant-Physician; of Dr. Thomas Snow Beck, and Dr. John Russell Reynolds, to be substitutes, each for six months, for Dr. Jenner, as Assistant-Physician to the Hospital, for the year during which Dr. Jenner is charged with the duties of Dr. Parkes as Physician to the Hospital, and special Professor of Clinical Medicine.

THE NEW CIVIL HOSPITAL.—Dr. Parkes has fixed on *Ranqui* on the *Dardanelles*, as the site for his wooden Hospital. No site on the Bosphorus could be obtained, and there were military reasons against going to Sinope at present. Mr. Wells is expected to join Dr. Parkes about the middle of June; Drs. Robertson, Cowan, and Scott have already joined him.

NINE MEDICAL OFFICERS from the General Hospital, Fort Pitt, Chatham, are selected to proceed on service; they are to embark at various stations in Medical charge of troops for the East and other places — viz.:—Assistant-Surgeon W. Hamilton and Assistant-Surgeon G. E. Hinde. Both these gentlemen proceed to Portsmouth; the former embarks on board the ship Cormorant, and the latter on board the Transit, with troops for the East. Assistant-Surgeon J. Modkin and Assistant-Surgeon W. Leslie go to Liverpool; the former embarks on board the ship Assistance, and the other gentleman on board the ship Oneida, with troops for the Crimea. Assistant-Surgeon J. Winter embarks at Gravesend, on board the Emma Eugenia, for Bermuda; Assistant-Surgeon J. H. G. Meares also embarks at Gravesend, on board the Inlendar, with troops for Ceylon; Assistant-Surgeon A. Finnamore also goes to Gravesend, and embarks with detachments on board the ship Mountstuart Elphinstone for the Mauritius; and Assistant-Surgeon W. Folliott embarks at Plymouth, on board the ship Dodo, with troops for the East.

REGIMENTAL SURGEONS IN THE CRIMEA.—A private letter says:—"I cannot tell you how depressing the continued slight of the services of the regimental Surgeons is to us all. The *Gazette* has just come, bringing a whole host of honours and promotions to the regimental officers, and well do they deserve them; it is only doing justice to them after that glaring cocked hat brevet. But *we* have no friends, no parliamentary interest, and are not merely passed over unnoticed, but absolutely maltreated. In Bulgaria and in the Crimea, day and night, on the field, or in the marquee, amid wounds or disease, I defy a single person to say I have ever shrunk from my duty. There is not a sanitary evil which has happened to the men under my care respecting which I have not written official warnings and remonstrances to authorities, both medical and military, as soon as the evil was seen to be approaching. I do not ask for the brevet or substantive honours given to my regimental companions, but I do ask for justice and fair play. Let not the guilty and innocent, the inefficient and efficient, all suffer alike. A little trouble would suffice to distinguish between the two. The inactivity of peace led to my remaining eleven years and

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upwards an Assistant-Surgeon before my turn for a Surgeoncy arrived; the chances of war have since led to others getting the step in little more than half the time. But the chances of war do not bring a corresponding advantage to the regimental Surgeons; civil Surgeons, with comparatively enormous salaries and retiring allowances, are sent to occupy the higher positions. There are young men now here—of talent, no doubt, but who have never performed a capital operation, and who honestly tell you that they have only come for the advantages of practice—who are receiving upwards of three times my present pay daily, with proportionate allowances, and the promise of a year's salary on leaving. All is gain to them, even the positions they have temporarily vacated at home reserved for them. I assure you there is not one regimental Surgeon who has weathered the campaign up to the present time, including the fearful winter, during which I have many times envied your horse his stable, but feels as indignant and as sore as I do myself."

THE BALTIC FLEET.—Nargen, May 22.—The smallpox, which broke out in the Arrogant a short time since, has made its appearance among the crew of the Duke of Wellington, 15 of whom, up to the 13th, were attacked by it. The number of cases having considerably increased during the subsequent three days the Commander-in-Chief put to sea at 4 a.m. of the 16th, *en route* for Faroe Sound, for the purpose, if possible, of preventing the spread of the contagion, by landing and placing in tents on the island those affected with the epidemic, which then amounted, it has been stated, to upwards of 40.

ON Saturday, 170 invalids arrived at Chatham from the Crimea, under the charge of Dr. Hudson, 6th Regiment.

NAVAL MEDICAL REFORM ASSOCIATION.—A deputation from the Students' Association for Naval Medical Reform had an interview on Saturday last with the President and Censors of the College of Physicians. They were received with great courtesy and attention by the authorities of the College, who promised to give their best consideration to the subject, and to forward the views of the Association (with which they professed warm sympathy) by any measures which they might find advisable.

CRUEL TREATMENT OF A LUNATIC.—On Thursday last a charge was heard by the magistrates at Barnstaple against a man named Huxtable for abusing, ill-treating, and neglecting a lunatic of the name of Edward Lancey, aged 45. Lancey's friends had placed him under the care of Huxtable, for which they agreed to pay him £21 a-year, and with whom he has lived for the last seven years. Huxtable was represented as not a cruel man—rather the contrary; but the region in which he dwelt was stated to be a very benighted one. He had built for the lunatic "a cell," eight feet by six feet, and five feet nine inches high. It appeared that some intimation of the state in which Lancey was kept reached the Rev. John Carwithen, Rector of Challacombe, who called the attention of Mr. Richards, the relieving officer, to the case, and accompanied him to Huxtable's on the 23rd of April. They found the lunatic in the cell abovementioned, the door of which was fastened outside by a staple and iron chain, and could not be opened by any one inside the cell. The stench from the room was "awful;" so bad as to provoke retching. On a bureau bed was seen what seemed to be a moving bundle. This was Edward Lancey. He was lying on straw, and had on a shirt reaching to his middle, but nothing on his legs. A dirty, stained rug, or quilt was over him; also something like an old greatcoat, but none of the witnesses were able to tell exactly what this second covering was. There was no fireplace, nor anything for the purposes of nature. The room, the surgeon said, appeared to have been constantly saturated with offensive matter. The lunatic was very emaciated, which the various witnesses attributed to insufficient food. He was unable to walk, the muscles and tendons being contracted, keeping the knees at an acute angle with the trunk of the body, so that the calf of the leg approached the posterior portion of the thigh. The knees were drawn up under his chin, and the pressure of the heels upon the buttocks had continued so long as to make two indentations, and the skin had become dark and thick. When subsequently removed to the Devon Pauper Lunatic Asylum, it was found that the abdomen was excoriated from the irritation of the urine, and that the bones of the left leg had been broken about four inches above the ankle. No one knew anything about it, or had any idea he had sustained such an injury. Huxtable made no demur to the lunatic's being seen by Mr. Carwithen and the relieving-officer. "My impression is," said one of the Medical witnesses, "that he considered he was treating him well, and did not know what he could do better for him. I have no reason to believe that he was wilfully ill-treating him as a matter of barbarity or punishment." Defendant's counsel addressed the Bench, urging that the treatment had arisen from ignorance, and not from cruelty of disposition. Several witnesses were called for the defence, who deposed that they never saw the lunatic "ill-treated" (meaning, apparently, that they had never seen him absolutely kicked or knocked about). The magistrates committed the defendant for trial. Bail was accepted, himself in £50, and two sureties of £25 each.

OBESITY.—A woman died last week in Whitechapel, aged 53, of whom the Registrar says:—"Bed sore (about 7 days,) obesity, supposed to weigh about 23 or 24 stone.

M. HULOT, one of the chiefs in the electrotypic department of the French Mint, has discovered that the newly discovered metal, aluminum, may replace platina as an element of the galvanic pile, and that this metal having zinc as an electronegative element, gives rise to a very considerable disengagement of hydrogen for several hours.

WATER.—At Liverpool sea-water is obliged to be used to water the streets with. The supply of fresh water from all sources is 42,000,000 gallons a-week—the requirement is 60,000,000.

MORTALITY NOTABILIA.—The Return for the week that ended last Saturday does not discover any decrease in the rather high rate of mortality which has lately prevailed in London, and which is as great at the end of May as it was in the beginning of the month, and is even higher than it was in the last two weeks of April. Last week 1187 deaths were registered. In the corresponding weeks of the ten years 1845-54, the average number was 951, which, if raised by a tenth part for increase of population, becomes 1046. It appears that 141 persons died last week more than would have died according to the ordinary rate of mortality in the fourth week of May. The class of zymotic diseases shows a disposition to increase. Phthisis is much more fatal than any other special disease; it numbered 170 cases last week, about 30 more than the usual number in corresponding weeks.

BIRTHS.—The births of 855 boys and 767 girls, 1622 children, were registered. Average 1399.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, May 26, 1855.*

CAUSES OF DEATH.	In the Week ending Saturday, May 26, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean temp.	°						°
Mean Temperature.....	55·4						54·5
ALL CAUSES	1187	576	154	206	199	35	950·7
SPECIFIED CAUSES	1166	574	153	206	198	35	943·9
DISEASES:—							
1. Zymotic Class	246	197	20	16	11	2	211·7
2. Dropsy, Cancer, and others of uncertain seat	48	2	4	14	26	2	45·0
3. Tubercular Class	232	103	70	54	4	1	186·2
4. Of Brain, Nerves, etc. ..	119	56	9	18	33	3	122·3
5. Of Heart, etc.	46	5	6	19	14	2	31·7
6. Of Respiratory Organs ..	194	97	13	40	42	2	135·1
7. Of Digestive Organs ..	75	31	12	18	13	1	59·0
8. Of Kidneys, etc.	17	1	4	9	3	..	10·0
9. Of Uterus; viz.—Puerperal Disease, etc. ..	9	1	6	2	..	..	6·9
10. Of Joints, Bones; viz.—Rheumatism, etc.	14	4	2	4	4	..	7·3
11. Of Skin, etc.	4	..	..	1	2	1	2·0
12. Malformations	3	3	..	..	..	..	1·8
13. Debility from Premature Birth, etc.	36	33	2	..	1	..	25·6
14. Atrophy	40	25	1	..	14	..	21·5
15. Age	45	..	..	..	25	20	39·3
16. Sudden	5	3	..	1	1	..	3·8
17. Violence, Privation, etc. ..	33	13	5	10	5	..	29·7
CAUSES NOT SPECIFIED.. ..	21	2	1	..	1	..	6·8

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The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	2	..	10	8	..	5
North	490,396	8	1	11	11	3	6
Central ..	393,256	4	5	15	8	4	3
East.....	485,522	5	5	6	10	3	17
South	616,685	10	5	10	15	5	12
Total..	2,362,286	29	16	52	52	15	43

BOOKS RECEIVED.

Chemistry as applied to the Arts and Manufactures. By Dr. Sheridan Muspratt. Part XV.

Transactions of the Medical and Physical Society of Bombay. No. II. Bombay. 1855.

Nashville Journal of Medicine and Surgery. May, 1855.

The Forcep. A Quarterly Journal of Dental Science. New York. May, 1855.

TO CORRESPONDENTS.

Medical Puffing.—The numerous correspondents who have addressed us on the new scheme of medical puffing lately adopted in a certain quarter will find that we have devoted a leading article to the subject in our impression of this day.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I should be much obliged to you if you could let me know whether the under-mentioned book—"Homœopathic Domestic Medicine. Devoid of technicality. No medicine is prescribed without the indication for its selection, and the exact doses to be administered. An excellent work for families, emigrants, and missionaries,"—explains what the different medicines is used for as well as the doses.

London, May 30, 1855. I remain, Sir, yours truly,
W. C.

Our correspondent need not feel anxious to know the particular purposes for which the homœopathic remedies are prescribed, as they are equally efficacious in any case.

Mr. Lacy's case shall appear immediately. It has been deferred in order that the specimen might first be brought before the Pathological Society.

A Subscriber and Constant Reader.—The freezing mixture is made by mixing equal parts of pounded ice and salt. It is applied in a bag of muslin, and generally requires four or five minutes to produce complete anæsthesia. Our pages during the last year have contained much detailed information on the subject.

Mr. Butcher.—It is contrary to our practice to give extracts from printed works. A letter on the subject shall receive attention.

A Student complains that he is deprived of the means of gaining information at Guy's Hospital from the students not being allowed to see accidents and operations at any hour, a restriction which he says does not exist at other Hospitals. We feel sure that the authorities will not knowingly prevent their students from reaping all the advantages of the Hospital.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Some months since, about the latter end of last year, Mr. Pritchard, Surgeon R.N., published in your Journal a letter laudatory of the services of the Piper methysticum in the treatment of gout, rheumatism, etc. I have been unable to procure this piper, and my druggist has also failed. I should be glad, therefore, if Mr. Pritchard or any of your numerous correspondents could inform me where I could procure it.

I am, etc.
36, Tavistock-street. John Foote.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In a late number of the *Medical Times and Gazette* is a communication from a correspondent, relating "A severe case of Onychia or ingrowing of the nail of the great toe, and asking information of the mode of treatment by those who have been more successful than he appears to be." Having been a fellow-sufferer, undergoing torments indescribable for a considerable time, and obtained relief,—would, it might be said, permanent!—I shall be glad if the plan adopted and carried out, however simple it may seem to be, may have the same agreeable effect on others. With a pair of strong, sharp scissors, the offender was cut out from the part on which it grew, showing the sharp, jagged edge, acting like a saw, on every step taken! and this I effected myself, having a great objection to place my own limbs under any operator, however skilful, and these are neither few nor far between among us—together with being put under the influence of chloroform, to which I have a great horror and dread! This operation had to be repeated twice or thrice at intervals, the last nearly twelve months ago. Believing that tight, hard boots are the principal cause of this most painful malady, cloth shoes were worn instead of leather, and in wet weather india-rubber overshoes. Since then very little inconvenience or pain has been felt, and I can now walk miles with perfect impunity and freedom from pain.—I am, etc.

Danby House, Stamford, John Mewburn, M.R.C.S.L.
Co. Welland, C. W., May 10, 1855.

Mr. F. Allarton.—We have received a box of the steel biscuits, the taste of which is very agreeable, and without any perceptible ferruginous flavour. We have no doubt that the biscuits will prove very useful in practice, especially in treating the diseases of the young.

The Royal Panopticon.—The experiment referred to, although very interesting, is by no means new, and the phenomena are well known to chemists. The analogy of hydrogen to the metals, and the probably compound nature of some or all of the metals, are chemical problems of great interest, and will no doubt receive much elucidation as science advances.

C.—The contract is certainly a painful document to peruse, more especially if it came from a member of our Profession. We do not find the name of the party who signs it in the Directory. Is he a licensed Practitioner?

COMMUNICATIONS have been received from—

Mr. Curling; Mr. William Adams; Mr. Tyrrell, St. Thomas's Hospital; Dr. Roulston, Leeds (with enclosure); Mr. Johnson, Birmingham; A Subscriber; Mr. Dickson; Mr. Foote; A Student; Mr. Butcher; Mr. Spencer Edmonds; The Geological Society; Mr. Brodhurst; C.; Mr. Mackenzie; Mr. M. Henry; Mr. Spencer Wells; Mr. F. Allarton; The Royal Institution; The Royal Panopticon; Mr. McCormac; Mr. Mewburn; Dr. A. Smith; The Hon. Secretary of the Epidemiological Society; Dr. Moriarty; Mr. Prescott Hewett.

APPOINTMENTS FOR THE WEEK.

JUNE.	Miscellaneous Register.	Society Meetings.
2. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.	Royal Institution, 3 p.m. Dr. Du Bois Reymond "On Electro-Physiology."
4. Monday.....	London University—M.A. Examination, Branch I.	Epidemiological Society, 8½ p.m. Dr. Snow "On the Communication of Cholera through the Medium of Water." Royal Institution, 2 p.m. General Monthly Meeting. Irish Medical Association, 3 p.m. Annual Meeting.
5. Tuesday	London University, M.A. Examination, Branch I. Operations at Guy's, 1 p.m.	Royal Institution, 3 p.m. Dr. Tyndall "On Voltaic Electricity." Linnean Society, 8 p.m.
6. Wednesday..	London University, M.A. Examination, Branch I. Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.	London Medical Society of Observation, 8 p.m., at Dr. Goodfellow's, 4, Russell-square. "Diseases of the Cerebro-Spinal System." Pharmaceutical Society, 8½ p.m. Ethnological Society, 8½ p.m.
7. Thursday....	London University, M.A. Examination, Branch I. Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.	Royal Institution, 3 p.m. Mr. G. Scharf, jun., "On Christian Art." Zoological Society, 3 p.m. Photographic Society, 8 p.m.
8. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	Royal Institution, 3½ p.m. Professor Faraday "On Ruhmkorff's Induction Apparatus."

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ROYAL MEDICAL BENEVOLENT COLLEGE.

The Council have much gratification in announcing, that His Royal Highness Prince ALBERT has graciously consented to OPEN the COLLEGE at EPSOM, on MONDAY, the 25th of JUNE NEXT, on which occasion the Council trust that a large number of the Governors and other Friends of the Institution will be present to receive His Royal Highness.

The Council desire to call particular attention to the following Resolution, which was unanimously adopted at the Meeting of the Council, held on the 7th of March last;—

"That Ladies presenting a Donation of Five Guineas, on or before the opening of the College, on the 25th of June next, be constituted Life Governors."

LADIES availing themselves of this privilege, will be entitled to a VOTE at the ELECTION of PENSIONERS and FOUNDATION SCHOLARS, which is appointed to take place on the 19th of JULY NEXT.

A COLLATION will be provided in a capacious Tent on the grounds. Those who may desire to partake thereof are requested to forward their names to the Secretaries, on or before the 15th instant, in order that arrangements may be made accordingly. The price of each Ticket for the Collation, including Wines, Tea, and Coffee, is 13s. 6d.

A MILITARY BAND will be in attendance. The time of departure and return of the Special and Ordinary Trains will be stated in a future Advertisement.

By order of the Council,

HENRY HANCOCK, F.R.C.S., HON. SEC.
HERBERT WILLIAMS, ASSISTANT SEC.

Office, 37, Soho-square, June 1, 1855.

TO MEDICAL MEN, AND OTHERS.

Provision against Permanent Debility,

BY SICKNESS OR ACCIDENT.

Example:—A person, aged 30, may, by the Annual Payment of £2 7s. 7d., secure £100 per annum for Life, during the continuance of disability.

Particulars sent free, on application to the Law Property and Life Assurance Society, 30, Essex-street, Strand.

E. S. BARNES, Secretary.

AGENTS AND MEDICAL REFEREES WANTED FOR THE

Empire Assurance Company,

41, PALL-MALL, LONDON.

The Agents of the EMPIRE ASSURANCE COMPANY are entitled, IN ADDITION to the ordinary commissions, to a direct and substantial interest in the profits of the Company.

Special advantages to the Members of the Medical Profession.

Every Director has qualified for his office by paying down £500 on Shares.

Every description of Assurance business transacted on equitable terms.

Applications for Agencies, in town or country, and communications from Medical Men able and willing to promote the interests of the Company by assisting in the extension of Agencies or otherwise, are requested to be addressed to the Secretary, from whom may be obtained prospectuses, post-free, and every information.

By order of the Board,
EDWIN H. GALSWORTHY, Actuary and Secretary.

Anglo-Australian and Universal

FAMILY LIFE ASSURANCE COMPANY.

(Incorporated under Act of Parliament, 7 and 8 Vict., cap. cx.)

For granting Infantile, Adult, and Matrimonial Assurances, Annuities, Endowments, Loans and Guarantee; and for the Purchase of Reversionary Property, Life Interests, etc.,

With Special Application to

INFANTS, EMIGRANTS, AND GOLD-MINERS.

Seventy-five per cent., and eventually One Hundred per cent., of the entire profits, divided on a new and most equitable principle among the Members.

CAPITAL FUND, £150,000, IN 15,000 SHARES OF £10 EACH.

First Call £1 per Share. The Paid-up portion of the Capital, with its accumulations, to bear a Dividend at the Rate of not less than £5, nor more than £10 per cent. per annum, with a Bonus of 25 per cent. of the Profits.

NO COMMISSION PAID TO AGENTS OR OTHERS.

NO PREMIUMS FORFEITED THROUGH INABILITY TO CONTINUE THEM.

Proposals for every variety of Assurance, Prospectuses, and further information, can be had on application, by letter or otherwise, to

JOHN NEWTON, Secretary.

N.B. The attention of the Medical Profession is particularly invited to a consideration of the liberal dealing of this Company towards the Profession.

LONDON OFFICES.—5, CANNON-STREET WEST, CITY.

Dr. Kahn's Museum Re-opened at

4, Coventry-street, Leicester-square, consisting now of One Thousand highly-finished Wax Models, illustrating every part of the human frame, in health and disease. Open (for gentlemen only) daily from half-past 11 till 5, and from 7 till 10. A new Series of Lectures by Dr. Sexton, F.R.G.S., etc., at 12, 2, 4, and half-past 7 in the evening. Admission, One Shilling. A new Catalogue, containing Lectures on the most interesting branches of Physiology, by Dr. Kahn, illustrated. Price 6d., (free by post 6d. extra.)

A New Discovery.—Mr. Howard,

SURGEON-DENTIST, 52, FLEET-STREET, has Introduced an entirely NEW DESCRIPTION of ARTIFICIAL TEETH, Fixed without Springs, Wires, or Ligatures. They so perfectly resemble the natural teeth as not to be distinguished from the original by the closest observer: they will NEVER CHANGE COLOUR or DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed Teeth rendered Sound and Useful in Mastication.

52, Fleet-street.—At home from Ten till Five.

Hooper's Waterproof Sheeting, for

Protecting Bedding from Sloughing Sores, Incontinence of Urine, Hæmorrhage, etc.

Mr. Hooper has succeeded in obtaining Waterproof Sheeting, at a great reduction in price, soft and inodorous; it is not affected by Urine, Heat, nor Cold, Acids nor Alkalies, and may be washed as family linen.

Also, IMPROVED INVALID URINALS, with valves, for sitting, lying or travelling, in any position.

FOR EPILEPSY.

COTYLEDON UMBILICUS.—The introduction of this valuable agent has proved a valuable discovery. The satisfactory accounts Mr. HOOPER has received have induced him to pay great attention to its collection and preparation. He cautions medical men against the use of worthless preparations, passed off for his, and as prepared for Mr. Salter, etc. Mr. Hooper has instructions to state, that Mr. Salter has never used any but that obtained from him. A copy of Mr. Salter's reports in the "Medical Gazette" sent free by post.

GALIUM APARINE (HOOPER'S) FOR CUTANEOUS DISEASES, PSORIASIS, etc.—Dr. Winn, of Finsbury-square, having published in the "Medical Gazette," October 4, 1851, an account of the peculiar properties of the Galium Aparine in Cutaneous Diseases, Lepra, Psoriasis, etc., Mr. Hooper has given his attention to preparing it in various forms. Dr. Winn finds the inspissated juice the most efficient preparation, which can be had from Mr. Hooper, or direct through the Wholesale Houses.

HOOPER, Operative Chemist, Pall-mall East, and Grosvenor-street.

London Cloth Establishment.—Pur-

chasers of CLOTHS, summer trousering, vestings, etc., are respectfully invited to inspect the extensive new STOCK of the above establishment. Every yard of cloth is sold at the very lowest price, and gentlemen who desire it can have their purchases made up on the premises, at as low a charge as is compatible with the best work and trimmings.—WILLIAM SNEWING, 16, Coventry-street, Haymarket.

Varicose Veins and Supporting Belts.

—SURGICAL ELASTIC STOCKINGS and KNEE CAPS, on a New Principle, pervious, light in texture, and inexpensive, yielding a permanent, efficient, and unvarying support under any temperature, without the trouble of lacing or bandaging. Likewise, a strong, low-priced article for Hospitals and the Working-classes, ELASTIC NET CORSETS of the same beautiful fabric. ABDOMINAL SUPPORTING BELTS for both Sexes; those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with extreme lightness—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the Manufacturers, POPE and PLANTE, 4, Waterloo-place, Pall-mall.

The Profession, Trade, and Hospitals, supplied.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Prepayment,

in the PURCHASE of
NEW WHITE MOULDED VIALS.

APSLEY PELLATT and Co. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., 10 dr., and 1½ oz.	per Gross,	6s.
14 dr., and 2 oz.	,,	7s.
3 oz.	,,	8s.
4 oz.	,,	10s.
6 oz.	,,	15s.
8 oz.	,,	18s.
4½ oz. graduated in 3 doses,	,,	12s. 6d.

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London.

No charge for Package.

Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes *all charges* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full made payable in London*.—Orders and remittances to be addressed,

APSLEY PELLATT & Co.,
FALCON GLASS WORKS, LONDON.

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DR. DE JONGH'S
LIGHT-BROWN COD-LIVER OIL.

This pure transparent LIGHT-BROWN COD-LIVER OIL is invariably and carefully submitted to Chemical Analysis, and, to preclude any subsequent admixture or adulteration, is supplied ONLY in Bottles, capsuled and labelled with Dr. DE JONGH'S Stamp and Signature, so that the Faculty may rely upon a genuine Medicine, and, so far as is possible, anticipate a uniform, regular, and certain result.

Sole Consignees and Agents for the United Kingdom and the British Possessions,

Ansar, Harford, and Co., 77, Strand, London.

HALF-PINTS (10 ounces) 2s. 6d. | PINTS (20 ounces) 4s. 9d. | QUARTS (40 ounces) 9s.
IMPERIAL MEASURE.

Struve's Seltzer, Fachingen, Vichy,

and other MINERAL WATERS.—Under Her Majesty's especial patronage.—ROYAL GERMAN SPA, Brighton.

STRUVE'S PUMP-ROOM AND PROMENADES, affording every facility for a course of Mineral Waters, as perfect and beneficial as at the natural springs, are now open for the 31st Season. Orders for Struve's Bottled Mineral Waters continue to be executed by George Waugh and Co., Chemists to the Queen, 177, Regent-street (West side), London, and by numerous other respectable houses in London and the provincial towns, where a prospectus may be obtained gratis.

CAUTION.—Struve and Co. are compelled, in justice to the public and themselves, to disclaim any connexion with Waters advertised under the general designation of "Brighton Seltzer," "Brighton Fachingen," etc., by various parties, and respectfully request the public, especially consumers at clubs, hotels, etc., to observe carefully that the name of Struve is on the label as well as on both sides of the red ink stamp over the cork, having the words "Royal German Spa, Brighton," beneath the royal arms.

Important to the Medical Profession.

DAVENPORT'S
SYRUP OF THE IODIDE OF QUININE AND IRON.

From the late Dr. GOLDING BIRD.

"48, Russell-square.

"I have now for some time employed pretty largely the triple Compound of Iodine, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the use of the Iodide of Iron is recognised. This triple compound possesses many advantages over the simple Iodide, and not the least of them is the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.

"GOLDING BIRD, A.M., M.D., F.R.S.,
"Fellow of the Royal College of Physicians,
"Physician and Professor of Materia Medica at Guy's."

From Dr. GEORGE P. MAY.

"Having for some time past used the ternary Compound of Quinine, Iodine, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its Compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous quality, which renders it an admirable medicine in the treatment of some of the disorders of childhood. "GEORGE P. MAY, M.D.

"Maldon."

CITRATE of QUININE and IRON, containing 25 per cent. Quinine. 4s. 6d. per oz.

SYRUP of the IODIDE of POTASSIUM and IRON. A fluid drachm contains two grains of each salt.

SYRUP IODIDE of ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

BI-MECONATE SOLUTION of OPIUM. Professional Testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 6d. per oz.

COTYLEDON UMBILICUS.

EPILEPSY successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS, (*vide* the "Lancet," February 4 and March 25, 1854.) Davenport's Preparations specially referred to are as under:—

Preserved Juice. Dose, one to three drachms; 5s. 4d. per lb.
Inspissated Juice. Dose, half a drachm to a drachm; 16s. per lb.
Solid Extract. Dose, five to fifteen grains; 20s. per lb.

TARAXACUM (Davenport's) Liquor or Fluid Extract, prepared by Spontaneous Inspissation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a fluid drachm; 6s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, No. 33, Great Russell-street, Bloomsbury.

Bland and Long, Philosophical and

CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d., 8s. 6d., 15s., and 20s. each.

To Physicians, Surgeons, and

DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING TISSUE.—PREPARED FROM PURE CANTHARIDINE.

An elegant preparation, vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments, as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the New York Journal of Medicine.

"March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this Article is a very simple and neat dressing."

"16, Finsbury-place South, March 16, 1852.

"Dear Sir,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks. I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to insure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,
"JOHN GAY, F.R.C.S.,
"Honorary Surgeon to the Royal Free Hospital, etc., etc.

"To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury. "ANDREW SMITH, M.D.,
"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared and sold by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON, and by the Sole Consignee, Mr. WILLIAM BAILEY, Wolverhampton; and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

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22B, Henrietta-street, Cavendish-

SQUARE.—Under Her Majesty's especial patronage.—The West-end Depôt for the Sale of Dr. STRUVE'S celebrated MINERAL WATERS, prepared at the Royal German Spa, Brighton.—W. BEST begs respectfully to inform the Medical Profession, and the public generally, that he has been appointed West-end Agent for the sale of the above Waters; and, as he is continually receiving fresh supplies direct from Brighton, all the Mineral Waters will be warranted in the highest state of perfection.

N.B.—BASS and ALLSOPP'S PALE ALES, in Imperial Measure.

Pure and Healthy Leeches may at

all times be obtained of HENRY POTTER, Importer of Leeches, Herbalist, Seedsman, and Dealer in Turkey Sponge, 66, Farringdon Market, and 65, Farringdon Street, London.

H. P. having just added the latter house to his premises to carry on the business of Seedsman, offers to supply Flower Seeds in packets at the following prices:—25 varieties, 3s. 6d.; 50 ditto, 6s. 6d.; and 100 ditto, 12s. Guaranteed to be New Seeds. All other Seeds at the same moderate prices.

The Best Food for Children, Invalids,

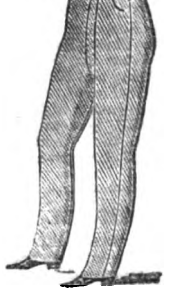
and others.—ROBINSON'S PATENT BARLEY, for Making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinse of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE, and CO., Purveyors to the Queen, 64, RED LION-STREET, HOLBORN, LONDON.

The Proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s. 5s., and 10s. each.



Samuel Brothers' Stock

for the present Season is worthy of your Inspection, combining the three requisites—Quality, Style, and Moderate Price.

READY MADE CLOTHES EQUAL to BESPOKE—an advantage not to be obtained at any other establishment. Dress Coats, 21s. to 42s.; Frock ditto, 25s. to 46s.: Paletots, 21s.; Oxonian Coats, 16s. to 24s.; Albion Over Coats, 21s. to 42s. 9d.; Toga, 25s. to 50s.; Talma, 25s. to 50s.; Poncho, 21s. to 42s.; Fancy Vests, 5s. to 10s.; Hussar Suits, 25s. to 28s.; the new Circular Coat, with Belt, 13s. 6d.

A FOUR-POUND SUIT Samuel Brothers strongly recommend—made from Saxony cloth, manufactured by an eminent West of England house, the wear of which they warrant.—Patterns etc., sent free.—No. 29, Ludgate Hill.—SAMUEL BROTHERS, MERCHANT TAILORS, OUTFITTERS, HATTERS, etc., 29, Ludgate-hill, London.

Impermeable Cloth for Hospital Sheets,

SURGEONS and NURSES' APRONS, etc.

Among the numerous Indian-rubber appliances, none have been more successful than the (deodorized) preparation of cloth for Hospital Sheets, as is shown by the following letter to S. W. Silver and Co.:—

(Copy of R. G. Whitfield, Esq.'s Letter.)

"St. Thomas's Hospital, February, 1855.

"Sirs,—Your Indian-rubber sheeting having been in use in this Hospital for some time, I can strongly recommend it, feeling confident that it possesses great advantages over everything previously introduced; it is admirably adapted for the protection of couches, beds, or for whatever other purpose such articles are usually required, not only from its great pliability and durability, but because neither the various secretions from the body nor boiling water will injure its texture; it is far more economical (from the fact of its not being liable to crack or peel off) than the Green Issue Cloth hitherto in use after operations, and more cleanly, as a wet sponge readily removes all soil or taint from its surface.

"The stump pillows made of the same material are well conceived, and will be found invaluable in the sick room either of the peer or the peasant.

"I have the honour to be, your obedient servant,

"R. G. WHITFIELD, Resident Medical Officer.

"To Messrs. Silver and Co., Nos. 3 and 4, Bishopsgate-street,

"Opposite the London Tavern."

Steel Biscuits.—F. Allarton begs to

call the attention of the Medical Profession to his PATENT FERRUGINOUS, or STEEL BISCUITS. They are a most agreeable and efficacious tonic, perfectly destitute of medicinal flavour, prompt and certain in their action, and particularly adapted to cases in which the ordinary steel medicines have become irksome or offensive to take, as also in the ailments of children.

Sold in boxes, at 1s. 6d., 2s. 6d., and 5s. each, at the Patentees, 254, High-street, Southwark.

New Medical Glass Bottles. At

MESSRS. E. AND H. HARRIS'S, 2, UPPER COPENHAGEN STREET, BARNSBURY ROAD, ISLINGTON, LONDON.

6 & 8 oz., Green, any shape, plain or graduated,				10s. per gross.
3 & 4 oz., do.	do.	..	8s. 6d.	do.
1½ oz., Moulded Phials	..	..	7s.	do.
1 oz. do.	..	..	6s. 6d.	do.

In Crates from the works, 1s. per gross less.

Country orders attended to on remittance. Full list of prices sent on application. No charge for package, if returned. Goods delivered free within seven miles.

Briet's Double Patent

PORTABLE GAZOGENE or SODA WATER APPARATUS, for the immediate production of Soda-water, Lemonade, Sparkling Wine, etc., etc.—The delightful Beverages made with the Gazogene renders it an almost necessary requisite for the dinner-table, while its extensive introduction into most of the French and many of the English Hospitals is a guarantee of its value in the sick chamber.

SPECIAL POWDERS, for generating gas in the same, cheaper and more effective than any other preparation.

PATENT REFRIGERATOR, or Gazogene Cooler.

Sole Wholesale Agents, GEBHARDT, ROTTMANN, and Co., 24, Lawrence-lane, Cheapside, London.

Messrs. Mondollot, of Paris, successors to Briet, and Proprietors of the said Letters Patent, beg to inform the trade that Messrs. Gebhardt, Rottmann, and Co. are their sole appointed Agents for the sale of the above-mentioned article, which is only to be obtained genuine from them at their Warehouse, 24, Lawrence-lane, Cheapside.

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ORIGINAL LECTURES.

THE GULSTONIAN LECTURES.

ON PYREXIA.

By E. A. PARKES, M.D.

Professor of Clinical Medicine in University College, and Physician to University College Hospital.

LECTURE III.

(Concluded from page 537.)

It is quite true that the paralysis of the pure cerebro-spinal nerves does not necessarily produce either general fever or local increase of tissue-change; on the contrary, paralysed limbs are sometimes, though not invariably, colder than the parts still under the command of the will. It is well known, however, that paralysis of the sympathetic and of the cerebro-spinal fibres which join this nerve, and which are withdrawn from the influence of volition, have very different consequences from paralysis of the nine cerebro-spinal nerves. For example, how different is the effect of section of the fifth nerve before it enters the Gasserian ganglion, from section on the distal side of the ganglion when the nerve is rich in ganglionic fibres; in the one case, sensation is abolished and the action of some of the masticating muscles is destroyed, but nutrition is perfect; in the other case, rapid destruction of tissue sets in, of the same kind as in disease of the Gasserian ganglion itself. It is scarcely necessary to refer to the experiments made by Bidder, Volkmann, or Axmann, to show how perfectly nutrition can be carried on with complete destruction of the cerebro-spinal system.

The only inference which can be drawn from the symptoms of the paralysis of the cerebro-spinal nerves is, that their system and that of the special senses are less affected in fever than the sympathetic system and the cerebro-spinal nerves which join it. That it is affected sometimes, however, is quite evident.

The mode in which the disease of the nerves is produced is quite unknown; but, judging from the analogous or opposing effects of various medicine and articles of food, it may be presumed that the early changes of the blood in fever produced by the chemical action of a special cause give rise to the formation of compounds which form chemical combinations with certain nerves, or with the centres in which they end, and that these combinations are unfit to take the electrical condition which the healthy nervous molecules pass into. This, in fact, as if section of the nerve, or of part of it, had been performed. The nerve thus injured requires, according to the amount and kind of injury, so many hours or days before, by metamorphosis, it gets rid of the abnormal compound and returns to its proper composition. And as when the nerves of organic life are cut, rapid destruction of parts sets in, and rapid metamorphosis, and even local death occurs, so, also, in fever, it may be supposed that the parts supplied by the injured nerves immediately commence to be destroyed more rapidly, and to be restored less perfectly.

We are now in a position to enumerate the various influences which seem to be active in fever, and by the combined effect of which its complex phenomena may be supposed to be produced.

First of all, we must place the entrance into the blood of a morbific agent, and the alteration of the blood, to a certain extent, under its influence. Perhaps this occurs under the incubative period, when often there is no rise of temperature, no fever, that is, and when no appreciable alteration of the general health can be discovered. The nature of the change in the blood is unknown.

Then, secondly, when the change in the blood has reached a certain point, the nervous system, or rather that part especially connected with nutrition and organic contractility begins to suffer changes in composition, which probably impede or destroy the normal molecular currents. When this occurs, the nervous symptoms of weakness, depression, rigors, and contraction of some parts and vessels, speedily followed by relaxation, mark the stage of invasion.

Thirdly, and simultaneously, various parts, especially the muscles, and probably some of the organs, deprived in greater or less degree of nervous influence, begin rapidly to disintegrate, and by their disintegration produce supernatural heat.

Fourthly. This metamorphosis is aided, in most cases, by the condition of the vagus and vasi-motor nerves, which cause increased action of the heart, and dilatation of the vessels.

Fifthly. The contamination of the blood, already produced by the morbid agent, is increased by the check which the normal extra-vascular currents experience, by the pouring into the blood of the rapidly disintegrating tissues, and by the continued action of the morbid agent, which in almost all cases appears to act more rapidly and more powerfully in blood rendered impure in any way, either as shown by Dr. Carpenter by retention of excretions, absorption of septic substances, or, as in fever, by the too rapid metamorphosis of tissue.

Sixthly. The various organs suffer (apart altogether from specific changes), and must, one would think, produce increased deterioration of the blood. Thus the lungs are congested in so many cases that we can scarcely suppose proper aeration to go on; the liver would seem, from Frerichs' observations to be, in some cases at any rate, in a most abnormal condition, and to produce compounds such as leucin, unknown in health—and the spleen in many fevers, if not in all, enlarges, (in persons of a certain age,) and is congested, possibly even to extravasation.

But to these complex conditions another must yet be added; food is almost entirely withdrawn, and the various alkaline and neutral salts, unless supplied in the form of medicines, no longer pass into the system. But as in the excretions these salts are continually passing out, and are not restored, there must at last in fevers be a most unusual disproportion between the organic and the inorganic constituents of the frame. The blood will show this the latest, for it seems to maintain its composition, as far as the salts are concerned, with great tenacity; and it probably takes from the organs the ingredients it loses by the excretions. The exact influence of this loss of salts is not certain. The blood seems certainly to become less alkaline, and it is by no means improbable that this may render oxidation less complete than it should be, and thus cause some of those instances of retention of effete materials to which I have formerly referred.

Thus the blood is contaminated by primary action of the agent, by the products of metamorphosis of tissue, by the loss of the salts, and by the altered action of organs; the nervous system is, therefore, day by day constantly more affected, and re-acts still more on metamorphosis, the heat increases, the heart's action still quickens, and the fever reaches its acme.

The various specific differences which mark the course or every fever are not, of course, dealt with by this hypothesis, which looks only to the general symptoms of pyrexia.

The fever having reached its highest point, and being there maintained for a greater or less number of days, according to the nature of the cause, and partly, also, according to the condition of the recipient, then declines, and reaches its termination.

Pyrexia is usually said to terminate by crisis and by lysis; in the former case, the temperature falls suddenly in a few hours, and usually with some abundant excretory discharge, in which possibly much of the water which has been retained is poured out; in the latter case, the fall of temperature is gradual from day to day, till the normal standard is raised. A third mode of termination is a mixture of these two modes, viz., a sudden fall in temperature to a certain point, and then a gradual decrease to the normal heat. In the termination by lysis, the decline may occupy many days. In the case even of simple febricula, I have known the thermometer to take seven days in falling gradually from 102° to 98°, sometimes it is longer even than this.

But, besides these three modes, it has appeared to me that there is a fourth mode of termination. This is seen, I think, most perfectly toward the end of long-continued fevers, such as typhoid, and consists in a somewhat irregular alternation of febrile and non-febrile periods, which is shown both by the temperature and the issue. Thus a typhoid patient, at the thirtieth day, may have a normal temperature, and may pass a normal amount of tolerably healthy urine; for the next day or two the temperature may again rise, and the urine decrease in quantity, and increase in pigment; then, for a day or two, a perfectly apyrectic state may come on, to be succeeded again,

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at an uncertain interval, by a febrile condition; gradually the non-febrile periods lengthen, and the febrile become shorter and less marked.

At length the fever terminates, and then commences the period of convalescence and renewed nutrition, and the body at once, according to the observations of Zimmermann, commences to gain weight. At this time the blood is poor in albumen and in red particles, and especially in the latter; it is frequently poor in salts, if these have not been supplied by the medicines. The rapidity of metamorphosis of organs falls below even the healthy standard; this is shown by the temperature,—which is often lower than normal, especially if the patients are kept for any time without food,—and by the urinary excretions; for, in spite of the greater supply of food, the urea, the uric acid, the colouring matter, the extractine, the sulphates and the phosphates, all fall below, not their febrile standard merely, but their healthy amount.

The different organs and tissues, in fact, are appropriating a greater amount of nutritive material (probably of oxygen as well as food) than they lose by disintegration, and the weight of the whole body is often augmented in an extraordinarily rapid degree. The normal balance between formation and destruction of tissue is as much disturbed in this state as in the fever itself, only the condition is exactly the reverse. This state of increased assimilating power, on the parts of the tissues, may last far beyond the period usually considered as belonging to convalescence, and the weight of the patient may, indeed, exceed considerably that proper to him before his illness, and that to which he subsequently reverts.

I have already stated, that the diminished elimination during the period of convalescence is often well marked in the urine. Although there are not, as far as I know, any observations on the point, it is probable that the elimination of carbonic acid by the lungs is also decreased, and that the rapid and unusual deposit of fat in the various parts of the body which frequently follows fevers of all kinds, is to be attributed to this.

If the increased tissue metamorphosis in the febrile period is to be referred to some change in the nerves, so, also, is the diminished metamorphosis in the convalescent stage. In both conditions the nerves may be supposed to have lost their moderating and regulating power, although their state must be very different in the two cases. If there is paralysis in the one case we must suppose there is some sort of irritation in the other, or the reverse. But such speculations in the absence of any real knowledge are of little use.

The diminished elimination during convalescence which I have referred to does not always occur; it is absent in slight cases; and the investigations on the urine are not sufficiently numerous to enable us to state that it is present even in all severe cases; but that it is a general rule in long-continued and severe cases cannot, I think, be doubted.

I should now, Sir, enter on the subject of the treatment of pyrexia did I not feel it impossible to do justice to it in the short space of time which remains to me. I shall attempt the merest outline of the subject. The treatment of pyrexia becomes much more comprehensible if we accept the doctrine of nervous paralysis. We then understand how measures which reduce the febrile heat, such as bloodletting, purgatives, etc., may, if carried to excess, do harm, by exhausting the nerves still more, and how various remedies may do good by acting at once on the nerves.

The treatment of fever may be summed up as being a combination of measures to reduce excessive heat, to insure proper excretion, and to act on the semi-paralyzed nerves.

The application of cold, as practised by Currie, and lately re-investigated by Traube and Armitage, has a great effect in bringing down the temperature of the body. It probably does so simply by abstracting heat; whether it delays metamorphosis is uncertain. In health the application of cold appears from Lehmann's experiments even to increase metamorphosis.

Bloodletting or hæmorrhage often reduces the febrile heat greatly, and, if not carried to the point of exhausting the nerves, bloodletting in many fevers towards the early period is decidedly useful. In typhoid fever I have seen intestinal hæmorrhage reduce the temperature several degrees, and when patients are not too weak, it has even appeared to do good. In typhus the paralysis of the nerves seems more marked than in typhoid and bloodletting, and similar measures seem less admissible.

Purgatives and emetics have, in less degree, the same effect as bloodletting. Artificial diarrhœa will reduce the temperature one or two degrees; the spontaneous diarrhœa of typhoid has the same effect; the temperature, however, soon rises again.

To insure proper excretion in fevers is a much more difficult thing than to reduce temperature. It is, perhaps, best performed by constantly supplying to the system a due supply of alkaline salts, which are not now given in the food. The chloride of sodium, we know from the experiments of Bischoff, aids the formation and the elimination of urea. Whether it has the same effect in fevers has yet to be determined. The alkaline salts of potash, and probably those of soda, do certainly aid the elimination of urea and sulphuric acid in some febrile cases, in pneumonia, rheumatism, variola, and typhoid fever. Perhaps they so act in all cases. The nitrate of potash seems also to aid elimination in some febrile cases, though it does not necessarily do so in health.

I have observed a singular fact in several febrile diseases, viz.: that, at the first employment of a saline remedy, such as nitrate of potash, which is not a natural constituent of the frame, or iodide of potassium, there is sometimes for a day or two a marked lessening of excretion, as if the presence of this foreign substance had interfered for the time with the chemical processes then going on; afterwards elimination increases, as if the system had accommodated itself, so to speak, to the remedy.

Purgatives probably act by removing from the blood some of those abnormal products which are formed in fevers. At any rate great relief, which follows their use, as well as the fall of temperature, seem to show this. As we know that urea passes off sometimes, both by the membrane of the stomach and of the intestines, it does not seem an unlikely conjecture, that the action of purgatives may aid this elimination in those febrile cases in which there is retention of this substance in the blood. In some febrile cases, as in typhoid, the use of purgatives is of course rendered impossible, on account of the special condition of the iliac mucous membrane. The whole treatment of fever is not, however, summed up in these two indications, to reduce heat, and to secure elimination. Many fevers, indeed, will run their course regularly and excellently under such treatment; but these are cases in which the nervous implication is not of grave character.

One of the great objects of therapeutics at the present time is to find substances which may act on the nerves, and restore them in some way to their normal action.

Thus, the administration of food, and of stimulants, must act, among other ways, by giving nutriment and strength to the nerves. Often it is perfectly good practice to stimulate with wine, and to assist elimination by purgatives, at the same time. That alcohol acts in part upon the nerves seems proved by the way in which it will reduce the frequent pulse, and of the respirations in various specific fevers, and in some local inflammations. The influence of this powerful stimulant requires, however, to be carefully watched; for the overloading the blood with its products must lead to increased contamination.

Quinine has been largely employed in many fevers, and its action in ague, in which disease it seems to render the nerves proof, to a certain extent, against the cause, has excited great hopes of its utility in other fevers. The researches of Briquet have clearly proved that, in very large doses, (60 grains in twenty-four hours,) it will reduce the action of the heart in acute rheumatism, and in typhoid fever by twenty to thirty beats. This must decidedly be useful, since one of the accessory causes of the augmented metamorphosis must be removed; and to this effect is, perhaps, to be ascribed the good effects of quinine noted by Dr. Dundas in some febrile cases. But these large doses have apparently a disadvantage, as they produce the poisonous effects of quinine.

The influence of quinine on the febrile heat is not much marked; in large doses it lowers temperature by one or two degrees, but it afterwards augments again.

In small doses, such as are given in this country, (grs. iii. to v. every four or six hours,) for myself, I have not been able to see any effect produced on the heart or the temperature. In one case of rheumatic fever I examined the urine, and found that quinine in these doses caused no diminution of metamorphosis.

Digitalis, according to the experiments of Traube, produces the most marked effect on the temperature of any medi-

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cine, and its influence on the heart is well known. Whether or not it increases elimination in febrile cases, is even now not accurately determined, although for so many years it has been celebrated as a diuretic in chronic diseases.

Veratrine has been lately employed in various fevers, especially in acute rheumatism: it reduces the action of the heart, and apparently the febrile heat; but its poisonous properties are so powerful that it is not likely to come into general use.

The effect of ammonia is often very well marked in the latter stages of fever, when the heart's action is very rapid from apparently great paralysis of the vagus. Its effect on elimination is not well known.

Much attention has been lately directed to the powerful effects of coffee, and of tea, and of cocoa, especially of coffee, in lessening the elimination of urea. The late observations of Dr. Julius Lehmann have shown that coffee, in health, has two powerful actions; it increases the nervous energy, and protracts the metamorphosis of tissue. He thinks there are antagonistic effects, but they may possibly be simply cause and effect. Lehmann only determined the urea and the phosphoric acid, which he found both diminished.

It would be very interesting to know if coffee has the same effect in the febrile body as in health.

I have made one experiment on the point, and I think none has yet been made known as having been performed by others. Although my observation is incomplete, I shall venture to give it.

In a case of typhoid fever, which was so far favourable for the remedy as, though perfectly well marked, there was no diarrhœa or sweating, coffee was administered. During twenty-four hours the patient took ʒvj. of infusion of colonial coffee (of course without sugar or milk). The coffee contains 207·888 grains of solid matter; there were only traces of chlorine; there was 1·738 grains of phosphoric, and 1·055 grains of sulphuric acid in the whole quantity.

In the next twenty-four hours he took another ʒvj. of coffee, containing 197·328 grains of solids. In the third twenty-fours, ʒvj. of coffee were given, which contained only 34·89 grains of solids.

Unfortunately, before the experiment could be commenced, the temperature was beginning to decline, and the urea, the sulphuric, and the phosphoric acids of the urine were gradually diminishing.

Thus, for three days during the height of the fever, about the eighteenth or twentieth day, the urea amounted to 429 grains in each twenty-four hours; the sulphuric acid amounted to 28·537 grains, and the phosphoric acid to 19·275 grains. On the following days, before the coffee was given, the fever was declining, the urea fell to 326·04 grains, viz. 103 grains less; the sulphuric acid fell to 23·34 grains, or 5 grains less; the phosphoric acid fell to 17·446, or 2 grains less.

The coffee was then given, the diet and all other circumstances being unaltered. During the three days it was taken, and on the following day over which its action may be presumed to extend, the urea averaged in each twenty-four hours, 277·04 grains; the sulphuric acid averaged 16·502 grains, and the phosphoric acid amounted to 9·227 grains. It thus appears that the lessened amount of urea was not more during the use of coffee, than could be accounted for by the decline in the fever; but the fall in the sulphuric, and especially in the phosphoric, acid was extraordinary; deducting the grain of sulphuric acid added in the coffee, the amount of the acid was 15½ grains as against 28½ and 23½; the phosphoric acid did not exceed 8 grains as against 19 and 17.

After the coffee was left off the urea and sulphuric acid soon increased again; the phosphoric acid fell still more the next day (to 5·5 grains) and then increased again.

There appeared to be no modifying circumstances to interfere with the action of the coffee, and though the effect on the urea was not certain, yet, as it increased again when the coffee was taken away, and as the sulphuric acid was so diminished, it is probable that metamorphosis was checked. The lessened phosphoric might depend on lessened amount of disintegration of the nervous tissue.

Certainly there seems good reason to try the effect of coffee in severe cases of fever with delirium and rapid wasting(b).

(b) Since this lecture was delivered I have had the opportunity of trying it in a very severe and ultimately fatal case (from perforation). The urea did not appear to be diminished.

The hour warns me, Sir, to conclude and to close the Gulstonian Lectures. At their commencement I stated that I was about to enter on a subject with which I confessed myself incompetent properly to deal, and the truth of this must have been only too evident during the course of the lectures; still it may be some excuse for the rashness of my choice, and for the imperfection of my performance, that the subject of Pyrexia is at the same time most interesting and most difficult of investigation.

I have been obliged from want of time to omit many points on which I should gladly have enlarged, and to pass by many inferences which the various facts suggested. But for these and all other imperfections I can only appeal, as I did at the commencement, to the kindness of my audience, and can only assure you that my shortcomings have been the result of want of power to deal with so abstruse a theme, and not of lack of careful labour and of earnest thought.

LECTURES ON THE MATERIA MEDICA,

DELIVERED AT THE

Royal College of Physicians,

BY H. BENCE JONES, M.D., F.R.S.

Physician to St. George's Hospital.

ON BARK.

THE different organic substances in cinchona bark and their therapeutical actions constitute so large a subject that it is impossible in the space of one Lecture to give any complete statement of the knowledge which we now possess. It is my intention, therefore, to dwell only on the latest experiments and observations which have been made, and this volume of M. Briquet, entitled, "Traité Thérapeutique des Quinquina et de ses Préparations," contains so much that is new and important, that it alone would furnish me with materials for this discourse.

The most important question which is experimentally treated in M. Briquet's volume, is the administration of sulphate of quinine in large doses; that is the production of the so-called, and badly-called, cinchonism. The action of bark on the different organs of the body is studied with the utmost exactness, and then the physiological and specific action of this medicine is investigated. The experiments on animals and the clinical observations were commenced in 1842, and were continued up to the time of the publication of the volume in 1853.

However, before entering on the physiological and therapeutical action of bark, it will be well to dwell for a few moments on the chemical constituents which the cinchona Calasaya (taking this as the best bark) contains, and of these the most energetic substances only will be mentioned here. Quinine and cinchonine have been long known. Quinidine, the substance which I here show you, has been more lately found, whilst quinicine, cinchonidine, and cinchonicine have been still more lately extracted or produced. In addition to these bases there are present kinic acid, kinovic acid, kinogallic acid, and a colouring matter called kino red. Quinine, cinchonine, and quinidine have been subjected to ultimate analysis, and their great similarity of composition leads to the supposition that ultimately some means of converting the one alkaloid into the other may be discovered:—

Thus, quinidine has the composition	$C_{36}\ H_{24}\ N_2\ O_2$
Whilst quinine is	$C_{38}\ H_{24}\ N_2\ O_4$
And cinchonine	$C_{38}\ H_{24}\ N_2\ O_2$

The most remarkable differences between these substances are, first, their different degrees of solubility in a mixture of æther and alcohol containing muriate of ammonia. Secondly, their different actions on polarized light. Thus cinchonine rotates the plane of polarization to the right +, whilst quinine turns the plane of polarization to the left −. M. Pasteur found that the crude quinidine of the manufacturer contained another alkaloid which he named cinchonidine; he observed also that quinidine rotated polarized light in the opposite direction to quinine, and that cinchonidine had the opposite action to cinchonine.

Long previously M. Pasteur had found that two acids having the same chemical composition possessed exactly opposite effects on polarized light. He called the one of these dextro-racemic acid. It had been long known as tartaric acid; and to the other acid he gave the name of levo-racemic acid.

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When these two acids are mixed the action on polarized light is no longer perceptible, and the ordinary racemic acid is produced. Three substances may thus be distinguished—

Right-handed acid, or, tartaric acid;	Neutral acid, Racemic acid;	and Left-handed acid Levo-racemic acid.

Having discovered that cinchonine was right-handed and cinchonidine left-handed, and that quinine acted strongly in rotating polarised light to the left and quinidine to the right, M. Pasteur endeavoured to discover the neutral substance in both series of substances answering to racemic acid. He found that if quinine and quinidine are exposed for several hours to a temperature varying between 248° and 266° F. a third isomeric alkaloid is produced, which he has named quinicine, and this very feebly rotates to the right; and, under similar circumstances, cinchonine and cinchonidine give a substance which also feebly rotates to the right, and it is named cinchonicine. Thus, this table may be formed—

Strongly rotating to the right.	Neutral or very feeble rotation.	Strongly rotating to the left.
Tartaric acid + Quinidine + Cinchonine +	Racemic acid, neutral Quinicine + Cinchonicine +	Levo-racemic acid + Quinine + Cinchonidine +

In addition to these alkaloids another name has been given to the substance which remains uncrystallisable in the manufacture of quinine. It has been called chinoidine or quinoidine; it is only amorphous quinine, and has precisely the same properties chemical, optical, and medicinal as quinine. Having thus, in the fewest possible words, endeavoured to make clear to you some of the physical and chemical differences in the most active substance existing in or procured from bark, I shall proceed to the medicinal action of bark and its constituents on man.

Soon after its introduction into England bark was used in large doses and in inflammatory complaints. Thus, in 1670, Sydenham gave from one and a-half to two ounces of bark in the day, and Morton, 1680, gave from two to three ounces daily. About the end of the last century Saunders and Hagarth prescribed bark in gout and acute rheumatism, but opinion in England gradually decided that bark was a tonic, and exalted it into the tonic *par excellence*. This opinion was opposed in 1830 by Dr. Mojon, of Geneva, and, as sulphate of quinine had been previously employed by the Italian physicians to lessen the action of the heart and arteries, some French Physicians commenced an inquiry into the action of bark and quinine. Thus, in 1844, a Physician published in the "Archives de Médecine," a statement of the sedative action of quinine in the treatment of disease in Algeria, and M. Favier, of Montpellier, in 1848, read a thesis on Sulphate of Quinine as an Antiphlogistic, while, in 1848, M. Briquet presented to the French Academy a memoir on the principal facts he had observed, and deductions which he had drawn from the year 1842, when he first gave sulphate of quinine in large doses for acute rheumatism.

As an example of his method of proceeding when investigating the action of quinine on the different organs and tissues of the body, I will, for a few moments, occupy your attention with the effect on the organs of the circulation. Thus, he treats first on the modifications of the frequency of the pulse; secondly, on the modifications of the force of the pulse; thirdly, on the changes effected in the blood itself.

To 300 patients he gave from 15 to 60 grains of sulphate of quinine daily. In 29 cases of chronic rheumatism the pulse in one case fell to 50 beats. In 20 cases of acute rheumatism, taking 77 to 96 grains, the average diminution of the pulse the

1st day was	18½	pulsations	per	minute,
2nd	22			
3rd	26			
4th	28			

Out of 171 patients, with acute rheumatism, in 120 cases the pulse fell, the first day, after quinine, from 7 to 18 beats per minute; in 144 cases, the second day, from 12 to 22 beats; in 155 cases, the third day, from 13 to 24 beats. The diminution in the number of pulsations was proportioned to the quantity of quinine taken, and also to the previous frequency of the pulse before commencing the medicine: thus, with

77 grains of quinine daily,	the	third	day	the pulse	fell 25 beats,
61	"	"	"	"	24 "
46	"	"	"	"	20 "
31	"	"	"	"	17 "
15½	"	"	"	"	4 "

In 1842 M. Briquet treated 42 cases of typhoid fever in the Hôpital Cochin. He gave from 46 to 77 grains of sulphate of quinine daily. The usual quantity was 61½ gr., in 6-7ths of the cases the pulse fell. In 3 cases, in two days the pulse fell 40 beats in a minute.

He concludes that quinine exercises a direct, immediate, and not a secondary influence on the heart's action. Its effect lasts many days after the medicine is omitted, and it is in direct relation to the quantity of medicine given at a time, 15½ grains daily being the lowest limit.

I have verified the statements of M. Briquet in St. George's Hospital; where in fever I gave 100 grains of quinine in 24 hours. The reduction of the pulse could not be mistaken.

Even in health this action of quinine may be observed; thus:

Dr. Favier took himself in ten days 277 grains of sulphate of quinine.

When he took 12 grains daily the pulse fell to 57 beats a minute, and afterwards to 50 beats. When he took 49 grains the pulse became insensible, and not beating more than 40 times a minute.

Giacomini himself took from 46 to 60 grains daily. The pulse fell first 4, then 6, and ultimately 12 beats below its ordinary number.

M. Guersant mentions the case of a lady who was compelled by her monomaniac husband to take 631 grains in a few days. She lost her sight, hearing, voice, and animal heat, but did not die. A mad Physician took 3388 grains, or about 7 ounces, of sulphate of quinine in 10 or 12 days, and he died of prostration; and from the effects which I have once witnessed from 100 grains in 24 hours I am only surprised that he lived so long.

2ndly. The force of the pulse, as well as the frequency, is diminished.

Giacomini took 185 grains of sulphate of quinine at a single dose, by mistake. He fell into a state of syncope, with excessively feeble respiration and voice. Moreover, experiments on animals prove most directly the loss of power. By means of M. Poiseuille's hémodynamomètre, M. Briquet entered into an extended investigation of the effect of quinine injected into the veins or taken into the stomach of dogs. Thus, 7½ grains of sulphate of quinine in solution injected into the jugular vein reduced the power, as indicated by the instrument, one-half. The effect lasted 24 hours. If large doses were injected the heart's action stopped; the animal died pulseless.

I must still more shortly allude, 3rdly, to his experiments on the effect on the composition of the blood. He states that in the blood of a dog taken before quinine he found

	Before.	After 18½ grains of quinine.
Fibrin	0·35	0·68
Globules	12·49	10·99
Albumen	7·02	6·82
Water	80·14	81·91

Other analyses are given, and he concludes that the quantity of fibrin is increased by quinine; the blood globules diminished; the water increased; the albumen remains unchanged.

Experiments were also made on the effect of quinine in stopping the contractility of the heart itself, immediately after the animal had been killed by a blow on the head. When the aorta was opened, and a solution of quinine injected into the coronary artery, the contraction of the heart rapidly stopped. When 4 drops of strong prussic acid were injected in the same way the heart continued to act. A solution of morphia, also, in the same time, did not stop the heart's action; while a solution of strychnia increased the action of the heart.

The same kind of experiments were made with cinchonine, from which it appeared that its depressive power was one-third less than that of quinine.

Quinine, then, acts in weakening the pulse in a similar way to arsenic, hydrocyanic acid, opium, and other narcotics, antimony, and nitre. Digitalis at first increases the force of the pulse, and diminishes the number of beats. Salicin does not depress the pulse: when 154 grains were injected, and tested by the hémodynamomètre, no reduction of the force of the pulse was observed. Strychnia, æther, alcohol, and carbonate of ammonia increase the force of the heart as measured by the hémodynamomètre, when solutions of the substances are injected into the jugular vein of dogs.

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The general conclusions which M. Briquet forms regarding the action of quinine on the circulation are—

1st. That the maximum diminution of the pulse is rarely 20 to 25 pulsations a minute, even in typhoid fever.

2ndly. That the diminution is always in direct relation to the previous frequency of the pulse.

3rdly. That the reduction is never below 40 beats a minute.

4thly. That much fibrin in the blood, or acute inflammation, prevents the depression.

5thly. That large doses of quinine produce so serious a perturbation of the economy that they should not be given unless the illness, as regards length, seriousness, and accidents, is sufficiently important.

The effects of quinine on the nervous system, on the organs of respiration and digestion, on the urinary and generative organs, the skin, cellular tissue, and the economy as a whole, are treated with equal fulness to the effects on the circulation, from which I have taken only some of the most important facts. I must refer you from want of time to the original work for much important information on these subjects, and I shall now occupy your attention with some facts relative to the absorption and elimination of quinine by man.

M. Bouchardat proposed first the employment of a solution of iodine in hydriodate of potassa as a test for quinine in solution. Three hundredths of a grain of sulphate of quinine in 1543 grains of water is precipitated by such a solution of iodine. M. Briquet dissolves 2 grains of iodine in 250 grains of water containing 8 grains of iodide of potassium, or about 30 grains of iodine, 120 grains of iodide of potassium, 3700 grains of water.

If rather less than 8 grains of sulphate of quinine are taken in 1848 grains of water, the urine passed half an hour afterwards will give a precipitate with the test solution. More commonly the precipitate occurs in the urine passed from an hour to two hours after this quantity of quinine.

The quantity of precipitate given by the test solution is proportionate to the quantity of quinine taken. Landerer is said to have found quinine in tears and in dropsical fluids, but he could not find it in milk, saliva, or bronchial mucus.

The elimination by the urine quickly ceases. Even after large doses have been taken for many days, it is not to be found after sixty hours at longest; often it ceases to appear after the medicine has been stopped for twenty-four hours. In these test tubes I have some of the urine of two patients in St. George's Hospital, one of whom is taking 10 grains of sulphate of quinine three times a day, and the other only 2 grains. With the urine of the patient taking the larger quantity a very considerable precipitate forms on the addition of the test liquid, while with the urine of the patient taking the smaller dose the evidence is much less distinct, though it is evident.

We are indebted to Mr. Herapath for the knowledge of a most remarkable property of this precipitate, by which the test becomes far more delicate than M. Bouchardat supposed. In the *Philosophical Magazine* for September, 1853, Mr. Herapath says, "I have at length discovered a process by which it is possible to obtain demonstrative evidence of the presence of quinine even if in quantities not exceeding the $\frac{1}{1000}$th part of a grain." "The same process with a slight modification has enabled me to prove the fact that quinidine escapes from the system by the kidneys in an unaltered state." The method consists in forming crystals of so-called sulphate of iodo-quinine. These crystals, of which, through the kindness of Mr. Herapath, you can see two large plates here, possess the same polarising action on light that belongs to the mineral tourmaline. In fact these plates may be substituted for tourmaline plates, and if we bring the crystals on a glass slide into the field of the microscope with the selenite stage, and a single tourmaline beneath it, instantly the crystals assume the two complementary colours of the stage.

Mr. Herapath treats the urine made alkaline with liquor potassæ with æther. The etherial solution is allowed to separate by standing 12 hours, drawn off, and evaporated to dryness. A test fluid is formed by mixing 3 drachms of pure acetic acid with 1 fluid drachm of rectified spirits of wine, to which 6 drops of diluted sulphuric acid are added. One drop of this is placed on a glass slide, and to it a minute particle of the etherial residue, and, after a time, an extremely minute drop of the alcoholic solution of iodine, are added. The polarising crystals of sulphate of iodo-quinine are slowly produced in beautiful rosettes.

The physiological and pathological action of quinine in its passage through the system is given by M. Briquet to the following effect:—In from 2½ to 4½ grain doses, it stimulates the circulation, respiration, and nutrition. It may, in such doses, be said to elevate the principal vital actions. In doses of 9 grains and upwards, this effect is completely changed. In a few hours it produces general debility of the nervous system. For the first hour or two, there is excitement of the brain; congestion of the veins of the pia mater; a feeling of tension and pulsation in the head; sensitiveness to light; beating of the ears, vertigo, tremor of the limbs, palpitation of the heart; internal agitation and general excitement; heat of the skin, frequency of the pulse, and perspiration. After a single very large dose, these symptoms acquire great intensity. Then the most intense agitation, delirium, and even convulsions, are caused by diminution of the nervous power, and cerebral congestion. These symptoms last only for a short period; they are followed by those of the second period, in which there is feebleness and slowness of motion, prostration of strength, total loss of voluntary movements, dulness of sight, of hearing, double vision, amaurosis, aphonia from want of muscular action of the larynx; dyspnœa from paralysis of the eighth pair, and then paralysis of the limbs; diminution of force in the heart and vessels; feebleness of the pulse; more or less sudden stoppage of the heart's action, with loss of heating power. In small doses in health, quinine causes irritation of the mucous membrane of the stomach. In disease, it may cause inflammation of the stomach. On an ulcerated surface, it causes pain, inflammation, ulceration, and gangrene. It may cause irritation of the urinary organs, and pain and inflammation, like the Balsams.

With regard to the pathological action of quinine, M. Briquet considers that it does not act directly on the marsh poison. It does not act on the general state of the organs, or on the blood; but it has especial action on the nervous system, c'est la médecine du quitte ou double, celle que les militaires emploient quand pour couper la fièvre ils avalent une double ration d'eau de vie chaude mélée de poudre à canon. It does not act by increasing the vital forces or by sustaining them. It is not by a tonic action, or an astringent action, or a stimulant action, but by a sedative stupifiant action. The other remedies for intermittents show the same sedative action; thus Sydenham cured intermittents with opium. Arsenic also, he thinks, acts on the nervous system, depressing the action of the heart, stopping the production of heat, and the functions of life. In small doses it may stimulate; in large doses it distresses. The same double action is perceptible with many medicines, as alcohol, æther, chloroform, nitre, digitalis, opium, and even in the action of heat, cold, light, and electricity, the same double action is observable. The first action, when not excessive, is stimulating. The full force kills. Quinine cures neuralgia as it cures ague, by subduing the action of the nerves, not by any tonic action; opium acts more on the brain than quinine does, and it acts less on the ganglionic nerves than quinine; opium soothes and calms; quinine prostrates and destroys; this is its specific action. It is a palliative remedy, neither acting on the cause of ague nor on the structures generally, but as opium cures delirium tremens, so quinine cures ague.

In the treatment of typhoid fever, when there is excessive prostration, tendency to sleep, or coma, quinine should be avoided. It is most useful when there is excitement, agitation, excited eye and manner, and delirium.

In rheumatic fever, quinine succeeds much better when many joints are affected, rather than when the disease is limited to a single joint; from 15 to 75 grains were given daily to 250 cases. This treatment, with bark instead of quinine, was long since used, and disused. To test the effect, I have given 100 grains of quinine in 24 hours to a patient in St. George's Hospital, with rheumatic fever. No alteration was made in the pulse, no effect was produced on the pain, nor on the swelling of the joints, and on the third day I was obliged to omit the treatment on account of the sickness which ensued. Having investigated the action of the different preparations of bark, on the organs and fluids, and having inquired into the absorption and elimination of these substances, M. Briquet, after dwelling in the third division of his work, on their therapeutical action in different diseases, proceeds, in the last division, to determine the worth of the different preparations, the doses and forms in which they should be given, and the surfaces through which they may be absorbed. I shall

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detain you only a few moments with this part of the subject.

Many preparations are mentioned which we rarely use here; a phosphate of quinine, said to be most mild in its action; a hydrocyanide of quinine, which may be thought likely to agree with irritable stomachs; an arsenite and arseniate of quinine; a tannate of quinine, or artificial bark, very slightly bitter, five times less easily absorbed than the sulphate, producing no head symptoms; a valerianate of quinine, made by Prince Lucien Bonaparte, but not the more efficacious.

With regard to quinoidine, which is, in fact, impure sulphate of quinine, which will not crystallize, he states that it is four times less bitter than the pure substance, but more irritating to the stomach and bowels, probably from some impurity; when it is taken in doses above 15 grains daily, it causes a burning at the epigastrium, pain, thirst, nausea, colic, and diarrhœa.

Cinchonine is absorbed as quickly as quinine, but is one-third to one-fourth less active.

Cinchonine, in the form of sulphate, has been given by M. Forget, of Strasburg, *Gazette des Hôpitaux*, 31st March, 1854. He found that 7½ to 15½ grains in two doses morning and evening, produce gastro-intestinal irritation, but did not affect the head so much as quinine. It stopped ague only three times in ten cases. It caused abdominal pain and vomiting in doses of 7 to 8 grains. Five times, sulphate of quinine showed its superiority, and relapses occurred as often after cinchonine as after quinine. In acute rheumatism 31 grains were taken daily. Gastric symptoms were produced, but the rheumatism disappeared in six days (a).

The following are the general rules established by M. Briquet, for giving quinine in fever:—

First, give each hour or second hour the sixth or twelfth part of the quantity to be taken daily, and leave ten hours' interval without any quinine.

Secondly, gradually increase the dose, until head symptoms, vertigo, and pain, are produced.

In ague, give the quinine so as to produce the maximum effect at the commencement of the febrile action, so as, if possible, to stop the access.

In typhoid fever, give quinine during the night, for the access comes in the afternoon. Quinine, when given in pills, is, in three hours, only one-sixth as active as when given in solution; in five hours, it is four-fifths as active as in solution. 30 grains in pills do not appear in the urine until six or seven hours after they are taken, while 4½ grains when taken in solution, are detectable in the urine in from three to four hours; 15 grains, used as an enema, appear in the urine in 12 hours. To produce any effect, the injection must be repeated many times daily.

Lastly, the absorption of quinine by the sound skin is very doubtful.

ORIGINAL COMMUNICATIONS.

CASE OF EXTENSIVE MEDULLARY SARCOMA.

By ROBERT HUNTER SEMPLE, M.D.

Member of the Royal College of Physicians, Physician to the Northern Dispensary.

Although the record of unsuccessful cases may justly be considered as an opprobrium to medicine, yet it is the duty of the honest practitioner to trace the progress of disease in all its forms, and to compare the morbid manifestations during life with the necroscopical phenomena revealed after death; and it is a melancholy satisfaction at the termination of a case to feel at least that the diagnosis and the treatment have been conducted in accordance with the precepts of science and experience, and that the sufferings of the patient have been mitigated as far as human art would allow. With these impressions I record the following case, obscure in its origin, and fatal in its termination; thinking it not unprofitable to trace the progress of an organic affection, hopelessly incurable in the present state of medical science, from its commencement to its close, and to notice the phenomena, step by step, which guided or obscured the diagnosis, and suggested or forbade the treatment.

Mr. E. B., aged 40, whose family I had attended for many years, but whom I had scarcely ever attended for any ailment of his own, and who was in fact a very healthy man, first applied to me on his own account towards the close of the year 1854. I ought to mention that his mother had died rather early in life of what I believe from the description to have been phthisis, that his father, whom I attended, died of apoplexy followed by paralysis at the age of sixty-five, that three of his sisters had died of phthisis, and that he was one of three brothers who survived. At the time when he applied to me first he had been undergoing much fatigue in business, rising very early in the morning, coming home late at night, and taking his meals at irregular and uncertain hours. He complained of what appeared to be the symptoms of severe influenza, namely, pain in the back and limbs, great lassitude, violent cough, some scanty expectoration, and he presented the dejected appearance of a man suffering from great prostration. Physical examination of the chest detected no abnormal sounds, and the whole of the symptoms pointed to an attack of cold brought about by exposure to weather and over exertion of mind and body. I therefore recommended repose; prescribed some aperient medicines, with diaphoretics and salines, and as there was great pain in the back ordered a belladonna plaster to the affected part.

In the early part of January of the present year the symptoms of influenza diminished; but violent pain in the back supervened, increased upon pressure, and upon attempting to rise, or sit down, or walk. For these symptoms I ordered a little colchicum, with sulphate and carbonate of magnesia, and Dover's powder at night, and this treatment appeared to afford some relief. Soon, however, a manifest difficulty of breathing supervened, with pain at the lower part of the right lung, much increased on inspiration, and accompanied by cough, and a rather copious spitting of frothy blood. On physical examination, however, I could detect nothing remarkable; there was no dulness anywhere on percussion, and the only circumstance which struck me as worthy of attention was a very slight degree of obscurity beneath the right clavicle. I accordingly considered the attack to be one of slight pleurisy, and ordered small doses of potassio-tartrate of antimony, with saline and diaphoretic medicines, and at the same time recommended the application of the acetum cantharidis over the base of the right lung. These measures relieved the symptoms in some degree, but did not remove them; the spitting of blood recurred at irregular intervals, and in considerable quantities, and the cough still harassed him. The most careful physical examination, however, failed to detect any morbid sound in the lungs, although the symptoms and the history of the case pointed to tuberculosis of those organs. He, in fact, appeared to be better, and his family considered him to be mending; but there was an indescribable appearance about his countenance and manner, and an amount of distressing symptoms quite disproportionate to the physical signs, which led me to doubt my own judgment, and to fear that the physical signs might, although present, have escaped my attention. At my suggestion, therefore, a distinguished pathologist was called in consultation, to whom I observed that although I could detect no morbid sound in the lungs, beyond the slight sub-clavicular obscurity before mentioned, and some rather indistinct traces of a slight pleurisy at the base of the right lung, yet that, as his mother and three sisters had died of phthisis, and as he was suffering under cough and hæmoptysis, it was possible that incipient tuberculosis was the cause of his sufferings. The gentleman referred to, after making a most careful examination of the patient on the 27th of January, entirely concurred with me as to the absence of any physical signs of importance, but considered the symptoms to be due to a declining pleurisy. He considered, with myself, that the family history threw some light upon the case; but that, as far as the physical signs went, there existed no means for forming any other than a favourable opinion.

This view of the case appeared to be satisfactory, but I nevertheless attended him constantly for various uneasy, though somewhat indefinite symptoms, as continued pain in

(a) In the *Revue Médicale*, 31st December, 1854, there is a paper by M. le Docteur Hudellot, Médecin en Chef de l'Hôpital de Bourg, (Ain,) on the comparison between sulphate of quinine and cinchonine in the treatment of intermittent fever. 507 cases were treated with sulphate of cinchonine, only 9 were uncured; there was no inferiority to quinine observable; equal doses were given. He states also that as a prophylactic sulphate of cinchonine is as efficacious as sulphate of quinine.

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the back, great weariness, want of sleep, loss of appetite, cough, and expectoration. One day in February I was called to him suddenly for an excruciating pain which had seized him in the right side of the abdomen, very much increased on pressure, and which totally prevented him from sleeping. The cough and expectoration of blood and mucus had now ceased, he perspired very copiously, and his urine was very high-coloured, and deposited a copious sediment. It was ascertained that the urine was not albuminous, but contained abundance of lithate of ammonia, and the perspiration was distinctly acid to test-paper. The bowels were obstinately costive, as they continued to be throughout the disease. The respiration was not accelerated, but at every inspiration there was evident effort and pain, and the alæ nasi were involuntarily contracted. I could only attribute the symptoms to some rheumatic affection, involving the diaphragm, and causing pain by continuity with the abdominal muscles. I ordered opium to be given freely, the bowels to be opened by castor-oil, solution of senna, and Seidlitz powders, and mustard-poultices to be applied over the painful muscles of the abdomen. These measures were attended with partial relief, but the agonizing pain still continued; and taking into consideration the acid sweats, the loaded condition of the urine, and the resemblance of the other symptoms to those of rheumatism, and the position of the pain extending along the course of the right ureter, I thought it possible that a calculus might be impacted in the pelvis of the kidney or in the ureter. But there was no vomiting, no retraction of the testicle, and no difficulty in making water. I tried the effect of potash, which I caused to be administered as a drink, sweetened with syrup. Under this treatment, namely, the administration of opium to procure sleep, of mild aperients to open the bowels, and of potash to neutralize the acid sweats and urine, he became better, and was so much improved that he was able to be moved to his brother's house on the 22nd of March.

He now thought he was better, and, indeed, he was so far convalescent, that he left his bed, walked about the house, and took some drives. His pulse was weak, but not rapid, never exceeding 84 in the minute, the breathing was 16 in the minute, he had lost his cough, and had no spitting of blood. He was now allowed a good diet, meat, bitter ale, and wine, and he took sometimes quinine, and sometimes potash with gentian and quassia. I also urged him to try cod-liver oil, but he had a great objection to its use. He bore this treatment well, appeared to digest his food, passed his nights comfortably, and kept his bowels regular; but it struck me that he did not improve in proportion to the nourishment he was taking, and there was still an indescribable appearance which led me to think he was seriously ill, although I was quite unable to detect any specific lesion. At my suggestion, therefore, another consultation was held with the same gentleman who saw him with me before, and the physical signs were again most carefully examined. There was no morbid sound in either lung, no murmur or other abnormal sound over the region of the heart; the respiration was 16 in the minute, the pulse 80, the tongue red but clean. The only discoverable sign was a fulness about the region of the liver, and a projection of that organ beyond the edge of the ribs. We both felt that the patient was in a dangerous state, but the diagnosis was so obscure that the only opinion which was hazarded was that there might be a tumour, perhaps an abscess, in the centre of the liver. The patient's case was considered as hopeless eventually, but he was recommended to take cod-liver oil, and to be supported by nutritious diet. He now became weaker, and the tumefaction over the region of the liver became more marked, and, at the beginning of May, there was a perceptible and measurable difference between the two sides, the measurement from the spine to the middle line in front over the tumour being 16½ inches on the right side, and 15½ inches on the left. There was also a feeling of softness and fluctuation extending to about the size of a pigeon's egg over the tumour.

It now struck me as possible that there might be an abscess of the liver which had made its way externally, and other consultations were held. The dulness had in the meantime rapidly increased, the whole of the right chest was dull before and behind as far as the interval between the third and fourth rib, and the abdominal dulness extended below the ribs on both sides to a line drawn through the umbilicus. My own opinion was that the liver was enlarged and had formed an abscess; but the other Physicians who were called in consultation inclined to the belief that the case was probably one of extensive empyema. It was universally recommended that an exploratory puncture should be made.

Accordingly, on the 20th of May, a puncture was made over the part where the fluctuation was felt, by a fine exploratory trocar needle, and the instrument was passed to the depth of two inches and a half. On withdrawing the needle, no fluid issued from the canula, except a very small quantity of bloody serum, and the trocar felt as if it was fixed in a solid mass. It now became evident that the tumour was a solid one, and the conclusion was that it was malignant, and of course fatal. The soft, fluctuating feel of a portion of the tumour precluded the idea of scirrhus or tuberculosis, and it was determined that the disease was medullary sarcoma, its chief seat being the liver. It was a very extraordinary circumstance that no symptoms of jaundice had ever appeared, that he never suffered from vomiting, and that his motions, although the bowels were usually torpid, were well formed, and of a proper colour. The urine remained high-coloured, and loaded with lithate of ammonia to the last.

The patient continued rapidly to sink, the tongue was dry and red, there was considerable thirst, obstinate constipation, and at last refusal of all food. He sank, apparently worn out, and died on the 29th of May.

Post-mortem examination, 24 hours after death.—The body was excessively emaciated, no fat being discernible in any part. On laying open the thoracic and abdominal cavities, it was found that the liver was enormously enlarged, extending across to the left hypochondrium, downwards, to a line passing transversely through the umbilicus, and upwards into the right chest to the third rib. On the surface of the liver, corresponding to the part where the fluctuation was felt during life, there was a tumour of about the size of a pigeon's egg, of a yellow colour, soft; and when an incision was made into it, it presented a semi-fluid, gelatinous consistence, and a bloody, fungous texture; it was, in fact, an early condition of fungus hæmatodes. The lung of this side was atrophied by the extension upwards of the liver; it had a flabby, carnified structure, and contained a mass of medullary sarcoma of about the size of a large walnut. The left lung was healthy; the heart was normal in appearance, except that it was flabby and pale. On attempting to remove the liver, it was found connected with an enormouss mass of medullary sarcoma, extending into and half filling the cavity of the abdomen, and involving both kidneys in the disease. The spleen had on its superior aspect a large mass of medullary sarcoma, rising from the surface in a conical form, of a yellowish-red colour, and soft feel, melting gradually into the proper structure of the spleen. The mesenteric glands were enlarged, and filled with encephaloid matter. The masses of malignant disease no where presented the scirrhous character; they were universally soft, of a brainlike consistence, traversed by small vessels, very friable in many parts, and varying in colour from a yellowish-white to grey, pink, and deep purple and blood colour.

I subsequently examined some of the diseased mass by the microscope, and discovered in some parts nucleated cells dispersed through a soft pulpy stroma, and in other parts a closer kind of structure, consisting of nucleated, caudate, and irregular cells closely packed together.

CONTRIBUTIONS TO ORTHOPÆDIC SURGERY.

By BERNARD E. BRODHURST, Esq.
Assistant-Surgeon to the Royal Orthopædic Hospital.

THE TREATMENT OF CONGENITAL TALIPES VARUS.

The treatment of congenital varus is, on the one hand, simply mechanical, or, otherwise, surgical and mechanical. In extreme infancy, and when the distortion is slight, mechanical treatment alone may avail to restore the shape of the foot; but when the distortion is greater, or the child more advanced than a few months old, division of the tendons of the retracted muscles should be the first step

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towards the restoration of the affected limb. During the last few months, I have seen three cases, of the respective ages of 2 years, 4 years, and 10 years, which had been treated from birth by means of bandages and splints, or Scarpa's shoe. In each of these cases the deformity still remained, and it was at last necessary to divide the tendons, that the proper use of the limbs might no longer be prevented.

The operation of division of tendons is so harmless, both immediately and remotely, yet efficient for the removal of muscular retraction, and consequent distortion, that it is difficult to understand why this, the simplest and most effectual mode of treatment, should not always be proposed by the Surgeon, for the removal of congenital distortions. It should rather be for him to determine the age at which an operation should be performed, than the propriety of removing these distortions by operation. Some variety of opinion exists as to the age at which division of the tendons ought to be performed; but there are few Surgeons who are not convinced that division is not only desirable but essential. It is true that some cases are curable without operation, and with the use of a splint only; it is necessary, however, that the apparatus be worn a long time; and it is seldom that the position of the foot is so perfect as when the tendons have been divided. Consequently, as a rule, it is proper to divide the tendon of a contracted muscle.

The question of age at which division of the tendons of the retracted muscles in talipes varus should be performed, has called forth various opinions. Thus, a well-known writer expresses himself as follows:—"The important question is, at what age should the operation be performed? Some contend that the sooner it is performed the better. I have known it done," he continues, "at 5 months old, but the result was a failure. This was to be expected," says Mr. Lizars, "and is, indeed, plainly unavoidable, as the child should be old enough to walk, seeing that the due exercise of the muscles, ligaments, and articulations of the foot is indispensable for recovery. Without this, the operation must prove abortive. Two or three years of age is the earliest time at which the division should be attempted (a)."

Dr. Little says, "The most favourable period for the division of tendons in infantile cases of talipes is a few months before the time when the child may be expected to make the first attempts to walk, about the age of six or eight months, until which time, in cases of talipes varus, mechanical apparatus should be used to turn the toes outwardly, reducing the deformity to the condition of talipes equinus (b)."

Hippocrates wrote, "Most cases of congenital club-foot are remediable. . . . . The best plan then is to treat such cases at as early a period as possible." And Cruveilhier expresses distinctly the views now entertained by those who have had the largest opportunities of judging with regard to the age at which it is most desirable to perform these operations. "I think," says he, "that the most favourable period for the treatment of club-foot is the nearest to birth, that advantage should be taken of the first year, while the child is yet in its cradle condemned to immobility, which favours the application and the success of mechanical means to remove this sad infirmity (c)."

It is generally admitted that the operation for club-foot is reduced to its utmost simplicity by being performed at the earliest age.

The third month after birth is to be preferred to a later period. The distortion is then quickly removed, and the normal shape of the foot is restored. But if the operation be delayed until the child can walk, the distortion will have become more confirmed, the bones of the tarsus more altered through pressure, and, consequently, longer time will be necessary for the removal of the distortion, during which time the child will again be condemned to immobility. And as years pass on so does the time which is necessary for the restoration of the shape of the foot to increase. The time, however, which is consumed in the treatment of varus in the adult is frequently a debt paid to clumsy, ill-fashioned, and ill-fitting instruments.

It was shown in a previous communication that the navicular bone in talipes varus is rotated, its inner edge presenting upwards, and its outer surface downwards and forwards. Now, it will be at once manifest that eversion alone of the foot cannot entirely overcome this rotated position of the bone. Consequently, the Surgeon's first endeavour should be to restore the anterior portion of the foot to its proper direction by rotating the navicular bone on the head of the astragalus inwards and downwards, and afterwards to give the foot an outward direction. This motion of rotation of the anterior portion of the foot upon the astragalus unlocks the bones, and simplifies and hastens the subsequent treatment. Scarpa's shoe is inadequate to restore the position of the bones, and consequently the shape of the foot. It was the teaching of Hippocrates that the anterior portion of the foot should be rotated inwards and depressed; and it has been clearly shown by M. Jules Guérin, how exact was the notion entertained by Hippocrates in respect of this distortion and the mode of relieving it. Instead, then, of Scarpa's shoe it is necessary to use an instrument with motions to correspond to the movements to be effected. The first, as has been already stated, will act on the navicular bone and the anterior portion of the foot, rotating it downwards; the second will extend the foot; the third produce flexion upon the leg; and the fourth will act upon the heel and the whole foot. With such an instrument the worst forms of varus may without difficulty be overcome.

The treatment of talipes varus may be divided into three parts:—

1st. Division of the tendons of the affected muscles.

2ndly. Replacement of the foot in its normal position by mechanical means.

3rdly. To gain the free motions of the joints.

The operation of division of the tibial tendons and of the tendo-Achillis is among the most simple in surgery; but these tendons deviating in talipes varus from their normal course, may frequently puzzle the inexperienced operator. In very young subjects the posterior tibial tendon can seldom be felt, both on account of the tenuity of the tendon itself, and from the deep covering of subcutaneous fat; the inner edge of the tibia may then be taken as the guide to the tendon, behind which, as is well known, it lies. The skin and fascia having been punctured, about an inch above the inner malleolus, with a fine, sharp-pointed knife, the probe-pointed knife is to be passed down by the edge of the bone, and between it and the tendon; and the tendon being felt, the cutting edge of the knife is to be turned towards it, an assistant at the same time rotating the anterior part of the foot downwards and outwards. At the instant of division of the tendon a snap is felt by the assistant, and generally also by the operator; it may also be heard by a bystander.

The tendon of the anterior tibial muscle may usually be felt beneath the finger on the dorsum of the foot; and the sharp-pointed knife may consequently be readily passed beneath it, when the slightest extension of the foot on raising the edge of the knife will divide the tendon.

The tendo-Achillis no longer occupies the middle line of the posterior surface of the leg, but is drawn to the inner side, and may be felt, cord-like, lying behind the posterior tibial vessels. Some authors, as Duval, teach that the knife should be made to enter on the inner side of the tendon; while others insist that it is only safe to puncture the skin on the outer side of the tendon; and both assign a similar reason for their opposed modes of operating, namely, the greater safety of the vessels. Consequently, it is clear that the inner side being alone safe for one set, and the outer side for another set, of operators, the fault must lie in the operator himself. When the knife is entered on the inner side of the tendon, the point requires to be dipped immediately beneath, and to be kept close to, the tendon; but on the outer side greater freedom of action may be allowed; and if in dividing the tendon, the blade of the knife be made to describe the segment of a circle, the posterior tibial vessels will not be found to interfere with the section.

Occasionally, the plantar fascia alone requires to be divided, or together with it the tendon of the tibialis anticus muscle. It is very rarely, however, necessary, during the earliest months of life, to divide the plantar fascia in club-foot.

II. The tendons having been divided, the foot is bound to a flexible splint, the splint being bent to the shape of the foot, and there retained until re-union has taken place; when extension, by means of Scarpa's shoe, or some similar appa-

(a) J. Lizars on the Treatment of Club-foot. 1853. P. 6.
(b) On the Deformities of the Human Frame, p. 284. 1853.
(c) Anatomie Pathologique, Tome I., p. 14.

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ratus, is commenced, and continued until the normal shape of the limb is restored.

Various sections of tendons have been made in animals, to determine approximately what is taking place in man after a tendon has been divided, and to learn the process of cure. This great difference, however, exists between a surgical operation and the section of tendons in animals, that in the former case, the limb is kept perfectly at rest, while in all the experimental sections to which I can refer, movements of the limb have been allowed. It is obvious that the process of cure must be different in the two cases, and that what is found to exist in the one, may not apply to the other. Thus, on referring to the sections which were made by Ammon, Prinz, and Zeis of Dresden, we find that, on examining the wound after twenty-four hours, coagula filled up the space between the ends of the tendon.

On the second day large clots appeared about the tendon, and the divided ends of the tendon were about one inch apart. To the upper, a small round coagulum adhered, and to the lower, vestiges of lymph.

On the fourth day, the space between the divided tendons was filled with coagulated blood; and this being carefully removed by a stream of cold water, an acuminated growth of plastic lymph tinged with blood was observed to be adherent to the extremity of the superior portion of the tendon. On the lower portion of the tendon also plastic lymph had formed largely, in a conical form, so that the space between the divided portions of the tendon was again, in part, filled with organized matter.

On the seventh day, both ends of the tendon appeared to be conical in form. The intermediate space was small; and soft, filiform exudations reached from one divided extremity of the tendon to the other (d).

In a second series of experiments by Ammon and Zeis we find that, on the sixth day, the space between the ends of the tendon was small, and filled with lymph and puriform matter (e).

But when the section is well and cleanly made, and the limb is kept perfectly at rest after the operation, the inflammatory product consequent on the wound is of small amount. Thus, in a series of experiments which I have made to determine the time which is necessary for re-union in its different stages, I found that on the sixth day the ends of the Achilles tendon were half an inch apart, the interspace being filled up with a firm, well-defined substance, streaked with blood, and distinctly fibrous. The new substance enveloped the cut ends of the tendon, and, uniting them, formed a band scarcely less defined than the tendon itself. On the eleventh day, the new substance had contracted to a quarter of an inch, and was as well defined as the tendon itself; it was very slightly adherent to the cellular sheath. The uniting medium was strong and firm, and capable of very great resistance. On the fiftieth day, a very slight bulbous enlargement of the tendon alone marked the spot at which it had been divided.

In these experiments motion of the limb was prevented after division of the tendon, until complete re-union had taken place. And contrasting this series of experiments with those performed by Ammon, and the results obtained in either, it cannot be doubted that immobility of the limb should be maintained until re-union is complete.

We have lately been favoured, in a recent number of the *Lancet*, with an exposition of Mr. Syme's views of the treatment of talipes varus. It is unnecessary to refute Mr. Syme's opinion, for it is an opinion formed, I do not hesitate to say, with insufficient pathological knowledge, and without such accurate acquaintance with the subject as practical observation alone can afford.

It is obvious that Mr. Syme's remarks refer to cases of very slight distortion; not only because his injunctions with regard to division of the tendon of the tibialis posticus muscle could not be followed in a severe case, the tendon not being in the position assigned to it by Mr. Syme, but also, because it would be impossible for a patient with a severe form of varus, or indeed with more distortion than that caused by very slight muscular retraction, to "walk with his foot perfectly flat on the ground four days after the division of the tendon" (f).

The accompanying engraving was made from a case lately under my care. The tendon of the tibialis posticus was divided above the malleolus; and it was necessary to have recourse to mechanical means, and to continue their use nearly twelve months, until the normal shape of the foot was restored, and motion of the joints was gained. Again, the experiments to which I have already referred teach us that the uniting medium should be allowed to acquire a certain degree of definition and consistence before movements are permitted, and show what may be produced by allowing a child to walk on the fourth day after division of the tendons; namely, that re-union is retarded; and also, the uniting medium being weak and becoming inordinately lengthened, that the muscles, consequently, remain permanently weakened. It is, therefore, of the utmost importance to keep the child at rest, that re-union of the tendon may be promoted, and that the muscle may not be debilitated.

After re-union has taken place, extension is to be commenced, and to be made to proceed gradually and continuously, advantage being especially taken of the first few days after the extending process has been commenced, to make it at this time proportionably more rapid than at any future period, it being well ascertained that the reparative process is more complete during this than at any equal and subsequent period; and, also, that if delayed until the process of re-union is more complete, extension will be less perfectly accomplished than at this early period. But, on the other hand, care must be taken not to make the necessary extension too rapidly, lest paralysis should result. The rapidity with which extension should be made, and the time necessary for its entire accomplishment, vary as the muscular affection varies.

As the time necessary for the removal of distortion increases with age, it becomes a question whether, after the age of forty, it is desirable to attempt the restoration. This must depend in some measure on the health of the patient, and also on the degree of motion which may exist in the tarsal joints. If extension is practicable, patient perseverance, together with well-adjusted instruments, will at length succeed in restoring shape to the most distorted limb. In the child and in the adult the after-treatment is essentially the same, but in the latter, weeks and months of patient endurance must be substituted for days in the former. Now-a-days, however, the treatment of talipes varus in the adult is no longer the extremely serious matter that it was formerly, the patient no longer being necessarily confined to his bed or sofa, but able to follow his avocations almost as well as before the operation.

III. In the infant, the motion of the joints is very soon acquired, and passive motion is scarcely necessary, (except in cases of extreme distortion, and where the articular surfaces are imperfectly developed,) if extension of the limb has been carried to the extreme limit of motion allowed by the joint. But, when the motions of the limb are unduly limited, and not free, passive flexion and extension must be made daily.

But, although distortion is now removed, it is necessary to prevent the recurrence of retraction, by the use of a steel support, which is fastened to the boot, and which, having a stop at the ankle-joint, retains the foot at a right angle with the leg, or prevents motion at a greater angle than a right angle. This being worn, and passive motion of the limb being observed, distortion will not recur.

Thus, in talipes varus, it is first necessary to divide the tendons of the affected muscles; and, where it is contracted, the plantar fascia. Secondly, by gradual extension to restore the shape of the foot; and, thirdly, to regain the motion of the ankle-joint, and of the tarsal and metatarsal joints, by moving these firmly and repeatedly with the hand.

(d) De Physiologia Tenotomiæ, p. 19. (e) Op. Cit. p. 20.
(f) Vide *Lancet*, Vol. I. p. 279.

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THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE QUARTER ENDING MARCH, 1855.

THE subjoined report comprises the following Hospitals:—The Royal Berkshire, the Bradford, the Cheltenham, the Derbyshire General, the Dorset, the Durham County, the Hull, the Kent and Canterbury, the Leeds, the Liverpool Royal Infirmary, the Liverpool Southern and Toxteth, the Nottingham General, the Norfolk and Norwich, the Portsmouth, the Sheffield, the Staffordshire General, the Sussex County, the Winchester, and the York County.

LITHOTOMY.

In *Case* 3 of last Quarter's report the patient, an old man, died one month after the operation. The cause of death was broncho-pneumonia; the wound in the perinæum had not quite healed, but was gradually contracting.

Number of cases, 8; recovered, 8.

Case 1.—A boy, aged 4, under the care of Mr. Smith in the Leeds General Hospital. He was in fair health. A lithic acid stone was removed. Recovered without a bad symptom. *Case* 2.—A man, aged 38, in feeble health, under the care of Mr. Samuel Hey in the Leeds General Infirmary. A lithic acid calculus, weighing three ounces and a half, was removed. During the healing of the wound a little flatus occasionally escaped by it showing that a communication with the rectum had formed. A small renal calculus also passed by the wound before it finally closed. The man recovered well, and much improved from his former health. *Case* 3.—An Italian, aged 35, under care in the Kent and Canterbury Hospital. His statement was that three months before admission he had passed a long piece of fine cap wire into his urethra, and that a portion, probably several inches long, had broken off, and been retained. About two months subsequently he began to suffer pain, etc., during micturition. On admission his health was still good. A sound passed into the urethra detected the wire in the membranous tract, and easily passed on by its side into the bladder where no calculus could be felt. The urethra was very capacious. Repeated attempts were afterwards made to extract the wire by means of forceps, and on one or two occasion it was laid hold of. After one of these attempts violent inflammation of the penis ensued and caused sloughing in several parts. As soon as this illness was recovered from another examination was made, and a calculus was distinctly felt in the urethra, past which, however, the sound could be easily carried into the bladder. The urethra was now opened by an incision in the perinæum, and the calculus being found to be large, the wound was enlarged, and made to enter the neck of the bladder. Through this wound, by means of the lithotomy forceps, the wire was extracted, and with it four adherent calculi, which together weighed nearly half an ounce. A slough afterwards separated, and three fistulous openings into the urethra remained for some time. Before the man left the Hospital, however, two of these sinuses had closed, and but one remained. Through the latter, however, most of the urine passed, but, by placing the finger over it, the stream could be made to flow by the natural channel. *Case* 4.—A sickly-looking boy, aged 9, under the care of Mr. Huntingdon, in the Hull Infirmary. The boy was suffering severely when admitted, but, as the weather was unusually cold, it was thought better to defer the operation for a time. Meanwhile, the stone escaped from the bladder, and was found one day occupying a position immediately behind the scrotum, where it caused a distinct swelling. No material obstacle to the escape of urine was produced by it. An incision was made over the projecting body, and the urethra having been slit up, a long narrow calculus was extracted. On further examination, a second stone was found behind the first, which also was removed. To remove the gritty fragments which existed about its neck, the bladder was afterwards well syringed out from the wound. Recovered. *Case* 5.—A boy, aged 7, under the care of Mr. Barber, in the Sheffield Infirmary. A mixed calculus of oxalate of lime and lithic acid, weighing 3 drachms, was removed. Recovered. *Case* 6.—A boy, aged 3, under the care of Mr. Waddell, in the Staffordshire General Hospital. The symptoms had existed six months; the stone was found to be small. Recovered without a bad symptom. *Case* 7.—A man, aged 35, under the care of Mr. Humphrey, in Adderbrooke's Hospital, Cambridge. He had suffered from symptoms of renal calculus for four years, and for four months from that of stone in the bladder. A few days before the operation he passed, by the urethra, a stone about the size of a horse-bean, having three distinct facets. At the operation five, of about the same size and shape, were removed. The man made a rapid recovery. *Case* 8.—A man, aged 56, under the care of Mr. Humphrey, in the Cambridge Hospital, having suffered from symptoms of stone for three or four months. In the operation, on reaching the bladder, the calculus was found to be encysted in the anterior wall, and fragments of it only could be removed. Nothing unusual occurred during the after progress of the case. The wound healed, and in about two months the man left the Hospital, apparently well. He was to be readmitted should his symptom return. This patient had been four times before submitted to operative proceedings for the removal of calculi. Five years before, he had had lithotomy performed, and a stone weighing 9 drachms removed. Two years subsequent to this, he was relieved by lithotrity. In 1852, lithotomy for a second time was performed, and for a third in 1854.

HERNIOTOMY.

Number of cases 5; recovered 2; died 3.

Case 1.—A man, aged 26, in good health, under the care of Mr. Meade in the Bradford Infirmary. The hernia was inguinal and about the size of half an egg; it had been strangulated five hours before admission. Spontaneous reduction, *en masse*, took place about forty-eight hours after its descent. The operation was performed after sixty hours' strangulation, and the sac being opened, about nine inches of small intestine, constricted tightly by the neck of the sac, were exposed. The testis occupied the inguinal canal. The man recovered without a bad symptom. *Case* 2.—A woman, aged 37, under the care of Mr. Samuel Hey, in the Leeds Infirmary. Hernia femoral; of eight months' duration. Strangulation had existed thirty hours, and the taxis had been applied for four hours successively previous to admission. Sac not opened. The vomiting, which had previously been stercoraceous, ceased immediately after the operation, and the patient made an excellent recovery. *Case* 3.—A man, aged 50, under the care of Dr. Lunn, in the Hull Infirmary; hernia inguinal; of large size, and strangulated four days. Tight strictures existed at both the internal and external rings. The sac was opened, and was found to contain a large mass of omentum with a small coil of highly congested intestine. The bowels were relieved soon after the operation, but death from peritonitis ensued on the fourth day after the operation. No autopsy. *Case* 4.—A man, aged 66, in very feeble health, under the care of Mr. Lowdell, in the Sussex County Hospital. For several years he had been the subject of an irreducible inguinal hernia, but it had recently been much increased in size by a large descent of bowel while at stool. The operation was performed twenty-four hours after the symptoms of strangulation had set in. Sac opened. The sac contained very little serum; the intestine was congested but otherwise healthy. The man did well for twenty-four hours subsequent to the operation, when vomiting supervened, and death from exhaustion followed in about fourteen hours. At the autopsy, with the exception of some effusion of coagulable lymph upon the peritonæum, no morbid conditions were discovered. *Case* 5.—A woman, aged 41, under the care of Dr. E. J. Scott, in the Royal Portsmouth Hospital. Hernia femoral; strangulated four days; sac opened. The knuckle of intestine down was about the size of a walnut, and much congested. During the night previous to the operation, treatment by the application of ice was adopted, but the taxis could not be effected. After the operation the woman did well for three days, subsequently profuse diarrhœa came on and caused her death.

LIGATURE OF ARTERIES.

Case 1.—A man, aged 38, under the care of Dr. Raper, in the Royal Portsmouth Hospital, in consequence of a spurious aneurism which had formed within the cheek, after an injury occasioned by a fall with a tobacco-pipe in the mouth. Repeated and profuse hæmorrhages had occurred. Dr. Raper placed a ligature on the trunk of the facial, as it crosses the

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border of the lower jaw. The operation was in every respect successful. *Case* 2.—A girl, aged 19, under the care of Mr. Thomas Wright, in the Nottingham Hospital, on account of a wound of the radial artery near the wrist from a splinter of glass. When admitted the orifice of the bleeding vessel could not be seen, as the hæmorrhage had ceased. A compress was accordingly applied, and the wound dressed. Four days subsequently, during exertion, the bleeding again broke out. The wound was now enlarged, and a ligature applied to the artery above and below the wounded spot. A false aneurism, about the size of a horse-bean, had formed over the seat of injury. The wound healed well, and no further trouble was encountered. *Case* 3.—A lad, under the care of Dr. Masfen, in the Staffordshire General Infirmary, having undergone secondary amputation of the thigh. In consequence of secondary hæmorrhage, ligature of the trunk of the femoral near the groin was performed by the House Surgeon. The result was successful, and the patient recovered well. *Case* 4.—A man, aged 39, admitted into the Sheffield General Infirmary under the care of Mr. Barber, having sustained a severe injury to the upper arm. A rod of heated iron, rapidly propelled by rollers, had been thrust violently against the part, and thus the biceps muscle, the median nerve, the brachial artery, and its accompanying veins, had been completely divided. Ligatures were placed upon both extremities of the artery and veins immediately after the accident. Repeated secondary hæmorrhages took place during the separation of the sloughs from the wound, and subsequently the formation of a large slough on the forearm necessitated amputation. Death from exhaustion followed (see Amputations, Case 30).

COMPRESSION TREATMENT OF ANEURISM.

A man, aged 44, by trade a sawyer, was admitted into the Bradford Infirmary, on account of a large popliteal aneurism. The disease had been known to exist for two months. Compression treatment was commenced and persevered with for twenty days, when, the skin of the thigh having ulcerated, and the aneurism having become diffused, it was thought best to amputate. Since the removal of the limb the patient has done well. (See Amputations, case 1.)

AMPUTATIONS.

	Cases.	Recovered.	Under Treatment.	Died.
Of the Thigh	9	3	3	3
Of the Leg	14	8	4	2
Of the Foot	2	2	0	0
Of the Upper Extremity ..	12	8	1	3
Total of all cases	37	21	8	8

Of the Thigh.—*Case* 1.—A man, aged 44, under care in the Bradford Infirmary, on account of diffused aneurism of the popliteal artery. Compression treatment (see above) had been tried, but amputation becoming necessary, the thigh was removed in the lower third. Doing well. *Case* 2.—A man, aged 30, under the care of Mr. Halton, in the Liverpool Royal Infirmary, on account of diseased knee-joint. He was in very feeble health before the amputation, but recovered quickly after it. *Case* 3.—A boy, aged 11, under the care of Mr. Halton, in the Liverpool Royal Infirmary, on account of diseased knee-joint. He was of strumous constitution, and much reduced in health, but under treatment prior to the operation he much improved in health. Doing well. *Case* 4.—A lad, under the care of Dr. Masfen in the Staffordshire General Infirmary, in consequence of a compound fracture of the femur, which had implicated the knee-joint. The suppuration which followed having much reduced the patient's strength, secondary amputation was deemed neeessary. Recovered. *Case* 5.—A man, aged 59, under the care of Mr. Lowdell, in the Sussex County Hospital, on account of laceration of the thigh by machinery. Primary amputation was performed four hours after the accident. Doing well. *Case* 6.—A delicate lad, aged 14, under the care of Mr. T. Wright in the Nottingham General Hospital, on account of disease of the knee-joint of three years' duration. Flap amputation through the thigh. Rapid recovery. *Case* 7.—A railway porter, aged 22, under the care of Mr. T. Wright in the Nottingham General Hospital, on account of compound comminuted fracture of the femur and bones of the leg, occasioned by a train passing over it. Primary amputation through the thigh was performed. Death ensued three weeks afterwards. At the autopsy the evidences of extensive and acute pleurisy on the right side were found, and there were also several small abscesses in the right lung. *Case* 8.—A man, aged 36, under the care of Mr. Stubbs, in the Liverpool Royal Infirmary, on account of a diffuse aneurism of the popliteal artery. Gangrene of the leg ensued, and amputation through the thigh became needful. He was in a very feeble state at the time, and died of exhaustion six days after the operation. No autopsy. *Case* 9.—A delicate lad, aged 12, under the care of Mr. Humphrey, in Addenbrooke's Hospital, having been ill for a fortnight with suppuration about the knee-joint. Amputation in the middle of the thigh. Part of the femur was found necrosed, and acute ulceration of its lower epiphysis had involved the knee-joint. Suppuration had taken place in the tissue of the adjacent muscles. Death followed fifty-eight hours after the operation. At the autopsy numerous small purulent deposits were found in the lungs. The other organs were healthy.

Of the Leg.—*Case* 10.—A woman, aged 50, under the care of Mr. Blaker, in the Sussex County Hospital, on account of strumous disease of the tarsus of two years' duration. She was in bad health and much enfeebled by the disease. Amputation through the calf. Under treatment. *Case* 11.—A man, aged 42, under the care of Mr. Blaker, in the Sussex County Hospital, on account of a compound comminuted fracture of the tibia and fibula. Profuse suppuration ensued on the attempt to save the limb, and as great depression was the result, it became necessary to amputate below the knee seven days after the accident. Under treatment. *Case* 12.—A man, aged 36, under the care of Dr. Cotton, in the West Norfolk and Lynn Infirmary, on account of strumous disease of the right ankle and tarsus. The disease had existed eleven months, and had much reduced his health, which previously had been good. After a month's preliminary treatment, directed to the improvement of his general condition, amputation through the lower third of the leg was performed. He made an excellent recovery. *Case* 13.—A girl, aged 15, under the care of Mr. Samuel Hey, in the Leeds General Hospital, on account of disease of the ankle-joint, which had existed fourteen months. Her general health was good. Amputation through the lower third. Recovery. *Case* 14.—A child, under the care of Dr. Maspen, in the Staffordshire General Infirmary, on account of diseased ankle-joint, a sequela of scarlet fever. Amputation in the lower third of leg. Recovered. *Case* 15.—A man, aged 43, under the care of Mr. Barber, in the Sheffield General Infirmary, on account of disease of the left ankle-joint. Amputation through the calf. Recovered. *Case* 16.—A boy, aged 10, of delicate constitution, was admitted into the Royal Berkshire Hospital, having sustained a compound comminuted fracture of the right leg and a comminuted fracture of the left femur. The injuries had been occasioned by being crushed in a threshing-machine. Reaction did not take place until the following morning, when amputation of the right leg was performed. On the third day after the amputation erysipelas attacked the limb, but it was subdued by the application of a solution of nitrate of silver. At the time the case was reported the stump was doing well, but the other thigh was in a doubtful state, the fracture having been converted into a compound one by the necessary opening of a large abscess which had formed around it. Under treatment. *Case* 17.—A man, aged 30, under the care of Mr. Curme, in the Dorset County Hospital. In March, 1854, he had suffered a compound dislocation of the foot outwards, the tibia protruding two or three inches. The dislocation was reduced, and the leg being swung in a Salter's apparatus and a liberal diet allowed favourable progress resulted. Much sloughing occurred during the first week; but subsequently the wounds almost healed, leaving sinuses, however, which led down to bare bone. It was concluded, from the extent of bone which could be felt through the several openings, that the whole lower extremity of the tibia was in a state of caries; and as, after nearly a year's treatment, the diseased portion showed no tendency to separate, amputation was determined on. It was performed through the lower third of the leg, and a very good recovery ensued. The examination of the removed extremity showed the lower end of the tibia, about three inches and a half long, quite dead, separated from the shaft.

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and inclosed in a thin shell of new bone. The fibula was soundly united where it had been broken, its lower extremity being also anchylosed to the side of the astragalus. The astragalus and os calcis were also united by anchylosis. *Case* 18.—A boy, aged 15, under the care of Mr. Hammond, in Addenbrooke's Hospital, on account of scrofulous disease of the ankle of four months' duration. The disease had been acute, and great constitutional disturbance had ensued. Amputation below the knee. Recovered well. *Case* 19.—A man, aged 17, under the care of Dr. Bennett, in the Bradford Infirmary, on account of compound dislocation of the foot, with much contusion. Primary amputation was performed. Under treatment. *Case* 20.—A man, aged 23, under the care of Mr. Poppleton, in the Bradford Infirmary, on account of strumous disease of the foot, of one year's duration. He was in tolerable health. Double flap amputation in the lower third of the leg was performed. Death from pyæmia resulted on the 22nd day. At the autopsy, numerous small collections of matter were found in the lungs. *Case* 21.—A lad, aged 15, under the care of Mr. Fearn, in the Derby Hospital. He was admitted with spasmodic distortion of the right foot, and acute inflammation of the ankle-joint, stated to have supervened in the previous night without assignable cause. Large abscesses formed in the leg, implicating also the joint, and about two weeks afterwards amputation became necessary. It was performed just below the knee. He made a good recovery. *Case* 22.—A man, aged 24, in fair health, under the care of Mr. Johnson, in the Derby Infirmary. Primary amputation was performed just below the knee, in consequence of the leg and foot having been crushed by the wheel of a locomotive engine. Delirium occurred after the operation, and sloughing of the stump; a rim of bone also exfoliated from the tibia. About three months were occupied in the recovery, but it was ultimately good. *Case* 23.—A seafaring man, aged 53, of sallow complexion, and nervous temperament, under care in the Kent and Canterbury Hospital. It appeared that for about two years he had suffered from caries of the tibia, about its middle and over the seat of a fracture which he had sustained eighteen years ago. During the night previous to his admission, whilst turning in bed, the tibia had fractured at this spot. Flap amputation below the knee was performed one week after the accident, the treatment during the interval having been by opiates and liberal diet. The chloroform exhibited during the operation occasioned great excitement, and this effect continued for nearly an hour afterwards. He did pretty well, excepting some nervous irritation and excitement at times, which occasionally amounted to chattering, etc., and required opiates for its relief until the eighth day, when a slight rigor occurred. The discharge of pus coincidently diminished, but did not cease; it soon after however, became much altered in character. The liability to chattering and the state of nervous irritation increased, subsultus tendinum also occurring at times. Death occurred on the evening of the ninth day. No autopsy.

Of the Foot.—Case 24.—A boy, aged 14, under the care of Mr. Barber, in the Sheffield Infirmary, on account of carious disease of the tarsal bones. Amputation at the ankle-joint was performed, the flap being cut from the heel, and the articular facets of the tibia and fibula being sawn away. Recovered well. *Case* 25.—A man, aged 50, under the care of Mr. Teale, in the Leeds Infirmary, on account of caries of the metatarsal bone. Chopart's amputation was performed, and a perfect recovery resulted.

Of the Upper Extremity.—Case 26.—A man, aged 19, under the care of Mr. Roberts, in the Bradford Infirmary, on account of diseased elbow-joint. The disease had existed for three years, and was of strumous nature. Amputation through the middle of the humerus. Recovery. *Case* 27.—A healthy labourer, aged 39, under the care of Mr. T. Wright, in the Nottingham General Hospital. All the metacarpal bones of the right hand had been cut through by a circular saw. By further shortening the bones, partly with bone forceps, and partly with a small saw, a good stump was obtained, and the soft parts were brought into apposition. Recovered. *Case* 28.—An intemperate man, aged 23, in apparently robust health, was engaged in a quarrel, and missing his aim struck his arm with great force through a window. A deep wound was inflicted in the bend of the elbow, by which the brachial artery was divided, and also the superficial veins. He was admitted into the Nottingham Hospital, under the care of Mr. T. Wright, soon after the accident, having, however, already lost much blood. The hæmorrhage having quite ceased, the ends of the vessel could not easily be found, and they were accordingly not ligatured. A tourniquet was placed on the arm, over the trunk of the brachial, and an assistant was directed to be in readiness to screw it down should the bleeding again commence. There was, however, no subsequent hæmorrhage; but gangrene having attacked the fore-arm, it became needful on the sixteenth day to perform amputation. The man was then in an extremely exhausted state, and the operation had been deferred for several days solely on account of his being too weak to bear it. About a week previously, a large abscess in the inner side of the arm had required opening. Stimulants were most freely used, both before and after the amputation. Death from exhaustion took place on the eleventh day. At the autopsy, nothing worthy of note was discovered, excepting a condition of grey hepatization of a portion of the left lung. *Case* 29.—A healthy young lad, aged 16, was admitted into the Nottingham Hospital, having had his hand, forearm, and lower part of arm crushed by machinery. Primary amputation through the middle of the upper arm was performed. Recovered well. *Case* 30.—A man, aged 39, under the care of Mr. Barber, in the Sheffield Hospital, had secondary amputation through the upper arm performed ten days after an accident, in which the brachial artery had been divided. (See Ligature of Arteries, Case 4.) Death from exhaustion followed on the twenty-first day after the operation. *Case* 31.—A labourer, aged 32, in good health, under the care of Mr. T. Wright, in the Nottingham General Hospital. The whole of the hand, to the middle of the metacarpal bones, had been cut away by a straw-cutting machine, the thumb, however, remaining uninjured. Mr. Wright removed the remaining portions of all the metacarpal bones, excepting that of the index finger, at their articulations with the carpus. That of the index finger was left, in order to antagonize the thumb. The wound healed well. *Case* 32.—A healthy lad, aged 16, admitted under the care of Mr. Wright into the Nottingham General Hospital, having sustained, a month, previously, a simple fracture of the humerus between its middle and lower thirds, with also an extensive superficial wound. During the interval prior to admission, the fracture had been converted into a compound one, and the lower fragment of the bone had been drawn up behind the upper one, for at least an inch. Mr. Wright removed the ends of the fractured bone, and attempted to effect reduction, but the parts could not be kept in apposition, and ultimately amputation was performed in the middle of the arm. Recovered. *Case* 33.—A man, in good health, aged 51, was admitted into the Royal Portsmouth Hospital under the care of Dr. Raper, having had his right hand and wrist shattered by the explosion of a fowling-piece. Primary amputation in the lower third of the forearm was performed. Recovered. *Case* 34.—A man, aged 72, under the care of Mr. Lowdell, in the Sussex County Hospital, on account of carious disease of the carpus and wrist, consequent on an unreduced dislocation of the latter joint. Amputation through the forearm was performed. The man sank exhausted, and death took place about a month after the operation. *Case* 35.—A man, aged 62, under the care of Mr. Fearn in the Derby Infirmary, on account of diseased elbow-joint. Amputation through lower third of upper arm. Recovery. *Case* 36.—A healthy man, aged 33, under the care of Mr. Fearn, in the Derby Hospital, on account of compound comminuted fracture of the fore-arm, close to the elbow-joint. The injury had been occasioned by the wheel of a locomotive engine. Amputation through the upper arm. Recovery. *Case* 37.—A man of middle age, under the care of Mr. Fearn, in the Derby Hospital. The left forearm had been cut through by a hay-cutting machine. Primary amputation was performed just above the wound, and a little below the elbow-joint. Much suppuration from the stump followed. Under treatment.

[The Report will be concluded next week.]

AMERICAN SURGEONS FOR RUSSIA.—The Ohio *State Journal* announces that Dr. William M'Millen and Dr. William R. Thrall have left Columbus, Ohio, for the purpose of entering the service of the Emperor of Russia as Surgeons. They are both young men, and it is expected that as soon as they are properly commissioned by the Emperor they will be despatched to the seat of war.

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Medical Times & Gazette.

SATURDAY, JUNE 9.

SMALL-POX IN THE BRITISH FLEET.

The British Army in the East having been decimated by Cholera, Fever, Diarrhœa, and Dysentery, in addition to the ordinary casualties of war, it appears that our brave sailors in the Northern seas are now exposed to a disease no less fatal than those maladies which have prevailed upon the shores and the waters of the Euxine. Small-pox, which first broke out in the *Arrogant*, has made its appearance among the crew of the *Duke of Wellington*, and by the last accounts fifteen persons had been attacked by the disease. The number of cases having augmented, it has been determined by the Commander-in-Chief to put to sea for Faroe Sound, and to land and place in tents on shore the men suffering from the epidemic, who were said to amount to the number of forty.

While this fearful scourge is prevailing in our Fleet, it is our duty to impress earnestly upon the attention of Government the gross neglect into which the practice of Vaccination has been allowed to fall; a practice, be it recollected, which is never injurious, and which has already saved thousands of lives. Yet so great is the apathy of our rulers, and so great, we regret to add, the ignorance of some of the lower orders in this country, that a practice so harmless, and, at the same time, so beneficial, has still to struggle against the carelessness of some, and the prejudices of others, and to be left, for its due performance, to the exertions of our Profession, who receive for their labours very little encouragement from the Government, and still less gratitude from the Public. A person ignorant of our laws and customs, and observing the general recklessness which prevails in all that relates to sanitary matters, might, perhaps, imagine that the English are naturally a careless people, that a general system of *laissez-aller* is the rule of our lives, and that every one is allowed to do pretty much as he pleases in this land of universal liberty. But observe the inconsistency of which we are guilty in our legislation. Does a hungry wretch steal a penny loaf, or a piece of bacon, he is forthwith consigned to prison; does he commit forgery to defraud his employers, he is condemned to penal servitude; while the person who, by his criminal negligence, not only risks his own life, but the lives of his children and his neighbours, escapes altogether from punishment. In the first case, the offence is committed against one person; in the second, it is committed against the whole community: in one, the individual suffers; in the other, society is the victim: yet the criminal, in the one case, is thought worthy of punishment; in the other, he escapes scot-free: and should any stern, but right-thinking, moralist insist that those who endanger the public safety should at least be as amenable to punishment as those who commit a private offence, he will be forthwith assailed as a foe to liberty, and an advocate of oppression.

The immortal discovery of Jenner was promulgated to the world in the year 1798, and universal experience has confirmed the value of Vaccination as a preventive of small-pox. It is true that the latter disease has not been banished from the world; but it is hardly venturing too much to affirm, that if Vaccination were fairly and fully carried out by legislative enactments, this frightful bane to the human race might be altogether extinguished. Some foreign governments, wielding despotic powers for the public good, have made the practice of Vaccination compulsory, and rigid statistics have proved the wisdom of the proceeding, as it has succeeded in diminishing the mortality from the disease, and almost exterminating its attacks.

Our own Government, however, adopting the *laissez-aller* system, to which we have referred, have taken very few steps of a stringent character towards promoting the universality of vaccination;—a fact, perhaps, not much to be wondered at, when we consider the criminal negligence with which our legislators treat all matters relating to the public health, and all suggestions emanating from the Medical Profession.

For a long period after the promulgation of the discovery of Jenner, and the general ratification which its merits received from the approving testimony of innumerable witnesses, Government took scarcely any steps to encourage the practice or to reward the practitioners. It is true, that the National Vaccine Board was established, and a small annual sum was, and still is, granted for its support; and by its means, a continual source of lymph is kept up for the service of the provinces, and for exportation to our Colonies: but the general Vaccination of the people was left to private exertions, to the gratuitous efforts of the Profession, or to the tender mercies and the enlightened superintendence of parish overseers.

Some fifteen years ago the Legislature thought proper to interfere in favour of Vaccination, and, as the operation was one requiring scientific skill for its performance, and care and intelligence in its superintendence, most *appropriately* consigned the operation of its machinery to the Poor-Law Board, which at that time was hateful to the whole country; and left the appointment and remuneration of the vaccinators to the local Poor-Law Boards, who ever have been, and still are, despised by the Profession for their general ignorance and meanness, yet feared by some of our less fortunate brethren from the power they possess over their Professional incomes. It could hardly be expected that such a plan would be attended with success. The Poor-Law Board, even if it had been unobjectionable in other respects, was wholly incompetent to superintend the practice of Vaccination, from the entire absence of any Medical element in its composition; while its functions were limited by law to the management of the *poor*. Hence the public mind mingled the inoculation for cow-pox with the relief afforded to paupers; and it became necessary, therefore, to introduce a distinct clause in the Act, which specified that any person having his child vaccinated gratuitously, was not to be held disqualified for performing civil functions, such as voting for Members of Parliament, etc. Notwithstanding these and other means for separating vaccination from pauperism, the two ideas have, not unnaturally, been continued in association by the public, while the tyrannical and arbitrary conduct of the Local Boards has contributed to retard the progress of Vaccination and to discourage and disgust the Profession.

We propose to continue this subject on a future occasion, when we shall make some observations on the working of the new Legislative enactments concerning Vaccination.

MR. SYME AND THE LONDON SURGEONS.

It is not often that we desire to notice the tone of communications which appear in the pages of contemporary Journals; yet there are occasions when we are compelled to do so in defence of the welfare of the Profession, and more particularly of the younger portion of it.

It is said that popular preachers find that the surest way of attracting a large auditory is to preach what are called controversial sermons; in which, instead of laying bare the faults of their hearers, which might be painful, or of enlightening their ignorance, which might be troublesome to both parties, they set to work to praise the excellences of their own system

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and to denounce the errors of those who belong to a different creed; and so they contrive to fill the minds of their flocks with ideas of their own moral superiority, which are always agreeable, and of the inevitable condemnation of their neighbours, which is scarcely less so.

There may possibly have been some such motive as this lurking, in the brain of the Professor of Clinical Surgery in the University of Edinburgh, when he composed those Clinical Lectures which have appeared of late in the pages of the *Lancet*. Not content with teaching the abundant store of facts which Lectures on Clinical Surgery ought to embrace, he mingles his instruction with condemnation and ridicule of all who presume to differ from him, and seems, in fact, to have but this moral, and this one only to his discourse,—I, James Syme, am the one only great infallible Surgeon! We can well understand the charm which lectures may have for young men when enlivened with satire, or with open abuse of their superiors; but, for the sake of the young men themselves, we deprecate such a style of instruction. What sort of moral tone, we may ask, what idea of professional conduct is to be expected from the pupils who compose Mr. Syme's class, if they take their tone from their teacher?

We believe that Mr. Syme, after having spent the earlier part of his life in practice and teaching at Edinburgh, made an attempt to establish himself in London; but shortly afterwards, for reasons which we need not stop to inquire, he went back again to the Northern Metropolis; and ever since his return, when not occupied in quarrels and law-suits with his brethren on the spot, he has almost incessantly been carping at London Surgeons; and this he has done not only through the legitimate channel of the Press, but, as it seems, he mingles even the elemental instruction which he communicates to his pupils with draughts of detraction and misrepresentation.

Let us give some instances. The division of Professional labour in this huge metropolis has led to the establishment of various kinds of special practice, as it is called; in which the already familiar *specialties* of Medicine, Surgery, and Midwifery, are still further subdivided; and distinct organs are made by various individuals the special subjects of study and of practice. This custom, which is not confined to Medicine alone, but pervades every other conceivable pursuit, arises from causes inherent in very large communities; and has its abuses, no doubt, as well as its uses, into which we need not enter at present, having already discussed the subject in former numbers of this Journal. But we must protest against the unfairness of the attacks which Mr. Syme incessantly makes on specialists of all sorts; representing them as "persons little skilled or experienced in Surgery;" as individuals whose *only* claim to confidence "in their special department is their *admitted* ignorance of the general subject;" and as "rapacious individuals, who, while they hold out delusive assurances of relief, extort money which can often be ill afforded." We believe that among the members of our Profession who cultivate various specialties, there are to be found several who have laid the foundation of a thoroughly general Professional education, and that thus to scatter accusations of ignorance, rapacity, and fraud, is unjust in itself, and most unfit to be mixed with clinical instruction. Edinburgh, a most ancient and respectable, rather than populous or wealthy city, does not present a sufficiently ample Professional field for the introduction of specialism, and contains, we believe, among the highly-respected Physicians and Surgeons who practise and teach there, very few who are not really General Practitioners in the true sense of the word. Mr. Syme remarks modestly, that, "among the other advantages which Edinburgh offers to Medical Students is, that we are not infested with specialists." Pity that such a paradise should not make Mr. Syme a little more happy!

But it is not merely specialists who are visited with Mr. Syme's disapprobation. On the contrary, the most eminent and deservedly distinguished Surgeons are denounced, if they venture to dissent from Mr. Syme, or to do their own work in their own way. Any one who has ever witnessed one of Mr. William Fergusson's brilliant, but not more brilliant than cautious, operations for the stone, must have noticed the happy manner in which he makes his finger closely follow the knife into the neck of the bladder and dilate the wound, and then introduces the forceps over the finger before the urine has had time to escape and the bladder to collapse, so that the stone is brought into the very jaws of the forceps by the gush of urine; both patient and operator are spared the risk and trouble of searching for it, and safety is gained, not at the expense of, but in addition to, marvellous celerity and brilliancy. Mr. Syme is at liberty to differ from this, as he is from every other conceivable detail of the operation; but when he ventures to tell his class of pupils, and to publish in the *Lancet*, "I do not hesitate to say that any Surgeon who so conducts the operation that the urine does not escape till the forceps are introduced, *cannot be a successful lithotomist*," and that Mr. Liston would have been horrified at the idea, he forgets that the operation is almost the same as that which Mr. Liston himself practised, and he brings nto our mind the reflection that, if every future village Surgeon who listens to this venomous insinuation should imitate the Edinburgh Professor in speaking of his neighbouring Practitioners, what a happy thing for the village attorneys!

But we must pass on to a more serious matter. We believe that there is no rule more sound and equitable than that which refuses hearsay and gossiping evidence against character of any sort. Medical Practitioners, above all other men, should be careful how they give credit to the false and disparaging reports which are so often circulated by offended or disappointed patients. So common is it for patients to retail stories of the misconduct, ignorance, cruelty and unskilfulness of those who have formerly attended them, that we should no more condemn any member of the Profession on such testimony than we should on that of a discarded footman. And not only so, but where there is no malicious intent, their very ignorance of the terms employed often leads patients into the most ludicrous misstatements of the opinions and practice of Medical men. Knowing this, is it, we ask, quite consistent with the dignity of a Professorial Chair, to bring forward a story of some London specialist, who told a lady that "the spinous processes of the vertebræ were too far apart, and that this would allow the synovial fluid to escape from the joints of the spine, and descend along the back, so as to form an ovarian tumour in the pelvis?" Mr. Syme is a little ambiguous here, for, while on the one hand he says that the patients were "persons of high consideration, and great intelligence, and possessing the means of access to the best sources of information;" on the other, he says that they were "not in a fit state to accept any information on the subject consistent with common sense;" the inference from which is, that any one who consults the best sources of information which London can afford, is liable to be swindled not only out of his money, but also of his brains.

But, as we have before said, it is not mere specialists who are the objects of Mr. Syme's indiscriminating fury; it seems that neither age, length of experience, nor deservedly high position in the Profession and in society at large, can protect any London Surgeon from the most reckless charges, brought forward upon no better authority than the *on dits* of patients. Lest we should either understate or overstate the case against Mr. Syme, let us beg our readers to peruse the following case, as it stands at the end of Mr. Syme's Clinical Lecture, in the *Lancet* of May 12.

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"CASE OF MALIGNANT TUMOUR.

"In the beginning of January last a medical practitioner of this city called upon me with a young gentleman, thirteen years of age, accompanied by his father, to have my opinion of a slight enlargement which had been recently noticed in the forearm, a little below the elbow. There was no discoloration or other change perceptible by sight except some degree of fulness; but under the muscles a sort of thickening could be felt in the situation of the bone. It was stated that for a few weeks previously the boy had occasionally complained of uneasiness in moving his arm, in consequence, as he supposed, of over-exertion in playing at ball. Notwithstanding the trivial aspect of the case, there was something in the character of the swelling that excited in my mind a strong suspicion, approaching to conviction, that it would prove to be a malignant growth. Having expressed this opinion to the medical gentleman, in order to avoid occasioning unnecessary alarm, I said to the parent, that the complaint seemed to be either of no consequence, or something which might prove serious: that in the former case no treatment would be requisite, while, in the latter, none could be of any service; and, therefore, that the proper course was to take the boy from school, and keep him under observation until time should determine the question which then appeared doubtful.

"About a month afterwards the boy was again brought to me, that I might see a change for the better, which was supposed to have taken place from his being able to move the arm without uneasiness, and from the swelling being rather less than larger. Much desiring to entertain a more favourable opinion than I had felt it necessary to do upon the former occasion, I gladly learned these signs of improvement, and expressed a hope that nothing serious might result. But at the end of another month, on the 13th of March, the patient, who had still been kept quiet and away from school, was brought to me a third time in consequence of decided enlargement of the tumour having become perceptible, and I then found the evidence of a malignant growth from the bone so distinctly marked that I could no longer doubt the correctness of my original impression, or hesitate as to the necessity of amputation, which I accordingly advised to be performed without delay, in order to lessen the risk of contamination from the diffusive character of the disease. This communication was not well taken by the patient's father, who, instead of giving credit for the early discrimination which had prevented the employment of treatment that must have been useless at least, if not injurious, or feeling grateful for the interest which had been taken in the case, allowed his grief for the distressing truth to ferment into resentment against those who had discharged a painful duty in making him aware of it. In this humour he carried the boy to London, where Sir B. Brodie, Mr. Erichsen, Mr. Stanley, and Mr. Fergusson, are said to have decided that recovery was *not* impossible, that amputation was *not* inevitable, and that means of treatment were *not* hopeless. But the expectations thus excited were destined to be of short duration, as the tumour rapidly enlarged, and the patient, rejecting his food, began to vomit; so that the ceremonies of puncturing, probing, and incision having been duly gone through, removal of the limb, being at length declared necessary, was carried into effect on the 12th of April.

"The father of the patient now alleges that if the means of treatment had been employed at an earlier period, they might, and probably would, have led to a more satisfactorily result; and has expressed this opinion in terms so decided, especially with reference to professional judgment, that I feel it my duty to propose the following question:—

"Did the gentlemen whose names have been mentioned, suggest or sanction the suggestion that any means of treatment, at any period of the case, however early, could have altered the nature of such a tumour, or prevented it from pursuing the course of a malignant growth?"

We feel that it is quite superfluous to do more than notice the very complete reply which Mr. Erichsen published in the *Lancet* of May 19, to Mr. Syme's *question*. Suffice it to say, that Mr. Syme's insinuations that four London Hospital Surgeons held out delusive hopes of recovery, and submitted their patient to the "ceremonies of puncturing, probing, and incision," resolve themselves into the fact that these gentlemen delayed the amputation, as they were bound to do, just so long as was necessary to gain the consent of the parents to clear up the diagnosis, to rectify the general health, and abate inflammatory swelling; and that immediately before the operation, at the urgent entreaties of the patient's friends, they took measures to ascertain, by puncture and incision, that the malady was really what they believed it to be. This also we hold they were bound to do, from simple motives of humanity. No degree of scrupulousness can be excessive, before cutting off a patient's right arm.

To Mr. Erichsen's statement Mr. Syme makes the follow- rejoinder:—

"PROFESSIONAL CONDUCT.

"[NOTE FROM MR. SYME.]

"*To the Editor of* THE LANCET.

"SIR,—When a patient has declined to suffer an operation proposed by his Surgeon, and applied to some unscrupulous empiric, he is sure to be told that the measure which he wishes to avoid is unnecessary; that relief may be afforded through less unpleasant means; and, when the promise thus held out is not fulfilled, that the proper treatment was too long delayed for a satisfactory result. By pursuing this system, the quack obtains the money, which is the sole object of his ambition, and knowing that he has forfeited all claim to professional respect, enjoys his ill-gotten gains without being disturbed by the uneasy feeling of degradation. But hitherto it has been supposed that any man in a position of respectability would indignantly hasten to repudiate the *slightest* imputation of such unworthy conduct, and therefore it was that I gave the four London Surgeons an opportunity of vindicating themselves from the reproach to which they are exposed by the report of their proceedings now current in Edinburgh. Mr. Erichsen says that I should have applied privately to those gentlemen for the information I desired; but, as this information was required for the public, I am at a loss to see how the course thus suggested could have proved more profitable. It certainly would not have been agreeable.

"The 'case of malignant tumour,' not having been mentioned to my class, formed no part of the lecture, from which the printer of THE LANCET was requested to distinguish it, and accordingly did so, although, as now appears, not sufficiently for the discrimination of your correspondent, who, I dare say, upon reflection, will not entirely approve of either the tone or the terms of his letter.—I am, etc.

"Edinburgh, May 21st, 1855. JAMES SYME."

It is quite unnecessary to point out the extreme malignity of this note. It is not a mere question of Professional conduct, but of common morality, that is here involved. It seems to amount to this, that because quacks extort money by false pretences, therefore one who calls himself a gentleman, and a respectable member of the Profession, is to collect imputations of unworthy conduct, and garbled accounts of the practice of his brethren, and to publish them; thus leading the public to believe that he, at least, deems it necessary to call for a formal contradiction, instead of setting the example of silencing what he must have known, or ought charitably to have considered, to be at least an unfair version of the truth, if not entirely an untruth. Meanwhile we are glad to find that these most discreditable Lectures have been brought to an abrupt conclusion, and venture to hope that no English Journalist will, for the future, allow Mr. Syme to play the part of *Diabolos* in his pages.

THE NEW FUNGUS.

THE medical and general public have lately been astonished by the appearance of a new Fungus in the world of medical literature. The name by which it has been designated, is, inappropriately enough—*lucus a non lucendo*—"THE GUIDE to Living Medical Authors." The growth in question would not have excited any attention, as it sprang up in an obscure quarter, had not some members of the Profession, of an experimental turn, ventured incautiously to taste it, mistaking it for

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a wholesome species; and we hear that some suffered severely in their constitutions before they discovered their error, while others are in such a hopeless state that their friends despair of their recovery. The physical characters of the Fungus are marked by extraordinary powers of elasticity; for, while it occupied last week barely half a sheet of ordinary paper, it has spread during the present week over a whole page; and such are its capabilities of alternate expansion and contraction, that it will probably resume its original pigmy dimensions on its next appearance, which may be anticipated in a few days. The aspect of the Fungus represents a quadrangular leaf, the surface of which is perfectly flat, like the individuals who figure upon it. The designs, which are quite transparent, exhibit a motley group in black and white, representing names, a few of which are well known, but the greater number of which were until lately enveloped in total obscurity. This piebald eruption of eccentric characters, which breaks out periodically, belongs to no other type than the printer's type, and is variegated by hieroglyphic marks, resembling asterisks and daggers. The appearance of the asterisks is invariably found to be associated with, or rather preceded by, a sound of *metallic tinkling* in the chest of a weakly periodical, of a circular form, but of languid circulation, on which, in fact, the Fungus alluded to is parasitical. The cause of the metallic tinkling, which is like the dropping of tin into an empty coffer, was at first misunderstood; but it is now found to be occasioned by the deposit of silver coins in a circular box, and it has been ascertained experimentally that two shillings, administered hebdomadally, will produce all the phenomena. The metallic contributions are found, in fact, to be indispensable conditions of the experiment, for without them the Fungus loses its vitality and perishes from want of nutrition. It is likely to prove a troublesome growth, unless some energetic measure be taken to eradicate it; and the only method likely to succeed consists in an unsparing use of the knife, although it is probable that the application of a smart caustic, in the shape of a vigorous editorial lash, may check its further development and prevent future mischief. On the part of the Profession generally, or those who are likely to be injured by it, we think that the best plan to get rid of the nuisance will be to throw cold water upon it; for, although all other kinds of aspersion have little effect, the frigid *douche* is instantaneously fatal.

THE WEEK.

We perceive that a Petition has been presented by Lord Robert Grosvenor, signed by some two hundred Homœopaths, praying the House of Commons to allow the use of Arnica in the Military Hospitals. As this drug does not possess any very active properties, even in ordinary doses, and as, in its infinitesimal subdivisions, probably sixpennyworth of the tincture might suffice to supply, not only the Allied armies, but the Russian army as well, and, indeed, all the armies on the surface of the globe, we do not see why this philanthropic nobleman should not be allowed for once to have his own way; and, provided he goes to the expense of the small coin in question, and subdivides the doses to a sufficient degree of minuteness, there can be no objection to his supplying the Hospitals in the way proposed, especially as we are quite confident that the Military Surgeons will not allow their treatment to be at all modified by the addition of the innocuous herb in question. Lord Robert Grosvenor might thus make a cheap experiment, and one which certainly could do no harm.

The abuse of Medical Charities by those whose circumstances ought to render them independent of such aid, is at present attracting much attention in Paris and in some other of the French cities. A plan is to be adopted by which it is hoped a check may be given to this growing evil. The device is, to require a certificate of poverty from all applicants for admission. This certificate is to be signed by the magistrate of the district, and is to attest that the bearer is so far indigent as to be unable to afford the sum of one shilling per day (the lowest payment for the "rented wards"). An instance is cited in illustration of the need of such a provision, in which a woman in the enjoyment of an annual income of £80 obtained admission to La Charité on account of ovarian dropsy. It is to be feared that many cases parallel or even beyond this might be found in the practice of our English Institutions. Among the Out-patients' departments especially the abuse prevails on a most extensive scale, and it is high time that some effectual obstacle were opposed to its continuance. Three distinct and most serious evils are involved in it:—It is, in the first place, a direct robbery of the poor; in the second, an injustice to Medical men; and in the third, it tends to lower the standard of honest independence in those who practise it.

A certain peculiar combination of symptoms has of late been observed as a frequent result of excessive railway travelling. Although this class of cases has recently attracted much attention in some Professional circles in the metropolis, it has not, we believe, yet received any public notice. The matter is one of much importance, and upon which it is very desirable that those who have had opportunities of observation should record their experience. Week by week the practice is becoming more common for gentlemen who reside in the country at a distance from their place of business to avail themselves of the railway as the means of daily transit. If it be true, therefore, as is now beginning to be believed, that a few hours of train travelling, regularly repeated every day, results, in a great many instances, in the production of a series of most suspicious and disagreeable head symptoms, it is high time that the public were put in possession of the fact. We notice the subject here in the hope of inducing an expression of opinion from those of our readers who may have had opportunities of making observations respecting it, and with the wish also to put those on the alert who may not hitherto have had their attention called to it. On such a question more is requisite than the experience of single individuals, since it is easy to suppose that if only a few isolated cases presented themselves the real cause might be overlooked; or, on the other hand, that symptoms due to other influences might, with a field too limited for the correction of false inferences, be attributed to the one named. To meet these sources of fallacy it is necessary that the observations of many should be put together and compared.

The remaining part of the Medical Staff of Dr. Parkes' Hospital is expected to leave London very shortly, the 10th or 15th of the present month being the days now fixed on. With it will probably proceed the corps of Nurses, etc., which has now, for a considerable time, been in organized readiness. Thus far there has, fortunately, been no immediate need for their presence in the East, and the delay which has taken place is, therefore, not the subject of much regret. All accounts from the Crimea and the Black Sea agree in representing the health of our troops as remarkably good. The cholera, which had threatened us, has not prevailed to any extent.

The *conversazione* of Wednesday evening at the College of Physicians, as usual, passed off well. A large collection of objects of scientific interest had been formed for the inspection of the guests, and the gathering of the latter

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was well qualified to appreciate the scientific treat offered to them. Dr. Paris, as President, was the host on the occasion. We have so often expressed our opinion of the benefits resulting from meetings of this kind, that we can, on the present occasion, only add a wish that they were yet more frequent, and more generally attended. It would be of good omen for the increase of the *esprit du corps* among us, to have our three corporate bodies rivaling each other in the popularity and success of their social assemblies.

REVIEWS.

The Obstetric Memoirs and Contributions of James Y. Simpson, M.D., F.R.S.E., etc. Edited by W. O. Priestley, M.D., Edinburgh, and Horatio R. Storer, M.D., Boston, U.S. Volume I. Edinburgh: Adam and Charles Black. 1855. Pp. 858.

Amongst the living members of the Profession, we doubt if there is any one whose contributions to its literature and to its practice are so extensive, so varied, so marked by fertility of invention and originality of conception, as are those of the celebrated Edinburgh obstetrician; among whose numerous achievements the introduction of chloroform as an anæsthetic is perhaps the most remarkable. Out of the great number of papers which he has contributed to the Medical journals, two of his pupils—one from either world—have collected such as relate to the obstetric branch of Medicine, and purpose to publish them in a separate work, of which the first Volume is given as an instalment. We presume that a second Volume containing many of Dr. Simpson's obstetric labours which we do not find in the first—the papers on Disease of the Placenta, on Death of the Fœtus in Utero, on the Use of Anæsthetics in Midwifery, &c., will follow in due time.

We feel certain that this edition of Dr. Simpson's works will be welcomed by many Practitioners, to whom the original papers are now inaccessible, and who desire to know Dr. Simpson's version of his own theories and modes of treatment. For we need scarcely say that these modes of treatment have hitherto not had fair play. On the one hand, they have been bitterly denounced by members of the Profession, who have shown themselves a little too jealous of novelty; and on the other, they have been brought into discredit both with the Profession and with society at large, on the ground that they have been abused by unskilful or unscrupulous hands. We touch on these points as lightly as possible, because, like the Editors of the Volume before us, we desire to avoid everything that has even the look of controversy; but we are compelled, in justice to Dr. Simpson, to advise those whose impressions of his practice have been heretofore derived from the statements of his opponents, or from the caricatured and exaggerated doings of his imitators, to study his own writings before they join in the chorus of condemnation.

Our own limits do not enable us to do more than point out the leading contents of the present Volume, which is divided into three parts:—treating of the Special Pathology of the Unimpregnated Female, of the Physiology and Pathology of Pregnancy, and of Natural and Morbid Parturition, respectively.

In the first part, we find some judicious remarks on the diagnosis of uterine disease in general, and on the exclusive and empirical forms of treatment which have from time to time been in vogue; for, as Dr. Simpson observes, while many of the older Practitioners treat all uterine disorders with steel, some of the younger ones treat all as if congestive, others as if inflammatory, others as if neuralgic; while there is another set obstinately wedded to the theory of displacement, flexion, version, etc.; and yet another, which attributes all uterine symptoms to the ovaries. All such exclusiveness is properly condemned, and the necessity of a just diagnosis insisted on. Then we find a full account of the uterine sound, the instrument which Dr. Simpson devised for gauging the size and ascertaining the position of the womb; an instrument as useful, when skilfully and gently guided, as it is dangerous in the hands of the ignorant or violent. To this—after an account of polypus, fibrous tumour, and carcinoma, and of the inflammatory, indurated, and ulcerated conditions of the cervix uteri, there follows a memoir on Retroversion of the Unimpregnated Uterus, and of the Intra-uterine Pessary, with its external framework, by which the organ may be retained in its natural position after it has been replaced. We are perfectly sure that there are many English Practitioners who look upon this retroversion as a myth, and who are unacquainted with the pessary, save under the ugly and fantastic name which has been given to it by controversialists. Then we meet with a paper on Pelvic Abscess, with reference to the question which has been very fairly raised, as to the influence of uterine medication by caustic, in creating such abscesses, and one on Ovarian Disease and Ovariotomy.

In the second part of the book we find Dr. Simpson maintaining the doctrine of the normal irregularity, if we may use such an epithet, of the duration of human pregnancy.

In the third part we have a reprint of the author's great papers on the treatment of Placenta Prævia, and on turning as a substitute for craniotomy, besides articles of less consequence, but still considerable interest, on the air tractor, an instrument like the foot of a huge fly, devised by Dr. Simpson for seizing the head of the child and drawing it forwards; and on galvanism, which does not rank very highly in Dr. Simpson's estimation, as an oxytoxic remedy. We must add, that there is scarcely any subject of interest connected with natural or morbid parturition, respecting which there will not be found a notice of the author's opinions, often very slight but always original, and if not immediately available for practical purposes, yet affording useful hints and preparing the way for further investigation. But, instead of continuing our analysis of the contents of the work, we shall present our readers with a short notice of some new remedies which Dr. Simpson has introduced.

It appears that, out of the forty-nine known metals, only seventeen are used commonly in medicine in the British Isles. But, as it was probable that some of the remaining metals would be found to produce marked effects on the animal economy, Dr. Simpson made various experiments on them, and found particular reason to be gratified by the results obtained from the salts of cerium.

This metal, which was discovered in 1803, is usually found combined with two others, lanthanum and didymium. In the process of separation, oxalic acid is employed, and hence the most abundant and easily procurable salt of cerium is the oxalate. This has been administered by Dr. Simpson in piles, in doses of from 1 to 2 grains; sometimes the nitrate has been used in solution, in proportionate doses. The action of cerium is that of a "sedative tonic," like that of the salts of bismuth and silver; and, like those metals, it has proved useful in various forms of irritable dyspepsia, gastrodynia, and irritable states of the intestine, and especially in allaying obstinate vomiting, that of pregnancy for example.

Nickel is another metal which has been investigated by our author. In the form of sulphate, in doses of ¼ a-grain, or a grain, thrice daily, it acts as a gentle metallic tonic, and seems analogous to iron and manganese. Like manganese, it is liable, if the dose be too large, to induce nausea, particularly if taken upon an empty stomach; but its chief and most hopeful property, if it can be substantiated by more numerous observations, is that of an antiperiodic and antineuralgic remedy, in which capacity it relieved a case of periodic headache that had resisted quinine, arsenic, bebeerine, and a host of other drugs of acknowledged reputation.

We must wait patiently for the results of trials upon tellurium, rhodium, iridium, osmium, cadmium, and other substances heretofore curiosities in the cabinets of chemists, which we should gladly receive into our Materia Medica, if they might haply furnish us with the means of combating some of those degenerations and diseases which, at present, defy the action of known remedies.

Here we must take leave of Dr. Simpson's lectures for the present. Of course, we do not undertake to endorse all his views, nor to accept all his speculations; but we repeat that his is an eminently original and powerful intellect, and that his opinions well deserve study, even if they are not, in all cases, to be adopted.

St. Luke's Hospital for Lunatics. Reports for the Year 1854. Pp. 43. London. 1855.

These Reports contain some very important matter for consideration in connexion with St. Luke's Hospital in particular, and with Lunatic Asylums in general. We are glad to find that the dietary of the patients has been improved

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both in quantity and quality, cooked meat being now allowed every day, and cocoa and milk, with bread and butter, being substituted for milk and water-gruel for breakfast. In consequence of recommendations made by the Commissioners in Lunacy, the whole subject of the medical arrangements of the Hospital has been revised, and the result has been that while the visiting Physicians are retained, there is a resident Medical Superintendent instead of a resident Apothecary as heretofore, who is to have paramount authority over the subordinate officers so far as concerns the medical and moral management of the patients. Another most important circumstance mentioned in these Reports is the Special Report made by the Commissioners in Lunacy, who therein recommend the removal of St. Luke's Hospital altogether from its present site, and the adoption of a more cheerful-looking edifice than the present gloomy mansion. We regret to find that the Governors of St. Luke's Hospital have declined to adopt the recommendation of the Commissioners in consequence of technical grounds connected with the tenure of the existing site of the Hospital: and they regret that the want of necessary funds renders them unable to make suitable alterations in the present building.

On the Influence of Education and Training in Preventing Diseases of the Nervous System. By ROBERT BRUDENELL CARTER, Member of the Royal College of Surgeons, etc. London. 1855. Pp. 438.

THIS is a book which is written professedly for the public, and in particular for parents, and others whose duty it is to educate the young; and it is intended to convey a knowledge of those sanitary laws, by the observance of which moral evil, and its effects on physical health, may be averted. The author begins with a lengthened account of the nervous system, and of its functions and diseases; to this there follows a short sketch of physical education in general; while the remaining third of the book is devoted to that which is its main object, the development of the author's views upon moral education and mental training.

Speaking in general terms, we may sum up the author's labours by saying that he describes the means of attaining a high standard of bodily health; of controlling the passions; of strengthening the will, so that there shall be the power of resisting all impulses and emotions of an injurious tendency; and of giving a firm and clear character to the intellect. The book, though possibly a little too long, is yet a good one for its purpose, and may be safely recommended by members of the Profession to such of their patients as desire information on the subject. It is popular, but not quackish: the author nowhere intrudes himself, or puffs miraculous cures of his own working; and he never depreciates his brethren, but writes honestly, fairly, and ably.

The Mineral Waters of India, with some Hints on Spas and Sanatoria. By JOHN MACPHERSON, M.D. Calcutta. 1854, Pamphlet.

WE have no doubt that this paper, reprinted from the "Indian Annals," will be useful to the Practitioners, especially the junior members of the Profession, in India. It includes a Table of mineral springs in British India, whether sulphuretted, saline, chalybeate, or thermal, together with those which furnish petroleum, stating where they are found in greatest abundance; and contains suggestions respecting the localities for Sanatoria, which might be available for the inhabitants of Calcutta.

A Guide to the Knowledge of Life; Designed for the Use of Schools. By ROBERT JAMES MANN, M.D. Pp. 478. London: Jarrold and Sons.

THIS is what it professes to be, a popular work on Physiology. It is addressed to the public, and its aim is to introduce into education a knowledge of the constituent elements of animals and plants, and of the functions which the different organized structures are destined to perform. The nature and composition of the human body have hitherto been too little studied in our schools and universities, and any attempt to popularize this branch of science ought to meet with encouragement. Dr. Mann's work appears to us to be unobjectionable; his object is meritorious, and his views are sound; and his little volume is well calculated to fulfil the object for which it is designed.

On a New Method of Treating Neuralgia by the Direct Application of Opiates to the Painful Points. By ALEXANDER WOOD, M.D. Pp. 22. Edinburgh. 1855.

IN this pamphlet, Dr. Wood advocates the utility of opiate injections to the painful nerves in cases of neuralgia. The instrument employed for the purpose is a common trochar exploring needle, which is first inserted, and the trochar withdrawn. Then, a small glass syringe is adapted to the canula, and the narcotic solution is injected. Nine cases are recorded from the author's own experience, in which this treatment has been more or less beneficial; some of the cases having been entirely cured, and others relieved. Dr. Wood observes that this direct application of narcotics is free from the objections to which they are liable when taken by the mouth; and this new method of treating a most obstinate and distressing disease is certainly worthy of a trial.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ANALYSES OF THE BLOOD IN RELATION TO THE PRODUCTION OF SUGAR BY THE LIVER.

By Professor LEHMANN.

M. Lehmann has made an elaborate series of analyses of the blood of various parts of the economy, with the result of entirely confirming the accuracy of M. Bernard's statements.

1. *Sugar of the Blood.*—In the blood of the vena portæ of dogs fed upon animal food or fasting, no traces of sugar are met with, and in that of dogs fed upon potatoes, or of horses fed with bran, hay, and straw only the merest traces are found. That of the hepatic veins always contains large proportions. In three dogs fed on meat the proportion varied from 0·814 to 0·946 per cent.; in three others, fasting for two days, it varied from 0·764 to 0·814, and in two fed with cooked potatoes it reached 0·981 and 0·854. In two horses it amounted to 0·635 and 0·983 per cent.

2. *Fibrin and Albumen.*—The fibrin of the blood of the vena portæ does not, in horses and dogs, sensibly differ in quantity or quality from that of the fibrin of other veins; but the blood of the hepatic veins, collected without admixture, contains no fibrin, or only small traces, due to the presence of a greater quantity of white globules in the hepatic compared with the portal blood. Very careful comparative analyses also show that a remarkable quantity of albumen disappears in the liver, especially in dogs. It is upon the indubitable fact of such disappearances that M. Lehmann founds his opinion that the sugar found in the liver has its origin in the fibrin.

3. *Fat and Red Globules.*—The blood of the vena portæ, always contains much more fat than that of the hepatic veins. The serum of the portal blood in dogs fed with meat is usually richer in fat than that of horses; but this difference does not prevail in the blood of the hepatic veins. In horses, the globules of the vena portæ are more rich in water, and especially so in iron, but they are poorer in globuline, in extractive, and in salts, than that of the hepatic veins. A considerable quantity of iron, both in dogs and horses, always disappears from the blood while traversing the liver, the difference being greatest in dogs. It results from this that a portion of the hæmatine of the blood disappears in the liver, and probably contributes to the formation of the colouring matter of the bile, adding to the proofs of the complete analogy prevailing between bili-fulvine and hæmatoidine.

4. *Comparison of Venous and Arterial Blood.*—On examining the blood taken from different parts of the same horse, M. Lehmann found that that which quitted the liver by the hepatic veins is incomparably the most sugary. Next in order comes the blood of the vena cava inferior. When the blood has traversed the lungs, and become arterial, sugar is no longer found in it in horses fed on starch and oats. In dogs and rabbits we find it there only when the venous blood has contained more than 0·3 per cent. of sugar. This is the

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case under all the conditions in which sugar passes away by the urine, as after the punctures made by M. Bernard, after injecting large quantities of sugar into the veins or stomach, and after feeding rabbits plentifully with carrots and beet-root. But, under all circumstances, the hepatic veins, and then the vena cava inferior, continue to exhibit the greatest proportions. The blood of the small veins,—as the cephalic, the digital, the temporal, and the external abdominal in the horse, always contains less globules, and more serum, and consequently more water than arterial blood; but the larger veins, and especially the vena cava inferior, contain blood as much, if not more, concentrated than arterial. All M. Lehmann's experiments seem to show that a remarkable quantity of globules disappears in the general capillary vessels. The greater density of the blood of the vena cava inferior is not due alone to the expulsion of water through the urinary secretion, but chiefly to the affluence of the blood of the hepatic veins. The comparison of all these analyses seems to prove, as established long since by M. Bernard, that two separate functions are performed by the liver, the formation of sugar and blood globules, and that of sugar. The blood of the smallest veins contains more fibrin than does arterial blood, or that of the vena cava inferior and the jugular. In the vena cava twice as little fibrin has been found as in arterial blood. Arterial blood always contains more mineral salts than venous.—*Gazette Médicale*, 1855. No. 12.

While on this subject we may mention that M. Figuier, Chemist to the School of Pharmacy, denies (*Gazette Médicale*, Nos. 5, 13, and 15) altogether the accuracy of M. Bernard's statements as to the glucogenetic function of the liver. He details to the Académie des Sciences his chemical experiments, in proof that glucose is found in the blood as one of its normal constituents during digestion, but in less quantities than in the liver, that organ effecting the condensation or accumulation of certain products of the alimentary canal. In explanation of the fact of M. Bernard having found sugar in the liver of animals fed exclusively on meat, he observes that this meat, containing blood, was itself the vehicle of the sugar, which was found in especial abundance during the digestive process.

In regard to M. Lehmann's conclusions, M. Figuier finds them at variance with the results of his own researches, which he declares show that the blood of the vena portæ contains a notable quantity of sugar during the digestion of raw meat, the quantity found in the hepatic veins depending much upon the period of examination. Thus the important fact, he says, is established, that the blood which enters the liver during digestion already contains sugar, so that this organ does not play the important point in its production assigned to it. The liver is also shown to be an organ in which the products of digestion, whether albuminous or glucose, are accumulated and remain for a time, prior to being distributed through the general circulation. If examined only two hours after the repast, the blood of the hepatic veins is found to contain a very insignificant quantity of sugar, although the liver itself be loaded with it; but if examined only four hours after the blood coming from the liver, will be found to contain a notable quantity of glucose. The same observations apply to albumina, these two substances probably contributing to the formation of bile and the secondary order of secretions which take place in the liver. When the intestinal digestion is completed, and the alimentary canal is entirely freed from the saccharine matters furnished by the aliments, the blood, after traversing the system, returns to the liver free of sugar, and while traversing this organ it acquires an additional portion. In animals that have fasted two or three days there is no sign of sugar in the portal blood, but a certain amount is still found in the hepatic veins, having been furnished to them by the liver, which has a reservoir of glucose.

At a subsequent meeting of the Académie, M. Bernard stated, that as the assurance with which these statements are made may impose on some persons, he deemed it necessary to declare that they were completely incorrect. He has performed his own experiments before *savans* of all countries during the last six years, too frequently to admit of any doubt being held; and their recent repetition enables him to declare most positively, that during the digestion of meat no sugar whatever is found in the portal blood, while a notable quantity always then exists in the hepatic veins. The Académie has referred M. Figuier's papers to a committee, consisting of MM. Dumas, Pelouze, and Rayer.

ON ELEVATION OF THE ARMS IN EPISTAXIS.

By M. JAMAIN.

In 1842, M. Négrier, a careful observer, recommended as a very successful practice the elevation of the arm above the head, on the side that the epistaxis occurred; but the statement was received with some incredulity. Still, those who essayed the plan found it frequently, though not always, promptly successful; and M. Journez, a Belgian Army-Surgeon, has recently published an account of the great advantage he derived from its employment during the march of 498 recruits, marching to their regiments, under a burning sun, during three days. Of these, 28 became the subject of epistaxis, which in some was violent. The soldier was desired to continue on march, holding himself very upright, placing his joined hands above his cap, and keeping his mouth open, so as to avoid having to breathe through the nostril. If the blood only flowed from one nostril, one arm alone was raised, leaving the other at liberty. The hæmorrhage ceased in all cases in a minute or two.

M. Jamain believes that one cause of the neglect of the practice has arisen from the insufficiency of the theory upon which M. Négrier based it. According to this, the heart is possessed only of a certain amount of propelling power; and when the arm is raised a larger amount being required to propel the blood into it than when it is down so much the less is available for propulsion towards the head. M. Jamain proposes another explanation. When a person suffers from epistaxis, his first impulse is to bend the head forwards, flexing the neck, slightly compressing its veins, and offering some obstacle to the venous circulation of the head and face. The face being turned downwards, the anterior opening of the nostril is upon a lower plane than the rest of the cavity, so that any coagulum that forms is constantly liable to be expelled by the blood behind it. These circumstances promote the continuance of the hæmorrhage, while the erect position favours the retention of the coagula; and, in fact, it is less the elevation of the arms than the peculiar position this entails that arrests the hæmorrhage. Moreover M. Journez' success occurred in healthy and vigorous subjects; and it may be questioned whether the practice would prove as effectual in the feeble, as, *e. g.*, after typhoid fever, when the blood has lost much of its plasticity.

Gazette des Hôpitaux, 1855. No. 33.

ON THE NATURE AND TREATMENT OF CROUP.

By Dr. HÖNERKOPF.

The chief object of this paper is to call renewed attention to the efficacy of sulphate of copper in the treatment of croup. The little favour it has hitherto met with he believes due to its being considered a poisonous substance, and one, from its irritating nature, ill-suited to an inflammatory disease. As to the first point, he says he has employed it in 90 cases without any ill effects, although he administered 2846 grains, or an average of 31½ grains per case. In 15 cases the average reached 77 grains. One child took in eight days 216 grains, or a daily average of 27 grains, and another 40 grains per diem for three days. No evil consequences resulted in any case, and convalescence was much more rapidly established than after antiphlogistic treatment. In treating the poor, who are quite unable to pay for leeches, the economy of this plan is also worth consideration. In the author's cases the duration of the treatment varied from 1½ to 2 days, upon the average.

As to the other point, Dr. Hönerkopf reviews the series of symptoms, in order to show that croup is not an inflammatory disease; but here we need not follow him, merely observing that when he states the effusion of pseudo-membrane is no essential feature of croup, and only occurs in about half the cases, that he must include in his 90 cases several that others would characterize as false or spasmodic croup, a far more curable affection. The great number of cures he met with (77 in 90 cases) also confirms this view. From some trials he has made the author is disposed to believe that small doses of the copper, given for a considerable period to children who are much predisposed to, or who have already suffered from, croup, may exert some prophylactic effect. As a curative agent he employs it solely, giving of a solution of from 6 to 8 grains in 1 oz. of distilled water, from a tea-spoonful to a half or whole tablespoonful. The ease or difficulty with which vomiting is produced regulates the frequency with which the

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dose must be repeated; for the torpor of the nerves of the stomach increases with the progress of the disease, and the difficulty of producing vomiting becomes a measure of the severity of the affection. While at the beginning, in slight cases, and towards the decline of the disease, small doses of emetics suffice, much larger doses are required when the malady has continued some time, or is very severe; and after a certain point vomiting cannot be produced at all. A dose is given every 10 or 15 minutes, for four, six, or even eight times, until the more violent symptoms are abated, the quantity being regulated by the severity of the case. Occasionally such improvement is observed after the very first dose. The cough is first less troublesome, there are less anguish and dyspnœa; and, lastly, the croupy sound is exchanged for a mucous râle. The drug is now given in smaller doses every 20 or 30 minutes, and at still longer intervals. In bad cases, if even slight croupy sound remains, it is still continued every 2 hours, as a relapse is to be feared on the next night. It is also desirable that the patient should not be left without the means of meeting a recurrence, even on the second or third night; but a couple of doses will then usually suffice.

If in very bad cases we can scarcely perceive any change in the croupy sound in twelve or more hours, we must not yet despair, for the improvement is often sudden and unexpected. When the other symptoms have improved but this tone remains, we must never relax, for the enemy only sleeps, and may break out again with renewed vigour. Everything depends upon the energy of the practitioner, who must at first see the doses forced down the child's throat, or they will be neglected, and especially as the child's condition and the friend's carelessness require watching the next evening or two, when relapse is so common. Although vomiting is not the object of the copper, and excited by other means has not like efficacy, it is the measure of its success. How far the remedy has to be carried depends upon the amount of success. A single grain exciting vomiting once or twice may suffice in slight cases, while in others 100 grains producing vomiting from 80 to 100 times may be necessary in others. Sometimes when the excitability of the stomach is quite exhausted, and large doses fail to excite vomiting, this may be roused again by giving two grains of musk every few hours.

Journal für Kinderkrank. 1855. B. XXIV. P. 172.

We have already said that cases of false croup must have been included among the author's 90; and we may here reproduce M. Guersant's summary of the various forms of angina. He observes that prior to his father's and M. Bretonneau's writings upon the subject pseudo-membranous angina, croup, and other affections were confounded together. Those writings and daily practice show that there are five distinct species of angina.

1. *False croup* (stridulous laryngitis) which comes on suddenly and terminates as a cold, not producing false membranes, and being almost always curable. 2. *Pharyngeal diphtheritis* is characterized by false membranes lining the tonsils and pharynx, to which they are usually confined. It is generally curable by caustic applications. 3. *True croup* (pseudo-membranous laryngitis) is characterized by the development of false membranes in the larynx. These may be formed primarily in and confined to the larynx, or they may spread from the pharynx or trachea. This diphtheritic lesion, which is usually of slowish formation, and sometimes met with more than once in the same subject, is, so to say, localized, and produces death by asphyxia. 4. *General diphtheritis*, angina maligna. The true diphtheritic poison which kills the patient just as glanders kills the horse, is an insidious and contagious disease, and is indicated by great prostration, enlargement of the cervical glands, and the deposition of false membranes in the nasal fosse, the pharynx, sometimes the larynx and bronchi, the vulva, and on blistered surfaces. Neither this disease nor croup causes any gangrenous odour. It does not kill by asphyxia, so that tracheotomy is here contra-indicated. The disease is usually fatal, the patient sinking exhausted, and tonics with cauterization of the surfaces are the only means that offer any hopes of benefit. 5. The *true gangrenous angina* destroys any of the parts it attacks, as the tonsils, the uvula, the velum or pharynx, and may complicate any other angina just as all gangrenes may complicate or terminate all inflammations. This angina is far rarer than any other, is not accompanied at first by false membranes, and always ends fatally.

Gazette des Hôp. 1855. No. 36.

While on this subject we may notice that M. Marchal de Calvi recently read a paper to the Académie des Sciences, in which he recommends the administration of alkaline carbonates in what he terms *angine couenneuse*, meaning we suppose the pharyngeal diphtheritis of M. Guersant's arrangement. He regards it as a general disease localising itself at certain parts of the mucous membranes, while cauterization acts merely locally, is difficult of performance, and sometimes injurious by reason of the irritation it induces. The most manifest phenomenon in this affection is the excess in the plasticity of the blood, and to this M. Marshal addresses his attention. He relates a case in which, besides leeching, 15 grains of bicarbonate of soda were given every half hour, the false membrane promptly disappearing.

Gazette Médicale. 1855.

GENERAL CORRESPONDENCE.

A SINGULAR CASE OP IMPOSTURE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Seeing a singular case of imposture described in a late number of your Journal, I am tempted to mention a much more daring one which occurred to me when I was attached to the Limerick Union Workhouse as one of its Medical Officers.

A young woman, aged about 20 and unmarried, was one day brought from the body of the house into the hospital. Her left arm was enormously swollen, red, shining, hot, and tender. Towards the wrist and fingers the parts were of a purple or deep leaden colour, seemed inclined to blister and to become gangrenous. She stated that she had been ill two days, and that it had come of itself. There was not much disturbance of the circulation, but the pulse was full, at about 90. As she wore short sleeves, nearly the whole extent of the inflammation could be perceived. I looked on the case as one of erysipelas, and of a rather alarming character; ordered her low diet, a smart purgative, and some diaphoretic medicines. To my surprise, next day I found the disease stationary—not at all better, nor in the least degree worse. This excited my suspicion: so I ordered her to push up the sleeve that I might see how far the disease extended; she strongly objected, saying that it hurt her to touch it, the sleeve was so tight. I then insisted on its being done, and called the nurses, when, ripping the sleeve, against her cries and remonstrances, I found a piece of strong whipcord tied tight round the arm about the insertion of the deltoid muscle, and so deeply imbedded in its substance that it was almost invisible. It was with extreme difficulty, indeed, that I was able to insert a bistoury under it to divide it. She recovered rapidly, and, on her conduct being reported to the Board of Guardians, she was dismissed from the house.

Perhaps it may not be out of place here to mention another case, which, though not one of imposture like the last, yet, like it, strongly illustrates the necessity of making a very close examination in every case. It is so singular, that I think it may even give rise to some doubts of my veracity.

When I was Physician to the Pallas Kerry Dispensary, several years ago, a young man came before me one day with a slight inflammation of the right eye. On questioning him, he said he had been "slashing wheat" (an operation in which the ears of wheat are beaten, or "slashed," against large stones, to detach them from the straw), and that a grain of it had struck him in the eye. The inflammation being very slight, I did not think either general or local bleeding necessary. I merely gave him some smart physic and some zinc eye-water, and desired him to come again if it did not get well. He appeared before me again in two or three days, exactly the same, neither better nor worse. I was surprised; yet the inflammation was so slight, that I had no doubt of its getting well under the simplest treatment, and dismissed him again with a dose or two of more active medicine, desiring him to poultice the eye with bread and water at night. Again he came before me not cured, but by no means worse than at first. I wondered at the obstinacy of so slight an affection, and at last examining the eye minutely, I turned out the upper lid, when, to my astonishment, out jumped a grain of wheat, swelled to three times its natural size, by the moisture in which it had lain so

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long imbedded!—"Why," said I, "what a curious fellow you are to have had a grain of wheat in your eye all this time, and to say nothing about it!"—"Sir," said he, "sure 'twas your business to find that out." I could not help smiling and agreeing with him. I am, etc.

DANIEL GRIFFIN, M.D.

Limerick, June 4, 1855.

ASSURANCE COMPANIES AND MEDICAL FEES.

[To the Editor of the Medical Times and Gazette.]

SIR,—As I judge this correspondence may be advantageous to my Professional brethren, if published to them in your Journal, I beg to enclose it as it is, asking your consideration for the slovenly and hasty manner in which it is transmitted.

The first letter is addressed to the Directors of the Metropolitan Assurance Society, 3, Princes-street, Bank, by my assistant, Mr. Marsh. J. W. TURNER.

No. I.

Gentlemen,—I am requested to ask, on the part of Mr. Turner, that the fee may be sent for filling in the life assurance certificate of Mr. Colbourne, of High-street, Kensington.

REPLY.

Metropolitan Life Assurance Society,
No. 3, Princes-street, Bank, London, May 14th, 1855.

Sir,—I beg to acquaint you, in reply to your letter of the 12th instant, that the practice of this Society is to limit the allowance of fees to the examiners appointed by the Board.

I am, Sir, your obedient servant,
HENRY MARSHAL, Actuary.

E. H. Marsh, Esq.
31, Lower Phillimore-place, Kensington.

No. II.

31, Lower Phillimore-place, Kensington,
May 14th, 1855.

Gentlemen,—The party whose life has been insured in your office declines any payment of fees, as he did not make application to me. Yours, J. W. TURNER.

The Directors of the Metropolitan Life Assurance Society,
To Mr. J. W. Turner, Surgeon, Kensington.

May 2, 1855. For Medical queries responded to by request of your Actuary, Henry Marshal, in relation to the life of James Colbourne, of High-street, Kensington.. .. .. .. £1 1s.

REPLY.

Metropolitan Life Assurance Society,
No. 3, Princes-street, Bank, May 15th, 1855.

Sir,—I beg to acquaint you, with reference to your letter and enclosure of the 14th instant, that the inquiries to which you have been so obliging as to reply, were addressed to you on the reference of Mr. Colbourne, and it is a rule of this Society not to allow fees for the information sought thereby, and which is in some cases withheld on such account, leaving it to the Directors to proceed, or otherwise, to the consideration of the proposals of assurance on the reports of their own examiners.

I am, Sir, your obedient servant,
HENRY MARSHAL, Actuary.

J. W. Turner, Esq.
No. 31, Lower Phillimore-place, Kensington.

No. III.

May 16th, 1855.

Gentlemen,—In regard to the life of Mr. James Colbourne, the information given was demanded by you, the form of schedule being your own, and not my patient's. Before filling in these schedules, I consulted (as I believe all Medical men in the present day do) the Insurance Directory appended to the "London and Provincial Medical Directory" of 1855. The Editors prefix an asterisk to indicate all the offices which pay medical fees. Seeing such a prefix to the Metropolitan I did not hesitate to return the schedule filled up, otherwise I should have declined to reply, and recommended my patient to some office with asterisk prefixed.

I will take care to inform the Editors of our Directory of their error, that others of my brethren may not be thus misled. At the same time I shall not relinquish any effort to obtain what on principle is due to myself and my Profession, for work done in furthering the gains of Assurance Societies.

I am, Sir, truly yours,
J. W. TURNER.

The Directors of the Metropolitan Assurance Society.

No reply having been returned to Letter No. 3, I wrote to the Editors of the "Medical Directory" to inform them of the error in the Insurance Directory, and at the same time forwarded the claim (£1 1s. from the Company) to the hands of the Medical Protection and Benevolent Society for their collection. I am, &c.

J. W. TURNER.

31, Lower Phillimore-street, Kensington,
May 21st, 1855.

GUIDE TO LIVING AUTHORS?

[To the Editor of the Medical Times and Gazette.]

SIR,—The new Guide to Medical Authors may possibly raise some curious questions, as the following story, founded on facts, may serve to show:—A gentleman of fortune in the country had been annoyed for some time by symptoms which, as he believed, indicated organic mischief in an important organ, which shall be nameless. He applied in due course to his family Medical attendant, who made a certain amount of examination, and pronounced the case to be functional, and depending on gouty irritation, and prescribed accordingly. The symptoms, however, did not yield so quickly as the patient desired, and he began to think that the practitioner did not pay sufficient attention to the case. In this state of things, his eye rested accidentally one day on an advertisement, announcing a "New and important work on diseases of the ——," by a Practitioner, whom for the nonce we will designate as Dr. Levi Jacobs. So he ordered the book of his country bookseller, and carefully perused it. He was not long before he found out that he was suffering from a variety of other symptoms, which he never dreamed of till he saw them described in the pages before him; he learned, moreover, how such symptoms, in the hands of unskilful practitioners, were the sure precursors of a grisly post-mortem examination; while, in the hands of Dr. Levi Jacobs, they yielded with the most charming alacrity to the remedies prescribed. And there could be no doubt on this point; for were there not the cases there reported of numerous patients, with letters from Mr. A., Esquire B., Miss C., the Rev. Mr. D., Sir E. F., and the Earl of G. H. I., testifying in their own words to their respective cures. The book, moreover, was nicely written, and contained a few apt and scholar-like Latin quotations, such as, "*principiis obsta: serò medicina,*" etc. etc., which our rustic friend remembered in the Eton Latin Grammar, and quotations from the latest French and German authors. So, on his next visit, the Medical attendant was told that his patient was better, and that he thought he should do now; and the practitioner, taking the hint, and inwardly rejoicing at being relieved of a troublesome case, took his leave, telling the patient he should merely send him six more draughts, one to be taken daily, to prevent relapse. The next day our friend comes to town, to consult Dr. Levi Jacobs on the sly; and having called at the house in that highly-respectable street in the parish of St. George of Cappadocia, where the doctor occupies the ground floor of No. 666, he was ushered into the waiting-room. Here, in order to keep up the patients' spirits, there is a table dotted over with copies of "Dr. Levi Jacobs on Diseases of the ——;" together with reports of the "Infirmary for Diseases of the ——," to which the worthy doctor is chief medical officer, by which it appeared that —— patients were relieved and —— cured at that excellent Institution. There were, also, prospectuses of the Harpy, Anglo-American, and Universal Life and Fire Office, of which Dr. Levi Jacobs is medical officer, and which presents peculiar facilities for insuring the lives of patients affected with diseases of the ——. After waiting a due time, our friend is ushered into the presence of a coarsish man, who proceeds to investigate his patient's case, and is surrounded with an awful array — microscope, stethoscope, spirometer, plexi-meter, a machine for taking his height and weight, a graduated chamber-vessel, and a variety of books and papers,—which made a most serious impression on the patient's mind.

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It was not long, however, before the patient, whose recollection was vivid of the elegant treatise on "Diseases of the ————" was startled by the question, "'Ave you any 'eaviness in your 'ead, Sir?" which was followed by "I want to 'ear 'ow your 'art beats." This kind of *patois* excited our friend's wonder, and he made a few insidious observations, and quoted a Latin and French phrase or two, the replies to which convinced him that the learned Doctor was of rather an illiterate stamp, and above all, that he was not really the author of the elegant treatise on "Diseases of the ————" which goes by his name.

I anticipate that those ingenious gentlemen who write books for a consideration, will find their trade made brisk by the new "Guide to Living Medical Authors." But my hope is, that a discerning public will soon find out that reputed authorship, and a place in the pages of the Medical Flash, are no very sure guarantees of skill, nor even of respectability.

I am, etc. JACOB JONES.

St. Vitus's-square, 29 Maii, 1855.

RECENT EXAMINATION OF THE HUMAN BILE.

[To the Editor of the Medical Times and Gazette.]

SIR,—A painful accident in this Island within the last few days enables me, through the kind co-operation of B. Collenette, Esq., and Dr. Roberts, Medical officers of the Guernsey Hospital, to offer you the results of the examination of the human bile, under peculiarly favourable circumstances.

On Monday last, a boy was shot by a rifle ball, and died almost immediately from hæmorrhage. I received the gall-bladder, with its contents, on Tuesday, about twenty-four hours after the accident, the "ductus choledochus communis" having, of course, been carefully tied up.

The gall-bladder, with a small portion of the liver attached, was in a most remarkable state of preservation; and, struck with the freshness of the blood-coloured cellular tissue when it arrived, I was induced to wash off a few globules of blood, with the usual precautions, for microscopic examination. These were found of the natural form, without corrugated edges, or any other appearance indicative of decomposition. I now proceeded to examine the contents of the gall-bladder, and, in order to save your time, will endeavour to condense the particulars thus:—

1st. After examining the external structure of the gall-bladder and washing it with alcohol, it was opened, and the contents allowed to run into a tube. The fluid was tested with great care, and found to be neutral, thus confirming my uniform experience for the last fifteen years, that the human bile, as well as that of graminivorous animals, taking the ox as a type, is never alkaline in its healthy, normal condition, and that, if either the one or the other be decidedly alkaline it should be rejected for ultimate analysis, since alkalinity is a sure indication that the natural molecular structure of the bile has already been broken up, and that no uniform results can now be obtained.

2ndly. On adding alcohol to the contents of the gall-bladder the mucus was separated. It was relatively large in amount, and corroborated a fact which I have observed, without exception, in the large number of human specimens, and still larger of graminivorous and carnivorous which I have examined. When the contents of the gall-bladder amount to a large quantity the mucus will be found deficient; whilst, on the other hand, the small contents of the gall-bladder indicate a large quantity of mucus. It is also important, in relation to medical jurisprudence, to observe that very generally, if not always, a full gall-bladder indicates that food has not for many hours been partaken of, while an empty gall-bladder is as generally an indication that the digestive and assimilating organs are in active exercise. In this case the whole contents of the gall-bladder amounted only to *55* minims, the mucus formed a considerable portion, and the stomach was occupied with food.

3rdly. The bile was diluted with 2 ounces of alcohol; notwithstanding which, on making use of *5* minims, for the application of Pettenkofer's test, the beautiful characteristic colour made its appearance in a most satisfactory manner. Again: of the alcoholic solution, being perfectly neutral, *5* minims were evaporated down and incinerated, and a drop of water added to the almost imperceptible residuum; on applying test paper a most marked alkaline re-agency was the result, thus proving that this specimen of bile is composed of an organic body, in combination with an inorganic alkaline base. The quantity is, of course, not sufficient for ultimate analysis.

I am, etc.

Guernsey, June 1, 1855. GEORGE KEMP, M.D. Cantab.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

PHYSIOLOGICAL SECTION.

MONDAY, MAY 14, 1855.

Dr. SNOW, President, in the Chair.

Dr. Crisp, in the absence of a paper for the evening, said that he had brought to the Society some specimens and drawings of the parts of animals that he had recently dissected; they were as follows:—1st. The spleen of a lamb at birth with the artery injected with white paint, and the vein with yellow injection for the purpose of showing the Malpighian corpuscles; 2. The œsophagus of the polar bear distended with air, and (by way of contrast) the alimentary canal, also inflated, of a cormorant. The circumference of gullet of the bear was 6½ inches; that of the bird *6* inches, and 14 inches in length; it would probably hold two pounds of fish; the weight of the cormorant being 2lbs. 10oz.; 3. Drawings, by measurement, of the thoracic and abdominal viscera of the chimpanzee and ourang-outang, the length of the appendices vermiformes (said to be peculiar to this division of the quadramana) were especially pointed out, as well as the resemblance of the spleen of these animals to that of man. The thoracic and abdominal viscera of a carnivorous and of a fruguerous bat, with a comparison between the length of the alimentary canal in the two animals. In the fruguerous bat it measured 7 feet *5* inches; *5*. A common fowl, with the veins and arteries recently injected. The vena porta was injected with yellow paint, through the femoral veins, the object being to exhibit the communicating branch, by which the blood of the lower extremities and of the tail of the bird, may flow either into the vena porta or vena cava; 6. The thigh bones of numerous birds for the purpose of showing that air is but rarely admitted into these bones, and that it would act, if admitted, rather as an impediment to flight. The femora of pigeons, parrots, and other strong flying birds were among the specimens, and all these bones were filled with marrow.

Dr. Richardson drew the attention of the Society to a fact which had been communicated to him by Dr. Herapath, of Bristol, that Dr. Bovell, of Toronto, in Canada, had transfused milk into the veins of cholera patients in the last stages of the disease, with much promise of success. This plan had also been suggested by Dr. Herapath; but Dr. Bovell had preceded him in the suggestion by a few weeks. Dr. Bovell had performed this plan of transfusion in six cases, and recovery took place in two out of the six. Both of these cases were in the last stages of the disease. The milk transfused was newly drawn from the cow, and was used at the blood temperature; about eight ounces were transfused. The rallying seemed to be immediate, and both patients did well. In remarking on these cases, Dr. Richardson said, that there could be little doubt that milk was of all substances the one best adapted, for physiological reasons, to be employed in transfusion. But, owing to the small quantity used by Dr. Bovell, he scarcely thought it correct to attribute the recovery to the means employed. The fluid lost in cholera was mainly water; and it was water only that the system required. In throwing water into the system in cholera, quantity must be aimed at, so that as much may be introduced as shall in some measure compensate for the thirty or forty pounds of fluid which the adult cholera patient sometimes loses. Dr. Richardson then recorded some experiments on the injection of milk into the peritoneal cavities and veins of healthy animals. Thus used, milk destroyed life; but it might be that the effect would be different in a case of collapse from cholera. The injection, however, of simple water into the peritoneal cavity was in animals absolutely safe, if used with

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due precautions; and the absorption was most rapid, especially if the animal had been deprived of water to drink for some hours previously. Some further experiments were related, bearing on dropsy.

NORTH LONDON MEDICAL SOCIETY.

MAY 9.

DR. GREENHALGH in the Chair.

Mr. JEFFREYS narrated a case of a young woman from whom he had, in a period of six months, extracted about a hundred needles from different parts of the surface—a great many from the mammæ. She had had a great number extracted before at the Bath Hospital; none had ever been found in the mucous passages. She could give no account whatever of how the needles entered her body.

Mr. I. Zachariah Laurence, read a paper on

POPLITEAL ANEURISM.

After reading a case which had been cured by compression in six weeks in University College Hospital, Mr. Laurence adverted to some points in the pathology and treatment of popliteal aneurism. Of 88 cases (collected from Scarpa, Hodgson, Bellingham, etc.) only 2 were females. Of 46 cases the mean age of the patient was 27¾. Sir A. Cooper's case of a man aged 80, and a boy aged 11, and Mr. Syme's of a boy aged 9, are exceptional. The prevalent traditional notion that post-boys are especially liable to the disease is not borne out by statistics. Of 49 cases only 3 were hostlers, and of these 2 had not been in the habit of riding much for the last twenty years. Severe pain in the tumour often immediately precedes cure. No. 22 of Bellingham's series is remarkable in this respect. The sac of a popliteal aneurism had solidified, but still pulsated; the patient returned to the country; thirty-eight days after the discontinuance of the compression the man was riding a spirited horse, and after having made a sudden exertion, felt great pain in the knee; the next morning the pulsation was gone. Another most interesting case is mentioned by Hodgson, in which a large subclavian aneurism that had nearly cost the patient her life, all at once got cured after an accession of severe pain. Mr. Laurence pointed out the inexplicable anomalies the time taken to cure by the compression-system presents; thus in the same individual aneurisms of both popliteals and his femoral took respectively 6, 42, and 13 days to consolidate. On reference to a large number of cases it will be found that cases of extraordinarily prolonged cure bear no numerical comparison to those of extraordinarily accelerated cure; thus:—

Compressive treatment.

Cases of prolonged cure.		Cases of accelerated cure.			
1 .. 93 days.	1 .. 7 days.	7 .. 2 days.
2 .. 72 ,,	2 .. 6 ,,	8 .. 2 ,,
3 .. 70 ,,	3 .. 5 ,,	9 .. 39 hours.
4 .. 70 ,,	4 .. 4 ,,	10 .. 23 ,,
	5 .. 4 ,,	11 .. 16 ,,
4 cases.	6 .. 3 ,,	12 .. 10 ,,
		13 .. 7 ,,
		13 cases.

In the Hunterian operation two collateral circulations are established; in the compressive treatment only one. This arises from the femoral artery in the latter remaining pervious; hence the practical inference that even after consolidation of the sac is perfected, the instruments should still be kept on the patient, till we may suppose the fibrinous deposit in the sac has extended itself into the bore of the artery; if not, since on removal of the pressure the heart acts with all its pristine force on the aneurism, the fibrin in this may be washed away again by the onward current of the blood through the still pervious popliteal artery.

Dr. Samoje, of the Berlin University, made some remarks on the coagulation of blood by electrical means, for the cure of aneurisms and varices. After having noticed the labours of Cisinelli, Petréquin, Tchut, on the galvano-puncture of arteries and veins, he referred to a case of a young girl, operated on by Drs. Baumgartner and Wertheimer, in Dr. Malgaigne's presence, which gave most valuable evidence of the successful effects of this treatment. This young girl had suffered for a long time from a varicose degeneration of all the large and small veins of her arm, extending to the acromion. The circumference of the arm was increased to double its natural size. The complaint was traced to an extreme thinness of the coats of the veins. Drs. Baumgartner and Wertheimer introduced, at intervals of two or three days, each time, ten needles into the most distended veins; the patient holding the negative pole in her hand, whilst the positive pole was connected with the heads of all the needles. After removing the needles, a few minutes having elapsed, very resistent filaments could be felt, as signs of an accomplished coagulation. The operation had caused but little pain. Four weeks after, the varicose veins appeared obliterated, and the circumference of the arm remarkably reduced. Drs. Baumgartner and Wertheimer observed, in their many experiments on animals, the following facts, regarding the mode of applying the galvanic current for coagulating the blood:—

1. If the needle, connected with the negative pole, be introduced alone into the vessel, and the positive conductor laid upon the neighbouring parts of the body, no coagulation will take place.

2. If both poles be introduced into the vessel, the coagulation ensues only slowly, and is seldom accomplished.

3. If the positive pole alone be introduced, and the negative laid upon the neighbouring parts, the coagulation takes place soon and perfect.

Dr. Samoje tried successfully to substitute for the primitive current, which requires a larger and not so practicable apparatus, the intermittent current of a coil machine, in which the wires of the primitive and secondary are connected together. He tried it on a large, painful hæmorrhoidal varix. The tumour was taken between one conductor, armed with some moistened sponge, and the other pointed with a flat button, and held in this situation during a quarter of an hour. Every day, this being repeated, the varix decreased gradually till the tenth day, when it was collapsed to a wrinkled sac with resistent contents. It had not returned for six months past when the patient was inspected the last time. The third mode of coagulating blood in the vessels by electrical means, tried by the Doctor, is the use of the platina wire, heated by a galvanic current. He alluded to a paper of Sir Everard Home, read to the Royal Society in 1826. The author had proved there, that a steel needle, heated red hot, produced a coagulum fit to obliterate a large artery. Equally fit, but more applicable and more advantageous, appeared the use of the constant heat of the platina wire under the influence of a galvanic current.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, WEDNESDAY, JUNE 6.

Sir John Pakington inquired whether the Government intended to bring in any Bill this Session to alter the existing very unsatisfactory state of the law respecting Vaccination.

Sir George Grey said he could not give an immediate answer to the question, but that he was in communication with the Board of Health on the subject.

WOUNDS IN HOSPITALS.

A Petition was presented by Lord R. Grosvenor, signed by Dr. Epps and 200 others, that the use of Arnica for wounds may be introduced into the Military Hospitals!

NAVAL MEDICAL REFORM ASSOCIATION.—It is said that the President and Council of the Royal College of Surgeons, and the Master and Wardens of the Society of Apothecaries, having been addressed by the Committee of the Naval Medical Reform Association, have expressed the warmest sympathy with the objects of that Association, and promised their most efficient aid. The President and Council of the Royal College of Physicians have already shown the same favourable disposition. Our great corporate bodies are unanimous in their approval, and will be earnest in their assistance. There needs now but a general and combined movement of the Profession to ensure success. Every Medical man who holds back now, when it is in his power to do a great good at a small sacrifice, injures his Profession and honours himself but little.

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ARMY BEFORE SEBASTOPOL.

We have been favoured by Dr. Andrew Smith with the following interesting details:—

Weekly State of Sick and Wounded in the Army before Sebastopol from the 6th to the 12th of May, 1855.

CORPS.	Strength. Officers.	Strength. Men.	Remained.	Admitted.	Total.	Discharged.	Died.	Returned.	No. of Sick Officers.	No. of Deaths from Cholera.	Remarks.
Cavalry Division	194	2916	179	114	298	110	1	182	7	5	
Artillery and Engineers	168	3768	163	109	272	42	9	221	3	5	
1st Division	166	4507	502	185	687	170	8	509	4	5	
2nd Do.	159	4270	354	194	548	84	13	451	9	7	
3rd Do.	285	6285	631	183	814	142	6	666	9	7	
4th Do.	183	4614	445	176	621	160	12	449	7	2	
Light Do.	216	5531	521	200	721	286	11	474	6	1	
Head Quarter Camp.	24	244	13	10	23	8	..	15	..	..	
Ambulance Corps	5	96	6	4	10	4	..	6	..	..	
General Hospital, Balaklava	..	..	269	79	288	67	6	215	..	..	
Convalescent, do. do.	..	..	192	41	233	23	1	209	..	..	
Brigade of 3rd, 63rd, and 71st Regiment.	66	1718	..	33	33	9	1	23	2	1	
Total	1456	33,849	3215	1328	4543	1055	68	3420	47	29	

Ratio of Admissions to Strength 3·92 per cent.
„ Deaths to Strength . . 0·20 „
Ratio of Sick to Well on the 12th of May 10·16 per cent.

Diseases remaining, 12th May, 1855.

	Men.	Officers.
Fevers	1490	12
Diseases of Brain and Nerves	8	—
„ Lungs	176	2
„ Heart and Great Vessels	2	—
„ Liver, Spleen, and Stomach	17	3
Diarrhœa	319	4
Spasmodic Cholera	21	—
Dysenteria Acuta	78	—
„ Scorbutica	14	—
Scorbutus	97	—
Gelatio	25	—
Rheumatism	94	1
Phlegmons and Ulcers	178	3
Venereal disease	97	1
Wounds and Injuries	490	8
Ophthalmia	61	1
All other diseases	253	12
Total	3420	47

MEDICAL NEWS.

Soiree at the Royal College of Physicians.—On Wednesday evening the President and Fellows of the College held their first *Soirée* this season. The spacious halls of the building in Pall Mall were filled with many of the scientific celebrities of the day, and the tables were covered with microscopes, stereoscopes, mechanical and galvanic apparatus, and the splendid classical and medical books from the College library. Among the company invited on the occasion we we noticed Sir David Brewster, the Bishop of St. Asaph, the Bishop of St. David's, the Venerable Archdeacon Hale, the Hon. Mr. Baron Alderson, Mr. Headlam, M.P.; Sir Benjamin Brodie, Professor Quekett, Sir R. Murchison, Colonel Sykes, Sir James South, Sir James Rose, Sir R. Westmacott, Professor Brande, Professor Carpenter, Professor Grant, Mr. C. Hawkins, Mr. Rennie, Mr. Hodgson, Mr. Bishop, Dr. Neil Arnott, Mr. Knight, R.A., Mr. Justice Cresswell, Professor Fleming, — Pickersgill, R.A., Mr. Tooke, Sir F. Dwarris, Sir H. Ellis, Sir T. Phillips, Mr. Shadwell, Mr. Broughton, Mr. Bell, Mr. Pilcher, Professor Tyndall, Professor Cladston, Mr. R. Jebb, the Rev. T. Barlow, Mr. J. Barlow, Sir J. Forbes, Mr. Reuter, the Wardens of the Society of Apothecaries, and from 250 to 300 other gentlemen.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 1st inst:—Messrs.

Best, Henry D., Bilston, Staffordshire.
Caucher, Martin S., Woodmanton, Worcestershire.
Clarke, Joseph, Carn, Co. Cavan, Ireland.
Cottrell, Charles Edward, Ryde, Isle of Wight.
Dickinson, Jonathan, Newcastle-on-Tyne.
Dufty, Frederick, Nottingham.
Finch, William Corbin, Salisbury.
Howell, Thomas Gwynne, Builth, Brecknshire.
Jephcott, Samuel Thomas.
Kelsey, Arthur, Horley, Surrey.
Lawrence, George William, Sudbury, Suffolk.
Snow, Thomas Fitzherbert, Southampton.
Thorowgood, John Charles, Totteridge, Herts.

The following gentlemen were admitted members on the 4th inst.:—Messrs.

Beck, James Theophilus, Greenwich.
Belcher, Henry, Manchester.
Collins, Frederick, Felling, Gateshead.
Connolly, George Strutt, Gt. Stanhope-street, Bath.
Evans, Evan Thomas, Bodedern, Anglesea, Wales.
Goodman, George, Dingle, Co. Kerry.
Hunt, George Dawson, Hudson's Bay Company.
Murphy, William, Foxley-road, Kennington.
Tutin, John Hasledine, Ripon, Yorkshire.
Wakemann, P. R., Crickhowell, Brecon, S. Wales.

At the same meeting of the Court Mr. Thomas Balmforth Martin passed his examination for Naval Assistant.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 31st May, 1855:—

Blandford, Thomas Brickenden, Army.
Gibbons, Henry, Wolverhampton.
Harris, Henry, Park-street, Grosvenor-square.
Meaden, George, Shillingston, near Blandford, Dorset.
Richards, Samuel Atkinson.
Symons, John Trehane May, Trevalga, Cornwall.

APPOINTMENTS.

Walter Henry, Esq., M.D., William Munro, Esq., Andrew Ferguson, Esq., M.D., and Alexander Melvin, Esq., to be Inspectors-General of Hospitals, with local rank.

Derbyshire General Infirmary.—Mr. Arthur Henry Dolman has been appointed to the office of House Surgeon to this Institution.

DEATHS.

Dickson.—May 29, Smyth Dickson, Esq., M.D., Acting Assistant Surgeon, Provisional Battalion Depôt, Limerick, aged 44.

Stewart.—May 28, at Portsmouth, James Stewart, Esq., M.D., Surgeon, R.N., Justice of the Peace for the County of Hampshire, in his 65th year.

Tomlinson.—May 24, at Stoke Cottage, near Nantwich, aged 36, Edward Tomlinson, Esq., of Manchester, Surgeon to the Royal Infirmary.

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ROYAL INSTITUTION.—At the General Monthly Meeting the following were elected Members:—Mr. J. S. Coleman, Mr. William de Lannoy, Mr. George H. Ingall, Col. W. K. Loyd, R. Bentley Todd, M.D., F.R.S.; and Mr. George Ady was admitted a Member.

SOIRÉE AT UNIVERSITY COLLEGE. — On Wednesday evening the Professors of University College gave a *soirée* in the large library of the College to the Students of the Institution and a large number of visitors. The walls of the building were adorned with numerous beautiful paintings, and microscopes, stereoscopes, and other philosophical instruments, were exhibited on the tables. Among the company we noticed many of the most distinguished Medical and Surgical practitioners residing in the metropolis.

MEDICAL OFFICERS OF THE CITY PRISONS.—At a Court of Aldermen, held on Monday, Alderman Wilson moved, "That it be referred to the gaol committee to receive applications from candidates for the offices of Surgeons of Newgate and the City Prison at Holloway; to fix the ages and the distance from the prison for the residence of the surgeons, to examine their testimonials, and select the names of six of such candidates as shall seem to the committee most eligible to be returned to the court, out of which six so returned two shall be elected at the next court." Alderman Farebrother hoped that sufficient salaries would be given to the Medical Officers to the prisons, those who had hitherto acted as deputies having only received the pay of porters [hear, hear]. Sir Peter Laurie said he did not consider a salary of £120 per annum for the Surgeon of Newgate sufficient. Alderman Carter thought that for £100 a year first-rate Medical Officers could be found for the City prisons with the exception of Newgate, where a man of more than ordinary talent was wanted, and to whom (for the honour of the corporation of London) £200 a year ought to be allowed. Alderman Cubitt said it was not worthy of the Court of Aldermen to think of getting the services of a well-qualified man for £150 a year. He very much regretted that the Court had not fixed the salary at £200 a year, and that Mr. M'Murdo was not to continue Surgeon of Newgate at £300 a year. The motion was then put and carried.

THE LATE PROFESSOR JOHN COUPER.—A *post-mortem* examination showed, we understand, extensive fatty degeneration and laceration of the muscular substance of heart, with a large effusion of blood into the cavity of the pericardium.

Dr. HALL, Inspector-General of Hospitals, under date "Before Sebastopol, May 26, says that the cholera has moderated in violence, and that the mortality is one-third less than it was during the preceding seven days; but he thinks that the disease is more generally diffused, as cases have occurred in every division. Great attention is paid to the sanitary condition of the camp."

THE COMMITTEE appointed to inquire into the state of the Army before Sebastopol, assembled on Wednesday to consider their resolutions. The proceedings were private.

A CIRCULAR issued by the Board of Health warns all persons in authority to prepare against the possible return of cholera this summer.

CHOLERA.—On the 23rd ult., there were 190 cases of Cholera at St. Petersburg.

THE CHOLERA is said to have appeared in the Austrian Army in Gallicia.

THE BALTIC FLEET.—The general state of health in the fleet continues to be satisfactory; during the last 10 days there has only been one fresh case of small pox. The patients in the hospitals on Faro Island also appear to be progressing favourably; about 20 are so far recovered as to be able to rejoin their respective ships; only four cases have as yet terminated fatally.

DR. KERNDT, Professor of Chemistry at the University of Leipzig, has been sent to Paris by the Saxon Government, to report on the articles in the Exhibition.

PARIS INDUSTRIAL EXHIBITION. — The *Union Médicale* announces that, from the 1st of June, its proprietors intend to open their *salons*, for the free use of all *confrères* arriving from the provinces or foreign parts. They may be used either as a place of meeting or for the reception of correspondence. The library and the journals will be accessible to the visitors, and all information they may stand in need of will be eagerly afforded them. The office of the *Union Médicale* is at 56, Rue du Faubourg Montmartre. We need hardly say how acceptable so liberal an offer must prove to any of our Profession visiting Paris this summer, especially those of them who may not have acquaintances in the French capital.

MORTALITY NOTABILIA.—In the week that ended on Saturday the deaths of 1073 person, viz., 542 males and 531 females, were recorded by the London registrars. This number presents a decrease of about a hundred on the deaths registered in the preceding weeks of May. The decrease is apparently to some extent the effect of a rise in the temperature, which took place in the week preceding that to which the present return relates. The following are the mean weekly temperatures of May: 44°, 47·6°, 46°, 55·4°; and in the week ending 2nd June the temperature again fell to 49·4°. In the corresponding weeks of the ten years 1845-54 the average number of deaths was 936; if this number is raised by a tenth part for increase of population it becomes 1029; and notwithstanding the improvement shown above, it appears that 44 persons died last week above the calculated number. The number of deaths that occurred last week under 20 years of age was nearly a half of the total number. The rate of mortality is now diminished among octogenarians, and instead of 70 or even 90 of that class who died in colder weather, the number now returned is only 32. The returns of cases referred to the epidemic class of diseases present no very remarkable feature.

BIRTHS.—The births of 714 boys and 688 girls, 1402 children, were registered. Average 1406.

METEOROLOGY.—The mean height of the barometer in the week was 29·692 in. The highest reading was 29·90 in. on the morning of Saturday. The mean temperature of the week was 49·4°, which is 6·8° below the average of the same week in 38 years. The mean temperature was below the average on every day, except Sunday (27th May): on Tuesday, Wednesday, and Thursday this depression extended from 10° to 12°. The highest temperature occurred on Sunday, and was 72·8°; the lowest on Wednesday, and was 39·2°. The mean dew point temperature was 43·8°, and the difference between this and the mean temperature of the air was 5·6°. The mean temperature of the water of the Thames was 56·5°. Wind generally from the north or north-east till Friday, when it changed to south and south-west. Rain, 0·79 in. Horizontal movement of air, 850 miles. Electricity, weak positive, occasionally.

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	4	1	5	9	2	5
North	490,396	9	1	10	7	3	6
Central ..	393,256	2	1	11	6	2	6
East.....	485,522	3	8	10	8	3	13
South	616,635	6	3	12	11	6	9
Total..	2,362,236	24	14	48	41	16	39

DEATHS IN PUBLIC INSTITUTIONS for the Weeks ending May 26 and June 2:—

	In the Week ending May 26.			In the Week ending June 2.		
	Males.	Females.	Total.	Males.	Females.	Total.
Workhouses	46	68	114	58	49	107
Prisons	..	..	...	1	..	1
Military and Naval Asylums ..	9	..	9	6	..	6
General Hospitals	22	16	38	35	12	47
Hospitals for Special Diseases ..	4	3	7	4	1	5
Lying-in Hospitals	1	..	1	..	..	..
Military and Navy Hospitals ..	13	..	13	10	..	10
Hospitals and Asylums for Foreigners	1	..	1	2	..	2
Lunatic Asylums	1	3	4	3	7	10
	98	89	187	119	69	188

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DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, June 2, 1855.*

Causes of Death.	In the Week ending Saturday, June 2, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
	Mean temp. °						°
Mean Temperature.....	49·4						56·5
All Causes	1073	530	178	159	174	32	935·5
Specified Causes	1070	528	177	159	174	32	925·6
Diseases:—							
1. Zymotic Class	218	177	17	12	11	1	206·8
2. Dropsy, Cancer, and others of uncertain seat	35	6	4	11	12	2	41·1
3. Tubercular Class	228	85	84	48	11	..	191·4
4. Of Brain, Nerves etc. ..	129	56	18	20	32	3	113·2
5. Of Heart, etc.	46	9	9	13	15	..	38·2
6. Of Respiratory Organs ..	190	105	22	22	33	8	126·8
7. Of Digestive Organs ..	52	17	7	16	12	..	59·7
8. Of Kidneys, etc.	17	1	3	7	5	1	11·0
9. Of Uterus; viz. — Puerperal Disease, etc. ..	9	..	5	2	2	..	7·4
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	10	4	3	2	1	..	8·1
11. Of Skin, etc.	3	..	1	1	1	..	2·2
12. Malformations	4	4	..	..	..	..	4·4
13. Debility from Premature Birth, etc.	24	23	..	1	..	..	26·2
14. Atrophy	35	25	..	..	9	1	21·4
15. Age	41	..	..	..	25	16	38·0
16. Sudden	3	1	..	1	1	..	7·2
17. Violence, Privation, etc...	26	15	4	3	4	..	22·5
Causes not specified.. ..	3	2	1	..	..	..	9·9

TO CORRESPONDENTS.

Mr. F. A. Bulley.—The paper has been received, and will shortly appear. Our correspondents must excuse us if their papers are occasionally delayed owing to the pressure on our space.

A Correspondent asks us the following questions:—1. What is the process for obtaining a degree from the Archbishop of Canterbury? 2. Is there a money payment? and under what pretence? 3. Has the degree been frequently given? 4. Has it been recently given to any one? and to whom?

Mr. Henry Smith's paper on "Traumatic Aneurism in the Thigh" shall receive an early insertion.

The Apothecaries' Hall in Ireland.—We have received the Memorial specifying the objections entertained against the two Bills now proposed to the Profession; but although we concur in opinion with the Apothecaries' Hall in Ireland as to the impropriety of excluding that Corporation from participation in the proposed measures, we cannot in fairness publish the Memorial in full without publishing all the other Memorials which we have received from different Colleges upon the same subject, and this course we are prevented from taking from the demands upon our space. We have no doubt that the Legislature and the Government will attach due weight to the opinions of the different Corporations.

A Student will find an answer to his question in the present number of our Journal.

A former Student of St. Bartholomew's.—We cannot insert your letter, as we do not believe that Dr. Burrows has lent himself to the new advertising scheme. We have no doubt that some unscrupulous person has improperly made use of the name of that respected Physician.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have been reminded by two correspondents that in my few words on the "Treatment of Cutaneous Nævi by Iodine Paint," in the last week's number, I have neglected to mention the strength of the tincture. I hasten to repair the omission by stating that it consisted of a saturated solution of iodine in spirits of wine.—I am, etc.

7, Upper George-st., Bryanstone-sq., June 5, 1855. S. Edwards.

An Old Operation.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Your correspondent, Mr. Mewburn, who has almost suffered martyrdom from an ingrowing toe-nail, seems to have left his operations incomplete, and expects a return of his sufferings. Dr. Druitt recommends the side of the nail to be removed in a similar manner, and if that fails, then to dissect out the whole of the nail; a proceeding, in my opinion, seldom or never required. At the end where the nail is not covered over, insert the point of a strong pair of scissors, and cut in a direct line to the root; separate this strip from the tissues below and the skin above; then take broad pointed forceps, rasped at the claws, push the lower blade resolutely under the root of the nail, raise the points with a writhing motion, and the angle of the nail, broad and soft, will follow. Put some lint into the cavity, apply poultices for two or three days, then apply caustic freely to the fungous growth, and dress with simple ointment. In a week the part generally heals, and the patient is seldom troubled afterwards. It is the regular practice here of old standing.—I am, etc.

Ashton-under-Lyne. L.

A Subscriber ab Initio.—We know nothing of the individual alluded to. We never heard of any "Reformed College of Physicians in London" except, we believe, one so called by the Coffinite quacks. We recommend our correspondent, if any evidence can be gained of the practice of the party, to forward the particulars to Mr. Upton, Apothecaries' Hall, London.

Mr. Legge.—The case mentioned shall be inserted, if you will forward it.

Mr. Collingwood.—Your ingenious invention shall be noticed next week.

A Surgeon.—We understand that a well-known Surgeon has written repeatedly to request the withdrawal of his name from the new advertising scheme, but that the promoters of the plan have refused to do so

Errata.—In Dr. Parkes' Lecture in our last number, at p. 535, 9th line from bottom of 2nd column, for "muco-chemistry" read "micro-chemistry;" and at page 537, line 45 from top of 1st column, for "Reyerian" read "Peyerian."

COMMUNICATIONS have been received from—

Mr. Toynbee; Mr. W. Parker; The Royal College of Physicians; L.; Mr. F. A. Bulley; Mr. F. Allarton; C. H. Leet, Esq., Dublin; Mr. Barwell; Dr. Kemp; Dr. Edwards; Mr. Henry Smith; Dr. Griffin; A Student; The Royal Institution; A Former Student of St. Bartholomew's; Mr. Z. Lawrence; Mr. Ernest A. Hart; A Subscriber at Mitio; Secretary of the Geological Society; Dr. Andrew Smith; Mr. Prentice, of Lowestoft; Mr. Henry Thompson; Mr. Winter, Brighton; Mr. Legge, the Westminster Hospital; Mr. Propert, King's College (with enclosure); Mr. Tyrrell, St. Thomas' (with enclosure); Mr. Holmes, St. George's; Mr. Collingwood (with enclosure); Mr. Savory; Mr. Bacot, Dorchester; Mr. Dolman.

APPOINTMENTS FOR THE WEEK.

June.	Miscellaneous Register.	Society Meetings.
9. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.	
11. Monday.....	London University—M.A. Examination, Branch II.	
12. Tuesday	London University, M.A. Examination, Branch II. Operations at Guy's, 1 p.m.	Royal Medical and Chirurgical Society, 8½ p.m. Zoological Society, 9 p.m.
13. Wednesday..	London University, M.A. Examination, Branch II. Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.	North London Medical Society, 7½ p.m. Mr. Sedgwick: "On Congenital Malformations of the Skin and its Appendages." Geological Society of London, 8 p.m. Royal Society of Literature, 4½ p.m.
14. Thursday....	Oxford University—Responsions begin. London University, M.A. Examination, Branch II. Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.	Royal Society, 8½ p.m.
15. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	

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ROYAL MEDICAL BENEVOLENT COLLEGE.

The Council have much gratification in announcing, that His Royal Highness Prince ALBERT has graciously consented to OPEN the COLLEGE at EPSOM, on MONDAY, the 25th of JUNE NEXT, on which occasion the Council trust that a large number of the Governors and other Friends of the Institution will be present to receive His Royal Highness.

The Council desire to call particular attention to the following Resolution, which was unanimously adopted at the Meeting of the Council, held on the 7th of March last;—

"That Ladies presenting a Donation of Five Guineas, on or before the opening of the College, on the 25th of June next, be constituted Life Governors."

LADIES availing themselves of this privilege, will be entitled to a VOTE at the ELECTION of PENSIONERS and FOUNDATION SCHOLARS, which is appointed to take place on the 19th of JULY NEXT.

A COLLATION will be provided in a capacious Tent on the grounds. Those who may desire to partake thereof are requested to forward their names to the Secretaries, on or before the 15th instant, in order that arrangements may be made accordingly. The price of each Ticket for the Collation, including Wines, Tea, and Coffee, is 13s. 6d. A MILITARY BAND will be in attendance.

A SPECIAL TRAIN, 1st and 2nd Class, will leave the London-Bridge Terminus, for EPSOM, at Twelve o'clock precisely. Tickets are available to return by any of the Ordinary Trains, which leave Epsom at 4 50, 6 50, and 8 45. The Special Train will leave Epsom at Nine o'clock p.m.

By order of the Council,

HENRY HANCOCK, F.R.C.S., HON. SEC.
HERBERT WILLIAMS, ASSISTANT SEC.

Office, 37, Soho-square, June 1, 1855.

King's College, London. — Medical

DEPARTMENT.—The WINTER SESSION, 1855-56, will commence on Monday, October 1st, 1855, on which day all Students are expected to attend the Introductory Lecture, at Two o'clock.

The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.
Physiology and General and Morbid Anatomy—Professor W. Bowman, F.R.S., and Lionel S. Beale, M.B.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson, F.R.S.

There are two Laboratories in the College fitted up with every convenience for the attainment of practical chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of pathological chemistry, demonstrations of the urine, etc.

KING'S COLLEGE HOSPITAL.

The Hospital is visited daily. Clinical Lectures are given every week, both by the Physicians and by the Surgeons. The Physicians' Assistants and Clinical Clerks, the House Surgeons and Dressers, are selected by examination from the Students of the Hospital.

SCHOLARSHIPS.—New Students will have the privilege exclusively of contending, in October next, for two Warneford Scholarships of £25 per annum, for three years. The examination commences on the 30th of September next, in Divinity, Classics, (subjects the same as for the Matriculation examination this year at the University of London), Mathematics, and the Modern Languages.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars upon every subject may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

R. W. JELF, D.D., Principal.

Bland and Long, Philosophical and

CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d., 8s. 6d., 15s., and 30s. each.

AGENTS AND MEDICAL REFEREES WANTED FOR THE

Empire Assurance Company,

41, PALL-MALL, LONDON.

The Agents of the EMPIRE ASSURANCE COMPANY are entitled, IN ADDITION to the ordinary commissions, to a direct and substantial interest in the profits of the Company.

Special advantages to the Members of the Medical Profession.

Every Director has qualified for his office by paying down £500 on Shares.

Every description of Assurance business transacted on equitable terms.

Applications for Agencies, in town or country, and communications from Medical Men able and willing to promote the interests of the Company by assisting in the extension of Agencies or otherwise, are requested to be addressed to the Secretary, from whom may be obtained prospectuses, post-free, and every information.

By order of the Board,

EDWIN H. GALSWORTHY, Actuary and Secretary.

BONUS.

POLICIES EFFECTED ON THE PARTICIPATING SCALE BEFORE THE 31ST OF DECEMBER NEXT WILL BE ENTITLED TO SHARE IN FOUR-FIFTHS OF THE PROFITS, TO BE DIVIDED AT THE CLOSE OF THE PRESENT YEAR.

New Equitable Assurance Company.

(Incorporated by Act of Parliament, 7 and 8 Vict. cap. 110.)

CHIEF OFFICES—449, STRAND, LONDON.

BRANCH OFFICES { SAVINGS BANK, WORCESTER. / 4, ST. ANDREW'S-SQUARE, EDINBURGH.

CAPITAL, £100,000.

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WM. FERGUSSON, Esq., F.R.S. | GEO. JAS. GUTHRIE, Esq., F.R.S.

DIRECTORS.

SIR CHARLES HASTINGS, M.D., D.C.L., Chairman of the Board.
GEORGE BEAMAN, Esq., M.D., F.R.C.S., Deputy-Chairman.

The aggregate amount of Business transacted by the Company, up to the end of each year, from its commencement to the end of the year 1854, is as follows:—

	Number of Policies issued	Sums Assured.	Annual Premiums.
1851	301	£98,500	£3,439 0 1
1852	677	278,885	10,608 12 2
1853	1,025	413,755	15,336 3 6
1854	1,282	500,165	18,750 13 3

MEDICAL PRACTITIONERS.

The Directors acknowledge and consult all duly-qualified Medical Practitioners as the Medical Advisers of the Company, and uniformly pay a Fee of Two Guineas for every Medical Report when the Proposal for Assurance is for £200 and upwards, and a proportionate Fee for a smaller amount.

Medical Practitioners are also entitled to Ten per Cent. Commission on First-Year's Premiums, and Five per Cent. on all subsequent Payments, for Assurances effected through their Introduction.

EVERY DESCRIPTION OF LIFE ASSURANCE BUSINESS TRANSACTED.

Prospectuses, Forms for Proposals, and any further information, may be had on applying to the Resident Director, or Secretary, at either Office or of the Company's Agents.

N.B.—Active and influential Agents wanted.

The Best Food for Children, Invalids,

and others.—ROBINSON'S PATENT BARLEY, for Making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinse of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELLVILLE, and CO., Purveyors to the Queen, 64, RED LION-STREET, HOLBORN, LONDON.

The Proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s. 5s. and 10s. each.

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DR. DE JONGH'S
LIGHT-BROWN COD-LIVER OIL.

This pure transparent LIGHT-BROWN COD-LIVER OIL is invariably and carefully submitted to Chemical Analysis, and, to preclude any subsequent admixture or adulteration, is supplied ONLY in Bottles, capsuled and labelled with Dr. DE JONGH's Stamp and Signature, so that the Faculty may rely upon a genuine Medicine, and, so far as is possible, anticipate a uniform, regular, and certain result.

Sole Consignees and Agents for the United Kingdom and the British Possessions,

Ansar, Harford, and Co., 77, Strand, London.

HALF-PINTS (10 ounces) 2*s.* 6*d.* | PINTS (20 ounces) 4*s.* 9*d.* | QUARTS (40 ounces) 9*s.*
IMPERIAL MEASURE.

James's Powder.—Physicians and other Medical Practitioners having complained of the frequent use of Antimonial Powder, instead of the genuine "James's Powder" prescribed, have represented to Messrs. Newbery, that the price of the powder has greatly led to this fraudulent practice, and has also greatly prevented the more general use of the powder. Messrs. Newbery have therefore yielded to the suggestions of the Profession, and have reduced the price; and, to secure the use of the genuine medicine, recommend that the same should be prescribed as prepared by Messrs. Newbery—thus, "Pulv. Jacobi Ver." (Newbery's.) The price for dispensing will henceforth be reduced from 21s. to 9s. an ounce. The genuine has the name, "F. Newbery, 45, St. Paul's-churchyard," engraved on the Government Stamp.

To Physicians, Surgeons, and DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING TISSUE.—PREPARED FROM PURE CANTHARIDINE.

An elegant preparation, vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments, as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the New York Journal of Medicine.

"March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this Article is a very simple and neat dressing."

"10, Finsbury-place South, March 16, 1852.

"Dear Sir,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks. I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to insure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"Honorary Surgeon to the Royal Free Hospital, etc., etc.

"To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

"ANDREW SMITH, M.D.,

"Deputy Inspector-General of Hospitals

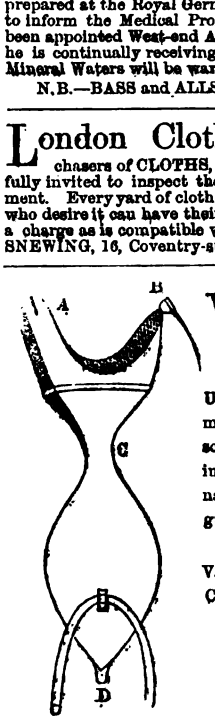
"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared and sold by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON, and by the Sole Consignee, Mr. WILLIAM BAILEY, Wolverhampton; and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

22B, Henrietta-street, Cavendish-SQUARE.—Under Her Majesty's especial patronage.—The West-end Depôt for the Sale of Dr. STRUVE'S celebrated MINERAL WATERS, prepared at the Royal German Spa, Brighton.—W. BEST begs respectfully to inform the Medical Profession, and the public generally, that he has been appointed West-end Agent for the sale of the above Waters; and, as he is continually receiving fresh supplies direct from Brighton, all the Mineral Waters will be warranted in the highest state of perfection.

N.B.—BASS and ALLSOPP'S PALE ALES, in Imperial Measure.

London Cloth Establishment.—Purchasers of CLOTHS, summer trousering, vestings, etc., are respectfully invited to inspect the extensive new STOCK of the above establishment. Every yard of cloth is sold at the very lowest price, and gentlemen who desire it can have their purchases made up on the premises, at as low a charge as is compatible with the best work and trimmings.—WILLIAM SNEWING, 16, Coventry-street, Haymarket.



Walters' India-rubber URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

F. WALTERS,
16, MOORGATE STREET,
LONDON.

Impermeable Cloth for Hospital Sheets, SURGEONS and NURSES' APRONS, etc.

Among the numerous Indian-rubber appliances, none have been more successful than the (deodorized) preparation of cloth for Hospital Sheets, as is shown by the following letter to S. W. Silver and Co.:—

(Copy of R. G. Whitfield, Esq.'s Letter.)

"St. Thomas's Hospital, February, 1855.

"Sirs,—Your Indian-rubber sheeting having been in use in this Hospital for some time, I can strongly recommend it, feeling confident that it possesses great advantages over everything previously introduced; it is admirably adapted for the protection of couches, beds, or for whatever other purpose such articles are usually required, not only from its great pliability and durability, but because neither the various secretions from the body nor boiling water will injure its texture; it is far more economical (from the fact of its not being liable to crack or peel off) than the Green Issue Cloth hitherto in use after operations, and more cleanly, as a wet sponge readily removes all soil or taint from its surface.

"The stump pillows made of the same material are well conceived, and will be found invaluable in the sick room either of the peer or the peasant.

"I have the honour to be, your obedient servant,

"R. G. WHITFIELD, Resident Medical Officer.

"To Messrs. Silver and Co., Nos. 3 and 4, Bishopsgate-street,
"Opposite the London Tavern."

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Naval Medical Reform Association.—

In appealing to the Medical Profession for active and general support, the Committee of this Association have a few words of explanation to offer. Appointed at the aggregate meeting at St. Martin's-hall, and representing the whole body of Medical Students in England, they have received also the assurance of sympathy and support from the seniors of the Profession. The object of the Association is to procure a reform in the regulations affecting Naval Assistant-Surgeons, which is equally important to the honour of the Profession and the interests of the Naval service. The Executive authorities having refused to concede any alteration, the appeal lies to the Legislature. The present moment is so peculiarly favourable, that it is thought that a decision in favour of the amendment sought, although previously inoperative, would now, of necessity, be final and effectual. The zealous co-operation of the members of the Medical Profession, both in town and country, is earnestly requested in obtaining signatures to Petitions to Parliament, in securing the assistance of Members of the Legislature, and in raising funds to defray expenses. The subjoined list of Gentlemen, who have kindly consented to act as Local Secretaries, shows many deficiencies from the absence of representatives for many large towns. It is strongly hoped, that in the second List few towns will remain unrepresented, as it is believed that few Medical men will be willing to stand aloof from the great majority of their brethren in a combined endeavour to free the honour of the Profession from a present stain. Subscriptions are earnestly requested, and may be forwarded to Mr. T. Holmes, Chairman, St. George's Hospital; Mr. H. F. Hauxwell, Treasurer, Guy's Hospital; or Mr. Ernest A. Hart, St. George's Hospital, General Honorary Secretary, from whom forms of petition, etc., may be obtained on personal or written application.

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June 6th, 1855. JOHN CARTER, Secretary.

To the Governors of the Royal Medical BENEVOLENT COLLEGE.—Your Vote and Interest is earnestly requested on behalf of JOHN OLDHAM, aged eight years, (son of the late Mr. George Oldham, M.R.C.S. and L.S.A.,) who is a Candidate for admission as a Foundation Scholar into the School of the Medical Benevolent College.

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The Gentleman appointed will be required to devote his whole time and attention to the duties of his Situation, which will comprise, among other things, due and punctual attendance in all Medical, Surgical, Vaccination, and Midwifery cases. The Salary will be £220 a year, inclusive of all extra Medical and Vaccination Fees, although an account of these will have to be kept against each Parish concerned. Drugs, Medical and Surgical requisites will be found by the Board. Testimonials of qualification to be sent post free, addressed to me, on or before the 14th day of June instant. The Guardians, at a Meeting of the Board on the following day, will proceed to the election of one. The Gentleman appointed will be required to enter upon his duties on the 25th instant. The Board do not pledge themselves to elect any applicant, unless fully satisfied of his eligibility.

By Order of the Board,
JAMES SPARKE, Clerk.

Bury St. Edmund's, June 2, 1855

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ORIGINAL LECTURES.

CLINICAL LECTURES
ON THE
PATHOLOGY AND TREATMENT OF THE AFFECTIONS OF THE EAR,
CAUSING DISEASE IN THE BRAIN OR ITS MEMBRANES.

DELIVERED AT
St. Mary's Hospital.

By JOSEPH TOYNBEE, Esq., F.R.S.
Aural Surgeon to the Hospital; Lecturer on Aural Surgery at St. Mary's Hospital Medical School; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, etc.

LECTURE IX.

MALIGNANT DISEASE.

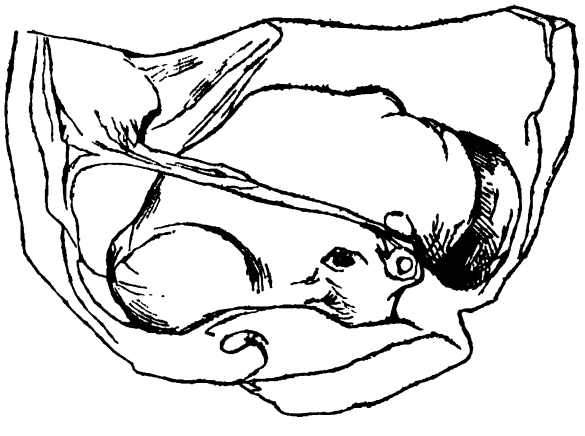
GENTLEMEN,—Cases of Malignant Disease advancing from the ear to the brain appear to be of rare occurrence. So far as I have been able to investigate the subject by means of cases that have fallen under my own notice, and by the aid of others which have been published, it appears most probable that the part of the ear in which malignant disease usually originates, is the mucous membrane lining the cavity of the tympanum. After the diseased growth has destroyed the membrana tympani it advances through the external meatus to the outer orifice, where it shows itself in the shape of a small tumour, which has sometimes been mistaken for a polypus, and the removal of which has caused hæmorrhage, and an aggravation of the symptoms. At the same time that the disease advances outwards it also encroaches upon the whole of the parts surrounding the organ of hearing. The osseous walls of the meatus externus and of the tympanic cavity are wholly destroyed; the outer part, and even the whole of the petrous bone, is converted into a mass of disease, the lower part of the squamous bone also disappears, and the tumour advances into the cavity of the skull, where it destroys life either by its pressure upon the brain or its blood-vessels, or by involving the brain itself in the disease.

This malignant disease is sometimes of the nature of fungus hæmatodes, at other times it has the characters of encephaloid disease. This affection occurs at various periods of life; the ages of the three patients to whose cases I shall refer to-day were respectively 3, 18, and 35; its progress is generally very rapid, and forms a marked contrast to those cases of chronic disease of the ear advancing to the brain, to which I have previously drawn your attention.

Sophia W., aged 35, a single woman, was admitted, under my care, into Boynton ward, on the 14th of July, during the present year. The history, as given by herself, is that, after a severe cold a year previously, the right ear suddenly became painful, but the pain was not very severe. Since the above period, the pain has been gradually increasing, accompanied by a tumefaction of the right side of the face. Six months ago a red growth was removed from the tube of the ear, which the medical man considered to be a polypus. Since the operation, she has had at times considerable bleeding from the ear. Lately, the pain has greatly increased, and has extended over the side of the head and the face; a small round swelling has also appeared at the orifice of the ear. Upon examination, the external ear was observed to be much redder than natural, and somewhat hypertrophied; the orifice of the meatus was closed by a red tumour, about the size of an almond, and upon pressing it on one side a small quantity of sanious discharge issued from the meatus. The integuments around the ear, for the distance of an inch and a-half, were red, soft, and somewhat elevated above the surrounding parts by a tumour beneath them. The left portio dura nerve was completely paralysed; there was much pain of a pricking and shooting character complained of in the region of the tumour, and at times this extended inwards to the brain. The treatment pursued consisted in applying a leech or two at times in the region of the ear, so as to diminish the congestion, and thereby relieve the pain; small doses of morphia were frequently administered, and the general health supported. The meatus was frequently syringed with warm water, and emollient applications made to the tumour. This treatment was attended with but very transient melioration of the symptoms; sometimes the pain abated considerably, at other times she suffered from it most severely. She was, however, able to walk about the ward, and a few days previous to her death, she expressed a wish to leave the hospital, in order to visit her friends in the country. On the 23rd of October, she did not complain more than usual of the pain in the face and head, but on the 24th and 25th there were symptoms of considerable cerebral congestion; she wandered a good deal, and the head was evidently a source of much distress to her. The symptoms of congestion gradually increased, and she died on the 28th of October.

Autopsy.—The integuments of the external ear, and those covering the tumour, were red and tumefied. Upon reflecting the ear and the integuments from the tumour, a large mass was exposed, which extended from the posterior part of the mastoid process posteriorly to the body of the malar bone anteriorly; it also extended from half-an-inch below the squamous suture to the angle of the inferior maxilla below. The tumour was intimately connected with the integuments, and it was of a reddish-white colour. It presented different degrees of consistence; in front, where it surrounded the ascending ramus of the lower maxilla, it was quite hard and firm, like the pancreas; more posteriorly it was softer; and deeper towards the styloid process, there was a considerable quantity of a white creamy fluid. Both anterior and posterior to the external auditory meatus, the tumour contained small spiculæ of bone. The mastoid process was involved in the disease, and consisted of some detached masses of bone in the middle of a portion of the tumour. The osseous meatus had wholly disappeared, the remains of the membranous meatus could scarcely be distinguished, its walls having become so much involved in the diseased mass. The only remains of the tympanic cavity were some portions of the mucous membrane having a dark livid hue, its blood-vessels were distended, and small red growths were attached to parts of it. There was no remnant of the bony tympanic cavity. The whole of the squamous bone, from an inch below the squamous suture, and the whole of the outer part of the petrous bone, had been destroyed, so that the apex of the petrous bone had no connexion with the squamous. The tumour had advanced inwards to the cavities of the cerebrum and cerebellum, through the aperture formed by the destruction of the squamous and petrous bones. In the middle cerebral fossa was a reddish-white tumour of about the size of a small pear. It consisted of two portions, one of which was below, while the other was above the dura mater. The part below the

Fig. 17.



dura mater was directly continuous with the external tumour, while the large portion above seemed to be an independent growth from the free surface of the dura mater, and connected

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to the larger mass of the tumour by blood-vessels only. The upper part of this portion of the tumour was adherent to the lower surface of the left middle cerebral, lobe which was softened to the depth of half-an-inch. The part of the tumour posterior to the petrous bone, and beneath the tentorium, was somewhat smaller and less prominent than that just described in the middle cerebral fossa; it was wholly confined to the inferior surface of the dura mater, and must have almost wholly arrested the circulation in the lateral sinus. The whole of the cerebral veins and sinuses were very much distended with dark-coloured blood, but there was no appearance of disease in any other part of the cerebral substance than the softened portion of the inferior lobe.

Upon examining the tumour by the aid of the microscope, the harder portions were found to consist of very delicate fibres, and nucleated cells, while the softer parts and the creamy fluid were almost wholly composed of nucleated cells, some being circular, others fusiform, and others angular.

There appears every reason to believe that, in this case, the disease originated in the tympanic cavity. You will observe that the seat of the pain, when first made the subject of complaint, was the ear. This was followed by a growth from the meatus, similar to a polypus, and then by paralysis of the portio dura nerve. From this centre the disease seems to have extended in all directions, destroying every structure which it approached. You observe in the preparation before you, as well as in the other two specimens upon the table, that a large portion of the osseous wall of the cranium is absent, so that by pressing upon the tumour during life, the contents of the cerebral cavity were also subject to pressure. Unfortunately little can be done in these cases even to alleviate the sufferings of the patient. Local depletion by means of leeches applied to the vicinity of the tumour, hot fomentations, and the administration of opiates, appear to be the only remedies capable of doing any service. Nevertheless it is of no little importance that you should be able to decide upon the nature of the disease, whenever you may meet with it. You will then, at least, refrain from carrying out measures which are calculated to aggravate the disease; you will, of course, not perform any operation. In the present case it is possible that the removal of part of the tumour, which was thought to be a polypus, did material injury, by causing the disease to advance more rapidly. Those of you who are in the habit of attending my practice in this Hospital will have no difficulty in distinguishing between an ordinary polypus growing from the walls of the meatus, and a portion of the tumour similar to the one before us. The polypus, you know, is smooth and globular, it is not covered by epidermis, neither does it present an ulcerated surface, such as a portion of encephaloid tumour must present if it gives rise to any secretion. Again, in cases of polypus growing from the external meatus, there is very rarely any tumefaction of the ear or integuments, such as we find in malignant disease. I may here repeat the observation which I have so frequently made, that as polypoid growths are so often symptomatic of the existence of irritation within the tympanic cavity, and are sometimes co-existent with disease of the bone, great caution should always be used previous to proceeding to extirpation. I cannot do better than refer you to a very interesting case of malignant disease of the ear, published by Mr. Wilde, at page 206 of his valuable work on Aural Surgery; you will find that he also lays much stress upon the necessity of being careful "in meddling with morbid growths of long standing, without being fully satisfied as to their nature, and the place from which they grow." The cause of death in the patient whose case we have been considering appears to have been congestion of the brain, produced by the pressure of the tumour on its substance, as well as upon the lateral sinus.

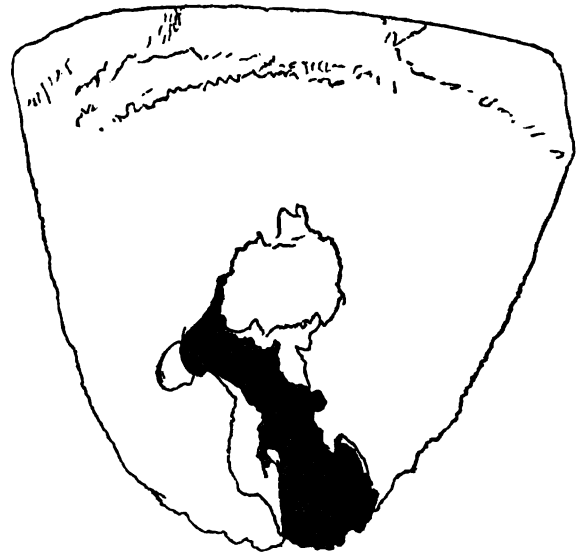
The second preparation illustrative of the effects of malignant disease of the ear advancing to the brain, which I have to describe to you, was laid before the Pathological Society of London, in 1850, by Mr. Cooper Forster, to whom I am indebted for the specimen. The particulars of the case, copied from the Transactions of the Pathological Society, are as follow:—

"A strumous lad, aged 19, was knocked down by a cab nineteen months before his death, and struck on the right side of his head. He soon afterwards became deaf, and suffered severe pain in the right ear; the part became slightly swollen and excessively tender, especially over the mastoid process. The swelling did not increase, but the pain in the head was most intense, and paralysis of the right portio dura nerve took place. No great change occurred until within the last six months, when, from another blow on the same spot, the disease seemed to become more active; the side of the head, from above the temporal ridge to two inches below the ear, became enormously enlarged and tender; the external ear appeared as though pushed away from the side of the head. He experienced great difficulty in swallowing solid food, and was also unable to speak.

About two months before his death the swelling began to fungate and slough, profuse hæmorrhage occurred at intervals, and sloughing very rapidly took place, and at last laid bare the pharynx. To such an extent, ultimately, had the destructive action taken place, that a large chasm formed around the ear, leaving that organ completely isolated. No brain symptoms occurred. The profuse hæmorrhage and constant drain of pus quickly destroyed him. *Autopsy.*—The brain appeared perfectly healthy, except at the lower part of the right hemisphere, which was pulpy and very soft. The softening was, without doubt, occasioned by the upward pressure of a hard scrofulous-looking mass, attached to the petrous portion of the temporal bone, through the intervention of the dura mater, from which it seemed to spring. The mass pressed upon the bone below, and appeared as though inclined to force its way downwards through the temporal bone at the junction of the squamous with the petrous portion, a great part of the latter being completely absorbed. Some new bone had formed at the inner side, and the whole of the exterior was occupied by a sloughy mass and carious bone, the surrounding parts being very hypertrophied; no vestige of meatus or mastoid cells could be discovered; the lateral sinus was filled by a coagulum."

Now from the history of the case which I have just cited, and from the examination of the preparation that I now place before you for your inspection, there is no doubt on my mind but that the nature of the disease was malignant, very probably encephaloid, and that it commenced in the tympanic cavity. You will observe that the early symptoms indicated that the origin of the disease was in the ear on account of the pain experienced there and from the presence of deafness. If you carefully examine the preparation, you will observe that the largest amount of destruction and the most marked diseased appearance are around the tympanic cavity, from which the progress seems to have been downwards to the pharynx, upwards to the outer surface of the squamous bone, and, lastly, inwards and upwards to the cavity of the skull. The orifice

Fig. 18.



communicating between the disease without and that within is, however, very small in comparison to the extent of the disease externally, and you will also observe that the internal surface of the bone is much less affected than the

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outer. That the disease was malignant is shown, I think, by the bleeding and fungoid character of the soft growth, and the peculiar expanded and spiculated state of the bone. The third case to which I will draw your attention is one published in the eleventh volume of the *Edinburgh Medical and Surgical Journal*, by Mr. Wishart, and called by him a case of Fungus Hæmatodes. The subject was a child three years old, in whom, after suffering some weeks from severe pain in the right ear, followed by discharge, a tumour appeared surrounding the ear, and which speedily ulcerated, discharging a large quantity of fetid bloody matter, and frequent hæmorrhage occurred. The child died fifteen weeks after the appearance of the disease. On a post-mortem examination the tumour was found to be as large as the child's head; externally it had caused destruction of the condyloid process of the lower jaw; the zygomatic process wall also gone. The tumour had advanced inwards, destroying the whole of the petrous bone, and extended upwards through a large orifice in the squamous bone, and formed a depression on the middle lobe of the brain, which was in other respects quite sound.

As it bears upon the subject, I will, before concluding, give you briefly the particulars of a case of scrofulous disease of the petrous bone, which occurred in the practice of Mr. Part, of Camden-town, to whom I am indebted for the preparation which I now place before you. The patient was a clergyman, aged 25, subject for five years to a discharge from the right ear with occasional pain. A year before his death an abscess broke behind the ear and discharged at times. About a fortnight before his death, he suffered from severe pain in the head and vomiting, and he had paralysis of the right portio dura nerve. He was not relieved by any treatment, and the head symptoms increased until his death. On a post-mortem inspection a cavity was found in front of the ear, and another beneath the temporal muscles; both contained a soft, cheesy substance. The whole of the petrous bone, a portion of the basilar process of the occipital and of the sphenoid were found degenerated into a soft cheesy mass. The malar bone was destroyed, and the mastoid process occupied by the disease. The ventricles contained three ounces of bloody serum; the arachnoid was much injected, and between it and the pia mater was a layer of very yellow pus, extending along the base of the brain. In the middle lobe of the brain was an abscess containing upwards of an ounce of very fetid, greenish pus, and a second abscess existed in the middle of the posterior lobe. If you examine the preparation you will find, as in the cases already detailed, that there is a large aperture in the squamous bone, and the petrous and mastoid bones are wholly converted into the white, cheesy-looking matter. Upon examination by the aid of the microscope, this matter is found to consist of cells of various forms, some few only having distinct nuclei; there is also interspersed among the cells granular matter. The case may be considered one of scrofulous degeneration of the petrous bone originating in the tympanic cavity.

The ulceration at times proceeds most rapidly, extending to the bone, which is soon destroyed. Sometimes the greater part of the squamous bone disappears. A case of the kind has been published by Dr. Russell, of Birmingham, in the *Association Journal*, for March 31st, 1852, of which I will give you a few particulars.

Mrs. P., aged 66, was attacked about nine months before her decease with pain in the right ear, attended by swelling. A fortnight after she struck it against a bracket; the swelling broke and the ear discharged. The discharge and pain continued, and paralysis of the portio dura ensued; the power of hearing disappeared. At the time she was seen by Dr. Russell there was intense pain in the ear; mania, coma, and ultimately death ensued. There was no history of early disease in the ear, but she had been accustomed to pick it with a pin for a certain amount of itching. On an autopsy the entire squamous portion of the temporal bone was found to have been destroyed; the disease had encroached upon the mastoid process, laying open its cells. The petrous bone was also almost entirely destroyed. The dura mater was not injured, excepting at one spot where there was a sloughy opening, the size of a crown piece. Opposite the orifice in the dura mater the brain was in a state of suppuration; both ventricles were full of the débris of sloughy cerebral tissue. There were about two drachms of thin, purulent fluid at the base of the brain. This specimen, which, through the kindness of Dr. Russell, I had the opportunity of inspecting, presented a very similar appearance to the one previously described. In each case all vestiges of the tympanic cavity had disappeared. They differ from the great majority of cases of disease in the tympanum in extending outwards instead of upwards.

In my tenth lecture I shall consider the *Treatment* of cases of diseases of the ear advancing to the brain.

ABSTRACT OF CLINICAL LECTURES

DELIVERED AT THE

Hotel Dieu.

BY PROFESSOR TROUSSEAU.

LECTURE II.

PNEUMONIA.

IN No. 32 is a young girl, who has suffered from pneumonia for six days. The disease commenced in the ordinary manner, with shivering, vomiting, pain in the side, fever, and characteristic expectoration. On examination, a very extensive pneumonia was detected, occupying the apex of the left lung, descending in front and laterally to almost its base, leaving only the lower and posterior part of the organ in a sound state. The pulse was very frequent, and of very considerable force and fulness, when compared with the delicate constitution of the patient. To these symptoms were added laboured respiration, extreme anxiety, and violent præcordial pain. These last symptoms led M. Trousseau to ask himself whether the pericardium had not become the seat of inflammation; for it is by no means rare to find a phlegmasia passing from the lung to the heart, and reciprocally, in consequence of the numerous anatomico-physiological ties that unite the two viscera, the coincident pericarditis beings perhaps overlooked, owing to attention being exclusively fixed on the affection of the organ of respiration.

As in this patient the entire absence of all physical signs proved the non-existence of pericarditis, the præcordial pain must be considered as depending upon intercostal neuritis, shown by M. Beau to prevail in inflammation of the parietal pleura—a neuritis which, although affecting the trunk of the nerve, produces pain at its periphery, where the nervous filaments terminate. Thus, a phlegmasia affecting a portion of the pleura near the vertebral column, induces pain at the anterior part of the chest. So, too, in a pleurisy of the base we find the pain in the hypochondrium, and in that of the apex it has its seat, by reason of the obliquity of the intercostal nerves, in the præcordial region. This was the case with this patient, in whom the pneumonia was accompanied by a pleurisy of the apex.

The prognosis was serious for several reasons, such as the seat of the affection, its extent, and the violence of the febrile reaction. Bleeding seemed contra-indicated by the constitutional debility of the patient, and it was determined to depend upon *kermes mineral*, a preparation of antimony of powerful action, far more manageable than tartar emetic, while it possesses nearly all its physiological and therapeutical attributes, causing like it vomiting, at an early stage of its administration, and, somewhat later, diarrhœa. It is very much preferable to administer antimony in the pilular form. When it has been given for several days in succession in the fluid form, it produces in the throat and œsophagus a diffused, special irritation, followed by pustules, analogous to those brought out on the skin by the use of the ointment. Kermes mineral produces this effect as well as tartar emetic, though less speedily, and in a less degree. Laennec was aware of the existence of these pustules, and regarded them as a sign of antimonial saturation, analogous to mercurial saturation. That this was an error, is shown by giving the antimony in the form of pills, when pustulation never occurs. Another advantage they possess is that, even when given in double or

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triple doses, they will not so easily induce vomiting or diarrhœa as does the fluid. Thus, this patient took, during the first two days, fifteen grains, divided into ten pills, one every hour, without any inconvenience.

Some have attributed the therapeutical action of antimonials to an intestinal revulsion. Such was the opinion of Broussais, declaring that all Laennec did was to apply a blister to the intestines; and that admirable clinical observer, Chomel, entertained similar views. Laennec, on the other hand, believed that the remedy was absorbed, and accorded to it the contra-stimulant virtue claimed for it by the school of Rasori. We believe we may simplify the problem by suppressing the vomiting and purging, which furnish, in appearance, some grounds to the partisans of the revulsion theory. Thus, in this patient, with the most complete tolerance of the remedy, the pneumonia remaining locally the same, you find the heat of skin has disappeared, and there is scarcely any frequency of pulse remaining. The antimony has vanquished the reactional phenomena. Absorbed, it has acted upon the nervous system, and through this upon the centre of circulation. In proceeding thus we interrupted the chain established, through the inter-medium of the nerves, between the circulatory centres and the organ affected, so that this last remains with its lesion isolated in the chest, as you may ascertain. But the fever and the general phenomena that accompanied it have disappeared, and this is an immense result; for, while we must not neglect the local condition, it is far more important to note the indirect action which this condition exerts upon the economy. It was against this action we directed our contra-stimulant, and we have been able to dissipate the excitement, the kind of titillation of the nervous system produced by the local lesion which remains now alone, deprived of the reactions which at first accompanied it. We must, in medicine, bear in mind other things than local conditions and suffering organs, regarding man as a whole, and the manner in which he is impressed by these. It is to the general condition alone that medication is oftenest addressed, and that even by the partisans of localization, who are far less exclusive than they believe, boldly opening a vein in pneumonia without considering whether this practice is in accordance with their theoretical views.

The kermes will in this case be continued for some days and then suspended, or we shall find the very pustulation produced in the stomach and intestines that we sought to avoid in the upper part of the canal. In a patient in one of the wards, convalescence has been delayed by an enteritis thus artificially induced. As a general rule, medication is continued too long in internal affections, perhaps because we are not able to form an exact idea of the conditions of the parts. We should rather imitate the conduct of the Surgeon, who after having procured a free issue for the pus of a phlegmon, leaves to nature the task of resolving the peripheric engorgement and remaining inflammation. The proper time for staying the hand is when resolution has freely commenced. Thus, in pneumonia, as soon as the general phenomena have disappeared, and we hear the local signs of returning normal respiration, we must suspend medicines and have recourse to food.

Rheumatic Pneumonia.—About a month since, a young man was admitted with all the signs of pneumonia, and, kermes having been administered, the next day all traces of the pneumonia had disappeared. To what were we to attribute so sudden a retrocession? Was it the result of treatment, or must we seek for the cause in some peculiarities attaching to the nature of the disease itself? The latter interpretation received some light from what was observed at the next visit, when the left great toe was found red, swollen, and painful, the tendinous sheaths along the dorsum of the foot exhibiting a like condition. Next day, the right foot was similarly affected, though in a less degree. Two days ago, a woman was admitted with the following symptoms: strong febrile action, redness and swelling of the left leg and foot, and severe pain in the entire upper extremity and trunk of the same side, the pain exciting cries on moving the parts. The patient especially suffered at the left side of the chest, but no abnormal sounds were audible. During the night, cough came on, and in the morning a manifest *souffle* was audible in the supra-spinal fossa, while around and in the infra-spinal fossa was heard a fine sub-crepitant *râle*. During the cough, dry crepitating *râle* and bronchophony were heard, and two or three pneumonic sputa were expelled. This morning all signs of pneumonia have vanished. Here again I hesitate to attribute such prompt resolution to the treatment, especially as the apex was the part involved,—a form of pneumonia regarded by all physicians as especially serious. I prefer explaining so rapid a termination by the nature of the pneumonia itself, which I regard as *rheumatic*.

Too partial to localisation, practitioners are only accustomed to recognize rheumatism as affecting certain tissues, viz., the muscles, the aponeuroses, and the joints, and when it manifests itself elsewhere they call it by some other name. This is as if we only acknowledged syphilis as we observe it on the penis, and made so many distinct affections of its manifestations on the throat, skin, etc. But syphilis is recognised to be the disease in all these accidents, and why should it not be so with rheumatism? That it attacks all serous membranes is an indisputable fact since Bouillaud's beautiful researches, which have so much advanced the pathology of the heart. When in the course of acute articular rheumatism any of the serous membranes become affected, it is termed a pericarditis, pleuritis, meningitis, etc., according to the membrane attacked. This is right enough as far as it goes; but for the proper denomination of the disease, which is a kind of definition in a single word, we ought to add the epithet "rheumatic." When a man accustomed to suffer from rheumatism acquires, as a consequence of cold, a pain of the shoulder, hip, etc., he at once says he has an attack of rheumatism. But instead of this pain let there be a sore throat, and both patient and doctor cease to be logical, and call it angina instead of rheumatism; just as if there were not a true rheumatic pain of the fibrous parts of the pharynx and palate, pain followed by fluxion, tumefaction, and redness of the pharyngeal mucous membrane. Do we not find rheumatism of the fibro-serous tissues of a joint accompanied by tumefaction of the subcutaneous cellular tissue, and bright redness of the skin; and why should we not admit the same influence in the delicate and vascular mucous membrane? For my part, I should not hesitate to recognise a rheumatism in such a case, or, if you like it better, a rheumatic angina.

This distinction may serve for the explanation of the very great differences observed in the progress and termination of anginas, regarded by some physicians as being of the same nature. Thus, simple inflammation of the tonsils goes through all its stages, in spite of whatever treatment may be opposed to it, and a patient accustomed to such attacks will warn his attendants of the inutility of endeavouring to prevent the formation of abscess. A rheumatic angina, on the contrary, will often disappear in the course of a night, whatever the treatment adopted, leaving the physician astonished at his therapeutical success, the result, however, being really due to the essentially mobile character of the affection. Descending lower down in the digestive canal, we can explain those sudden diarrhœas which manifest themselves under the influence of a chill. The fibrous portions of the canal become painful, and the contractions more considerable and more frequent, a fluxionary movement being at the same time established towards the mucous membrane, the secretions of which are increased. Such diarrhœas are of short duration, unless, indeed, the rheumatism take on, as it may anywhere, a chronic character.

After these considerations, does it seem strange to admit a rheumatic pneumonia? Suppose the pulmonary tissue, or, what is the same thing, the fibrous tissue of the extremity of the bronchi, becomes seized with rheumatism, what are the immediate results? Tumefaction and congestion of the mucous membrane and an infiltration of the cellular tissue; that is to say, the anatomo-pathological conditions of œdema or of pneumonia in its earliest stage; with this peculiarity, that such lesions, participating in the fugacious nature of rheumatism, do not possess the fixity and persistence of the lesions of ordinary pneumonia. It is in cases like these that therapeutical results seem so marvellous, and so they would in our own two cases had we not a better reason to give for the rapidity of the cure. They were, in fact, the examples of rheumatic pneumonia, the one occurring in a young man who was at the same time suffering from rheumatism of both feet, and the other in a girl who had formerly had rheumatism, and together with the pain in the chest complained of rheumatic pains along the whole of the same side of the body. In similar cases, I shall not hesitate to admit the existence of rheumatic pneumonia, too happy only thus to complete my diagnosis, and to become enlightened as to the amount of importance that should properly attach to my therapeutics.

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ORIGINAL COMMUNICATIONS.

THE PHYSICAL THEORY OF MUSCULAR CONTRACTION:

A SKETCH OF THE ARGUMENT, WITH ALTERATIONS AND ADDITIONS (a).

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This sketch is divided into four parts. In the first part, it is proposed to show that muscle is not stimulated to contract by any of the commonly reputed stimuli,—electricity, nervous influence, blood, light, heat, and the rest. In the second part, it is proposed to examine into the nature of muscular contraction, and point out reasons for supposing that this contraction is nothing more than a passive physical consequence of the common molecular attraction of the muscle. In the third part, it is proposed to consider the special muscular movements which are manifested in the coats of vessels, and to show, not only that these movements can be explained on no other law than that which has been stated, but that the law gives the clue to the interpretation of "capillary motion," and the rhythm of the heart. In the fourth part, it is proposed to glance at the pathology of muscular contraction, and show that this is in harmony with the physiological premises.

I.

In this part the object is to show that muscle is not stimulated to contract by any of the commonly reputed stimuli,—electricity, nervous influence, blood, heat, and the rest. The influence of electricity will be first examined into, because it is this agent which affords an important clue to the interpretation of the whole problem.

1. *Of Muscular Contraction in relation to Electricity.*

Recent investigations, and particularly those of M. Du Bois-Reymond, are calculated to bring about a new era in animal electricity; and the facts which are now made known appear to be altogether fatal to the belief that muscle is stimulated to contract by electricity.

Living muscle is endowed with anelectro-motive power,—or, in other words, it is the seat of polar action; and the first thing which must be done, in entering upon this inquiry, is to attempt to follow M. Du Bois-Reymond in his recent discoveries respecting the law of this action (Untersuchungen über Thierische Electricität. Berlin, 1848). These discoveries show, then, that muscle is in a state of polar action during quiescence,—an action of which the current is from the end to the side of each fibre. They also show that there is a remarkable change in this action during contraction,—a change of the real nature of which the discoverer is in some degree of doubt. Judging simply from the needle of the galvanometer, after every precaution had been taken to correct the errors arising from extraneous currents and other causes, the conclusion would appear to be, that the action is greatly diminished during contraction; and there is one fact which appears to be nearly conclusive upon this point. The same muscle is separately tested during quiescence and during tetanus. During quiescence, the needle moves from the zero point, and, after oscillating for some time, it becomes stationary at a degree of divergence which is proportionate to the intensity of the polar action of the muscle. During tetanus, the needle moves in the same direction as it did before, only through a much smaller arc, and at length becomes stationary at a point much nearer to zero. The current, in fact, is in the same direction in the tetanized as in the quiescent muscle, but its intensity is much more feeble. In other words, there appears to be a simple diminution of polar action in the muscle during contraction.

It is not necessary, however, to settle this point before proceeding any further, and the question will therefore remain in abeyance for the present. What is now necessary is a knowledge of the polar action of the muscle during quiescence, for without this it is impossible to understand the action of artificial electricity in contraction,—and this knowledge is sufficiently determinate.

With regard to the action of artificial electricity in muscular contraction, it is generally held that a muscle exhibits no signs of contraction so long as it is acted upon by a constant current, but that it contracts whenever this current undergoes any variation of intensity, be this a variation of increase or decrease. Thus, if a current be passed through a muscle, there is contraction on making and breaking the circuit, but not during the passage of the current. In this explanation, however, nothing is said of the natural electricity of the muscle, and yet it is clear that this must exercise an important influence on the artificial electricity, the two currents neutralising or intensifying each other, according as they clash or coincide in their direction. It is clear that this must be the case, for the existence of the muscular current cannot be ignored. This current may be far feebler than the artificial current, but it may also be far less feeble than at first appears. At any rate, the intensity of the current, as shown by the galvanometer, cannot be taken as the measure of the full current. Indeed, the galvanometer merely measures the current which is derived from the current within the muscle, and it gives no indication of the intensity of the real current within the muscle. In the following experiments upon the leg of the frog, therefore, it is to be remembered that the natural current—which current is the resultant of all the minor currents in the individual fibres—is from the foot upwards.

When an artificial current is passed in the opposite direction to the natural current in the leg of the frog, there is a *strong* contraction on making, and a *slight* contraction on breaking, the circuit, and there is *no* contraction during the passage of the current. In other words, there is a *strong* contraction at the moment when the artificial current neutralizes and is neutralized by the natural current; there is *no* contraction when the artificial current prevails and is passing through the muscle; and there is a *slight* contraction when the artificial current is suspended. This latter contraction is less marked than the other, and this may well be, for the slight reverse current which must be set up in the muscle on the suspension of the primary artificial current, passes in the same direction as the natural current; and because this reverse current is too feeble to interrupt the re-establishment of the natural current, the natural current resumes its action with such rapidity that there is no time for any marked degree of contraction. In a word, the simple fact appears to be that contraction is absent when electricity is manifestly present, and present when electricity is in all probability absent.

When, on the other hand, the artificial current is passed through the leg of a frog in the same direction as the natural current, there is a *slight* contraction on making, and a *strong* contraction on breaking, the circuit, and there is *no* contraction during the passage of the current. There is still *no* contraction while the muscle is acted upon by the full force of the artificial current; and there is a *strong* contraction when the artificial current is suspended, and when the reverse current which is set up on this suspension must, for the time, (the two currents being contrary,) neutralize and be neutralized by the natural current, which natural current recovers itself when the artificial current is suspended. But what of the *slight* contraction which occurs on making the circuit,—when, that is to say, the artificial and natural currents coincide, and when, apparently, they ought to intensify each other? This is, indeed, a difficulty, but the explanation appears to be that the two currents do not intensify each other, although they coincide in their direction; but that the artificial current, being the stronger, suspends the natural current, by altering for the time that definite molecular arrangement upon which the natural current depends. In this case, therefore, the contraction is coincident with the moment of suspension, the contraction being slight because the artificial current establishes itself without having to encounter any direct opposition from the natural current. In this experiment, then, as in the other, there is no sufficient reason for referring the contraction of the muscle to the stimulus of electricity, and the rule still appears to be that contraction is absent when electricity is present, and present when electricity is absent.

It is the same also if the artificial current be passed across the natural current, for the contraction still happens on

(a) This theory was first propounded about five years ago, in a work called "The Philosophy of Vital Motion," and since that time it has been elucidated in various ways, particularly in a book having for its title "Epilepsy, and Other Affections of the Nervous System, which are marked by Tremor, Convulsion, or Spasm: their Pathology, and Treatment." 8vo. Churchill. 1854.

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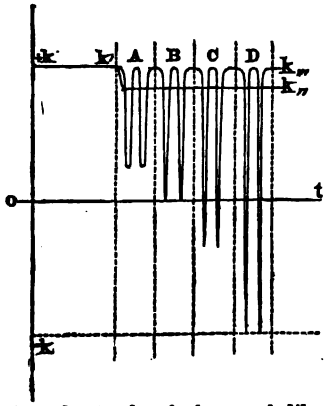
making and breaking the circuit, and not during the passage of the current. There is *no* contraction, that is to say, while the muscle is acted upon by the artificial current; there is contraction before the artificial current is established, and at the moment when this current is conflicting with the natural current; and there is contraction before the natural current is re-established, and at the moment when the returning natural current is conflicting with the reverse artificial current.

The fact, however, which is more conclusive than any other as to the influence of artificial electricity upon muscular contraction has just been furnished by M. Eckardt, (Grundzüge der Physiologie des Nervensystems. Giessen, 1854,) and this may be stated in a word, for it is nothing less than that a tetanized muscle is relaxed by the passage of a constant current of electricity through it. This fact is, indeed, an *experimentum crucis*, when taken in connexion with the facts already cited. These have shown that contraction is absent when electricity is present in the muscle; this shows that contraction must depart if electricity be imparted.

It is now possible to return to the question which was mooted at the beginning, and inquire into the change which takes place in the natural current of the muscle during contraction. It has been said that the needle of the galvanometer appears to indicate a diminution in the strength of this current, but there is a fact which is thought to invalidate this conclusion. This fact is furnished by a more delicate galvanometer than that of which the needle forms a part, namely, the leg of the frog so prepared as to constitute what is called the "rheoscopic limb." This is, indeed, the most delicate of all galvanometers. Now on testing the state of the tetanized muscle with the rheoscopic limb, by placing the nerve of the limb in such contact with the muscle that it touches two heterogeneous surfaces, the rheoscopic limb is also thrown into a state of tetanus; and it is this fact which is supposed to give a very different view of the electrical condition of the primarily tetanized muscle, to that which is given by the needle of the galvanometer. "The inertia of the needle," to quote from the English abstract of M. Du Bois-Reymond's discoveries, (p. 147,) "only admitted the observation of a decrease of the muscular current during tetanus, but the mode of contraction of the rheoscopic limb in this experiment shows that the contraction of the muscle, though apparently so permanent, rather consists of a series of rapidly following single contractions, each of which is accompanied by an equal fall and rise of the intensity of the muscular current. Hence arises a most important question.

"The comb-like curve in the accompanying diagram represents the oscillation of the muscular current during tetanus.



The abscissæ are proportional to the time; the ordinates to the intensity of the current; *o t* is the axis of the abscissæ. The horizontal line from $+k$ to k' represents the permanent intensity of the current of the muscle when at rest. As soon as the tetanus commences at k' in the figure, there is an alternate sudden fall and rise of the intensity, the effect of which upon the needle is the same as if the intensity had uniformly decreased, as is represented in the curve $k' k''$. Now it is undecided whether the teeth of the comb-like curve $k' k'''$ do not reach the axis of the abscissæ *o t*, that is, if there is only a decrease in the intensity of the current, or whether these teeth really reach the axis, that is, if the direction of the current is reversed during the contraction; or, lastly, whether these teeth reach the horizontal line $-k$ on the other side of the axis; that is, if the current, in changing its direction, attains the same intensity (in the opposite direction) which it had when the muscle was at rest. These cases are represented in the vertical columns of the figure A B C D. Du Bois-Reymond has hitherto tried in vain to find which of these cases represents the truth."

Now there can be no question that there are variations in the intensity of the muscular current during contraction, for this contraction is an intermitting and not a constant phenomenon, but these variations are of a definite character, and confined within certain limits. It is not at all probable that contraction is accompanied by an "equal fall and rise of the intensity of the muscular current;" for all the teachings of the galvanometer are opposed to this idea, and these teachings are not contradicted by those of the rheoscopic limb. The primary facts furnished by the galvanometer are that the needle is deflected permanently by the quiescent muscle, and that the needle travels back again and oscillates on the other side of zero when tetanus is produced. The needle is acted upon by a strong reverse current which appears to belong to the tetanized muscle, but which belongs in reality (in great measure at least) to the secondary polarity of the platinum plates of the galvanometer, which polarity has come into play in consequence of the diminution in the intensity of the muscular current; and this is easily proved by testing separately the electrical condition of the tetanized muscle. If this be done the needle is found to move in the same direction as it did when acted upon by the quiescent muscle, only through a much smaller arc, and in the end it rests at a point much nearer to zero. There is, indeed, the proof of the existence of a feeble current in the same direction as that which prevailed before the tetanus, but none whatever of any reverse current; and, therefore, the only conclusion which can be drawn is, that the reverse current which carried the needle beyond zero during contraction was due (in great measure at least) to causes extraneous to the contracting muscle. On the other hand, the needle of the galvanometer does not give even the faintest evidence of increased intensity in the muscular current during contraction. In the face of these facts, therefore (and others of the same kind might be cited) it is scarcely right to speak of an "equal rise and fall of the intensity of the muscular current during contraction;" seeing that the facts point to a fall and not to a rise in this intensity, —a fall which may be the result of a simple decrease in the muscular current, or which may be the resultant of alternating variations in this current, which are too subtle to be revealed by the sluggish needle of the galvanometer.

Nor are the teachings of the rheoscopic limb at all opposed to those of the galvanometer. These teachings certainly show that the tetanus consists of a series of successive contractions, and not of a single permanent spasm, but this conclusion invalidates no previous conclusion. The tetanus of the rheoscopic limb, moreover, is certainly due to definite changes in the muscular current of the primarily tetanized muscle—but what changes? The only answer to this question is, that the entire premises have gone to show that muscular contraction corresponds to *loss* of activity in the muscular current; and, if so, what more is necessary than to suppose that the tetanus of the rheoscopic limb responds to the same loss in the primarily tetanized muscle by being placed in polar connexion with this muscle through the nerve? And, if variations in the current of the primarily tetanized muscle are not required to account for the tetanus of the rheoscopic limb, there is no reason why the indications of the galvanometer may not be taken as representing the true condition of muscle during contraction, and all speculations such as are expressed in the preceding quotation become unnecessary.

In no point of view, therefore, does muscular contraction appear to be stimulated by electricity, and the only conclusion which can be elicited from the evidence is altogether opposed to this idea. It is that muscular contraction is antagonized by electricity.

2. *Of Muscular Contraction in Relation to Nervous Influence.*

Comparing involuntary with voluntary muscles, the involuntary muscles are found to be most disposed to contract. They contract less readily and energetically, but when they do contract the contraction is prolonged. But these very involuntary muscles are the muscles which are less liberally supplied with nerves, and hence the disposition to contract appears to be inversely related to the supply of nervous influence. At any rate this was the inference which Hunter drew from the fact; for he says, "the voluntary and involuntary muscles, having their quantity of motion in an inverted proportion to their quantity of nerves, is a strong argument against the nerves being the cause of muscular motion." (Hunter's Works, by Palmer, Vol. IV. p. 213.)

Nor is this inference unsupported by other facts.

The first of these is furnished by M. Eckardt in an experi-

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ment in which he tests the influence of heat upon the "irritability" of the nerve. In this experiment the prepared leg of a frog, with a large portion of its nerve attached, is immersed in water at various degrees of temperature. At the natural heat of the animal—about 30° Reaumur—the "irritability" of the nerve is not appreciably affected, for, on touching the nerve with a needle, the muscle contracts as readily as it did before it was put into the water. As the temperature rises, however, the "irritability" progressively diminishes, and when the thermometer stands at 54° Reaumur, or thereabouts, it is no longer possible to provoke contraction by touching the nerve. The "irritability" of the nerve is lost, and then it is that the muscle is made to contract by the heat. Now the point of interest to the question at issue is this, that the muscle contracts when the temperature is sufficiently high to destroy the "irritability" of the nerve. In other words, the muscle is exhibited as contracting coincidentally with the loss of "irritability" in the nerve; or as M. Eckardt expresses it, "das Zustandekommen der Zuckung durch eine momentane Zerstörung des Nerven bedingt sei." (Grundzüge der Physiologie des Nervensystems. Giessen, 1854.) M. Eckardt is in doubt whether the contraction is the immediate effect of this loss, or of some primary action to which this loss is consecutive, and he inclines to the latter opinion. But it is certain that there is no shadow of the existence of any such increased action in the experiment itself. On the contrary, the plain teaching of this experiment is, that the "irritability" of the nerve is gradually destroyed by this heat, and that the heat does not cause contraction until this destruction is complete. There is plainly no exaltation of "irritability" prior to the contraction.

A second fact of similar significancy is to be found in the electrical changes of the nerve,—for, as will be seen presently, these changes may fairly be taken as the index of any more recondite changes which take place in the nerve. M. Du Bois-Reymond, then, has shown that the quiescent motor nerve, like the quiescent muscle, is the seat of polar action,—an action of which the current is from the end to the side of each tubule, and that this action is diminished during muscular contraction. (Untersuchungen über Thierische Electricität. Berlin, 1848.) Is nervous influence similarly diminished?

A third fact is one which seems to show that the nervous centres induce contraction by suspending this polar action in the nerve. The fact is this: if a frog be tetanized by strychnia or by any other means, the nerves give very feeble indications of polar action, but if a nerve be divided, the tetanus immediately ceases in the muscles supplied by that nerve, and the nerve recovers its natural polar action. The only conclusion appears to be that the nervous centres had induced the tetanus by suspending (so far as the nerve is concerned) the polar action of the nerve; and if so, what is the inference? Is it that the nervous centres had suspended nervous influence at the same time?

But what is nervous influence? Is it a distinct agency, or is it (so far as the muscles are concerned) the influence which the nervous centres exercise in and through that polar action of which nerves and muscles are undoubtedly the seat? Is it that muscle, nerve, and nervous centres are the seat of this action in their quiescent state, and that muscular contraction is brought about by the simple suspension of this action? Is it that *plus* becomes *minus* in the nervous centre, (be this by an act of the will or by any other means,) and that a similar change from *plus* into *minus* takes place by conduction, first in the nerve and then in the muscle, contraction being the sign of this change in the latter organ. According to this view nervous influence is presented to the mind rather as a process than as an agency, and the two facts last mentioned become direct instead of indirect illustrations of what takes place in the nerves during muscular contraction. Be this as it may, however, and be the nervous influence an agency or a process, the presumption which arises out of the facts already mentioned is, that the influence in muscular contraction is one of e-nervation and not one of in-nervation.

But if muscular contraction holds this relation to nervous influence, ought not the muscles to be contracted when the muscle is cut off from the nervous centre by dividing or otherwise paralyzing the nerve, or when the action of the nervous centre is diminished, as during sleep? Is not the fact that the muscles are generally relaxed under these circumstances a proof that the nervous centres communicate something to the muscles which is necessary to contraction? By no means.

In explaining these apparent objections it is only necessary to remember the law of the current in nerve and muscle.

It is necessary to remember that the natural state of the nerve (all nerves are obedient to the same law) is one of polar action; that this action is diminished when the nerve is occupied in causing contraction; and that the normal degree of activity is restored immediately after the nerve has ceased to cause contraction.

It is also necessary to remember that the natural state of the muscle is one of polar action; that there is a diminution in the energy of this action during contraction; and that the normal degree of energy is restored immediately after contraction. This state of polar action is as natural to the muscle as to the electrical organ of the torpedo; and it continues to be manifested for some time after the muscle is removed from the body.

It is also necessary to understand that this particular action in nerve and muscle is inherent, and not derived from any foreign source, for it continues to be manifested in detached fragments of both nerve and muscle for some time after removal from the body. The action is no doubt diminished in parts thus isolated, but it still continues with considerable energy.

These are the fundamental facts which afford the clue to the solution of the difficulties alluded to, and of many others which remain behind. It does not follow, then, that a muscle ought to remain contracted when it is cut off from the nervous centres by dividing or otherwise paralyzing the nerve. On the contrary, there are now no natural means by which the polar action of the muscle can be suspended; and according to the premises, therefore, the undisturbed polar action of the muscle will always keep the muscle in the relaxed state. The muscle may and generally does contract at the instant of paralysis, because then the polar action of the muscle may suffer diminution by being cut off from the action (polar or otherwise) of the nervous centres. It may contract momentarily under the touch of a foreign body, as will be explained presently. It may contract permanently when the nutritive and polar action of the muscles are beginning to flag, as in those long-standing cases of paralysis which are so well described by Dr. Todd. It will contract permanently in rigor mortis, when the polar action is finally extinguished. But a healthy muscle does not remain contracted when the nerve is paralyzed, and it ought not to do so because its polar action continues, and because there is no natural means of suspending or diminishing this action now that the nerve is paralyzed.

And if the muscles ought not to remain contracted, in cases where the influence of the nervous centres is cut off by paralysis of the nerve, they ought not to remain contracted in sleep, where the influence of these centres is only diminished. At the moment of falling asleep, there are usually, if not invariably, some muscular startings, which may show that some nervous influence has been cut off from the muscles; but these startings once over, the nervous centres, the nerves, and the muscles resume their polar play, and, though their action is probably less energetic than when the nervous centres were in the waking state, it may be assumed to be more than sufficient to counteract any very appreciable degree of muscular contraction, seeing that the action which continues in a muscle for some time after its removal from the body, is sufficient to do this. Muscular contraction may indeed occur during sleep, but if it does do so, there has been some additional suspension of the action of the brain, or other nervous centre, either through the influence of the will in a dream, or by some unusual failure of the circulation, such as generally operates when convulsion or spasm is brought about during sleep. But there is no reason whatever for supposing that the muscles should remain contracted during sleep.

On reviewing the whole evidence, therefore, there does not appear to be any good reason for believing that muscle is stimulated to contract by nervous influence, and there is much evidence to the contrary.

3. *Of Muscular Contraction in Relation to the Blood.*

It is equally difficult to suppose that muscular contraction is in any way caused by the blood. The tendency to prolonged contraction appears to be inversely related to the supply of blood; thus this tendency is greater in the voluntary muscles of fishes and reptiles than of mammals and birds, greater in involuntary than in voluntary muscles, and

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greater in the muscles of any given animal during the state of hybernation than during the period of summer life. The fact, also, that the state of rigor mortis may be relaxed more than once, and the lost "irritability" restored to the muscle, by the injection of living blood into the vessels,—a fact which has been recently and repeatedly verified by M. Brown-Séguard, appears to be a direct contradiction to the idea that muscular contraction is stimulated by the blood.

Nor is it necessary to have recourse to the contradictory doctrine, that "the degree of irritability is inversely related to the rate of respiration," in order to account for the first-named of these phenomena. On the contrary, it is only necessary to suppose that the polar action of a muscle is in direct relation to the supply of blood, and that the contraction is resolved, by the re-establishment of this action, with a rapidity which bears a direct relation to the supply of blood; and then the more marked disposition to contract, when the supply of arterial blood is deficient, means nothing more than that the polar action of the muscle, and the consequent relaxation of the fibre, are re-established with greater slowness.

There are, however, sundry facts which seem opposed to the idea that muscular action is antagonized by the blood.

In hæmorrhage, for example, an animal is convulsed when its state verges upon syncope, and the convulsion seems to depend upon loss of blood; but, when its state is one of actual syncope, the convulsion passes off, and the muscles remain relaxed until the occurrence of rigor mortis. It seems as if the convulsion requires the stimulus of a certain amount of blood.

In asphyxia, also, there is a similar order of phenomena. In this state the involuntary muscles are first affected, and the intestines writhe about like so many snakes, then the convulsions become general; but when the blood has entirely lost its arterial properties, and the asphyxia is complete, the convulsions cease and the muscles are perfectly relaxed. It still seems as if the stimulus of the aerated blood is necessary to the convulsion.

In death, also, the convulsion of the agony ceases when death gains the mastery, and the muscles remain relaxed until the occurrence of rigor mortis; and so it might be expected, for, as far as the circulation is concerned, death is only syncope or asphyxia, in which there is no rallying.

In all these cases, however, there is a fallacy, and in reality they afford no manner of countenance to the idea that muscular contraction is stimulated by the blood. The facts remain, but not the interpretation which has been put upon them.

When the muscles cease to be convulsed in syncope, asphyxia, or death, this cessation is certainly not due to loss of contractile power in the muscles, for these very muscles contract vigorously under the influence of galvanism, or when pricked with a needle, and in the end they contract firmly and entirely in rigor mortis. What is lost is the faculty of responding to certain changes in the nervous centres. When the convulsion ceases, the simple fact appears to be, that the nerves have ceased to be conductors, and, having so ceased, the muscles are no longer compelled to participate in the polar inactivy of the nervous centres, which inactivity is caused by hæmorrhage on the one hand, or by want of arterial blood on the other; and, no longer participating in this way, the muscles resume their polar inactivity, and the convulsions pass off. Now, there is good reason for supposing that the nerves have ceased to be conductors in syncope, asphyxia, and death, and this will appear in the following facts:—When the circulation in the hand is suspended by immersing the part in iced water, the sense of touch and the power of movement are partially or wholly destroyed. When the principal vessel of a limb be tied, a similar result ensues, until the collateral circulation is established. In each case, also, the power of provoking reflex movements is diminished or destroyed. On the other hand, the sensibility, and the command over movement, are both increased when the circulation is roused by warmth, or in any other way. Facts such as these serve to show that the nerves require a certain supply of blood to enable them to act as conductors, and they warrant the conclusion that the nerves must have ceased to be conductors at the time when the convulsions of syncope, asphyxia, or death come to a termination, for at this time the supply of blood to the nerves is less than it is in the experiments in which the hand is plunged in iced water, or in which the principal vessel of a limb is tied,—a conclusion which is collaterally supported by the fact that the nerves, under these circumstances, have ceased to convey sensory and volitional impressions. And if so, then it is every whit as intelligible that the convulsions should cease, under these circumstances, as that tetanus should cease when the nerve is divided.

According to these premises, it is quite intelligible that convulsions should be the consequence of a state of circulation verging on syncope, and that convulsion should cease in syncope. In the state verging on syncope, the amount of blood passing through the vessels is insufficient to keep up the proper action of the nervous centres, but it is still sufficient to keep up some degree of conducting power in the nerves, and hence the convulsions—for, the nerves being conductors, that failure in the polar action of the nervous centres which is dependent upon the want of blood, conducted along the nerves, entails a corresponding failure in the polar action of the muscles, of which contraction or convulsion is the result. In actual syncope, on the other hand, the circulation is no longer sufficiently active to preserve the conducting powers of the nerves, and hence the cessation of the convulsions—for, the nerves being no longer conductors, the failure in the polar action of the nervous centres, however absolute, no longer involves a corresponding failure in the polar action of the muscles, and, not involving this, the muscle recovers its polar activity, and the convulsions are at an end.

The same train of reasoning applies to the case of asphyxia. So long as the blood is sufficiently aërated to preserve the conducting powers of the nerves, any failure in the polar action of the nervous centres, which is itself brought about by the want of arterial blood, may issue in convulsion; but when the nerves cease to be conductors—as they do when the blood has lost its arterial properties—then the polar action of the muscle is no longer suspended by the suspension of this action in the nervous centre, however complete this suspension may be, and not being suspended, the polar action of the muscles resumes its sway, and the convulsion is done away with.

For the same reasons, the tremors, or convulsions, or cramps, of the agony cannot continue after death, for if the nerves cease to be conductors in syncope and asphyxia, they must cease to be conductors when all circulation is at an end, and the blood stagnant.

According to the premises, therefore, it is quite intelligible that convulsion should appear in a state tending to syncope, asphyxia, and death, and yet cease in syncope, asphyxia, and death, and this without supposing for one moment that the immediate stimulus of blood is necessary to muscular contraction. Indeed, there is no one fact which can serve to show that muscle is stimulated to contract by the blood.

(To be continued.)

PHTHISIS SUPERVENING ON CHLOROSIS.

By F. H. SHUTE, M.D.
Physician to the Torbay Infirmary.

The following case, which is chiefly instructive from its termination, enters into the category of cases of "chlorosis simulating phthisis," of which a description by M. Rilliet, extracted from the *Arch. Gén. de Méd.*, appeared in a late number of the *Medical Times and Gazette*; unfortunately, the notes of the case have been lost, it is therefore reported from memory.

E. W., aged 18, school-teacher, always of a delicate constitution, became too ill to continue her duties a fortnight since; she then suffered from general malaise, cough, and palpitation, for which she had recourse to medical advice; was admitted as a patient, December 19th. "Pulse frequent and feeble; countenance presenting all the appearance of chlorosis; tongue large, pale, and flabby; breathing short and panting; dry, short, hacking cough; palpitations; catamenia, always scanty, have ceased during the last four months; has sweating at night; is in no pain, but complains of excessive weakness; respiration pure. There is a basic systolic, cardiac, blowing murmur, extending to the carotids; also a humming murmur in the jugulars. Urine limpid, neutral, sp. gr. 1009, non-albuminous. She was treated with tonics and ferruginous medicines, and had considerably im-

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proved in general health, when, three weeks after her admission, she was suddenly seized with severe paroxysms of coughing, with a feeling of impending dissolution; but before Mr. Stabb, the House-Surgeon, arrived, this condition of things had ceased. She was ordered an antispasmodic mixture, and also the iodide of quinine and iron, under which treatment she appeared to be slowly improving, when, on the 8th of January, our attention was called to a pain in the groin, and an œdematous state of the right foot and ankle; no hardness could be detected in the femoral vein. Hot fomentations were ordered, and a liniment of lin. camph. co., sp. terebinth., and opium. 10th.—A large poultice to be applied to the thigh, and mercurial ointment to the foot and leg, and to be covered with cotton wool. 11th.—The femoral vein could be distinctly felt as a hard cord, with much pain on pressure; in other respects she felt better. Hirudines vj. to be applied to the thigh. 12th.—Symptoms continue the same. Empl. lyttæ along the course of the vein. 13th.—Swelling diminished. Blisters to be dressed with ung. opiat. The right leg continued to improve, but on the 19th she began to complain of the left leg. The general weakness much increased, with distressing palpitations. Ordered antispasmodic mixture with opium. On the evening of the 20th she became suddenly worse with delirium, hurried respiration, intense anxiety, cold extremities, pinched countenance, great prostration, and occasional cries from great pain referred to the abdomen. Large doses of opium with sulphuric æther were ordered. She died during the night. No autopsy was permitted.

In the above case, to what are we to attribute the phlegmasia dolens, and what was the immediate cause of death? Was the obstruction of the femoral vein due to retardation of the circulation? Might not the immediate cause of death be referred to the same source, operating along the whole course of the circulation until it reached its centre, and then forming fibrinous coagula within the heart? The concluding symptoms are quite compatible with such an explanation, and, in the last case of concretions in the cavities of the heart, in which I had an opportunity of making an autopsy, intense pain in the abdomen was so prominent a symptom, as to induce the Surgeon in attendance to refer it to peritonitis; and yet the only lesions we could discover, were fibrinous concretions in the cavities of the heart, interlacing the cordæ tendineæ; in this case, extreme exhaustion had succeeded delivery. Dr. Hope says he has seen many cases of phthisis in which coagulation of the blood occurred from mere sluggishness of motion in the femoral vein, with œdema of one or both extremities.

ON THE USE OF THE PAD IN VARICOSE ULCERS.

By R. BARWELL, F.R.C.S.
Assistant-Surgeon to the Charing Cross Hospital.

The result of some cases of varicose ulcer, treated on a plan which, though not new, is scarcely sufficiently well known, may be of interest. One case, the worst I have thus treated, will be sufficient. It occurred in the person of a poor woman, aged 58; and the ulcer on the ancle was deep, surrounded by blue hard edges, was extremely painful, and discharged, in considerable quantity, a thin pus. It had been kept bandaged, treated with various lotions and ointment, for two years, and the foot had remained so perfectly rigid, for fear of the pain on moving, that a partial anchylosis appeared to have taken place. The veins in the leg were varicose, but not extremely so.

Every application I could devise, every change in the treatment, appeared utterly useless. The woman would not go into an Hospital, where she might rest the limb, and perhaps have the vein obliterated by tying or caustic. I tried, therefore, to find a substitute for that mode of treatment. Now the many veins on the back of the foot and inner side of the leg converge into one trunk, the internal saphenous, which vein, with its radicles, is most frequently varicose; and I determined to apply a strong and constant pressure upon some part of that vein, to prevent the dilatation of those below, the blood finding its way through some other channel. The method used in this case was simply a firm pad tightly fastened upon the vein, immediately beneath the head of the tibia, by two cross strips of plaister, which did not meet so as to surround the limb on the outer side. The leg was then firmly bandaged.

The effect of this treatment was almost immediate. The ulcer began to fill up, and the hard edges yielded. The pad was first used in the middle of November; by the end of February the ulcer had healed, and this while she was walking about and following her employment as a washerwoman. The other cases in which I have used this method of cure are naturally similar, and I have never found reason to dread any inconvenience whatever from the practice. A very simple instrument will, however, be found a more convenient method of compressing the vein than the cheap but rude expedient I have adopted among the poor.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

APPARATUS FOR INJECTING THE BLADDER.

We noticed some months ago an ingenious plan, adopted by Mr. Wormald at St. Bartholomew's Hospital, by which to facilitate the injection of the bladder. It consisted in the introducing a few inches of India-rubber tubing, as a connecting medium between the syringe and the catheter. By means of this, all jarring of the catheter during the insertion or removal of the syringe was obviated, the need for complicated apparatus, stop-cock, etc. was done away with, and a provision was made for any difference in size between the catheter and the nozzle of the syringe. Since then we have been shown by Mr. Collingwood, of Camberwell Green, a little apparatus for the same purpose, which it appears he had for some time been using, and which is a yet further improvement. Its principle is the employment of hydrostatic pressure instead of a syringe. It consists of a piece of elastic tubing, the size of a quill, and about four feet long, to one end of which a little India-rubber funnel is attached, its opposite end terminating in a widened opening. The latter is fitted over the end of the catheter, which it grasps tightly, accommodating itself to any size. When all is ready, the funnel end is held up at arm's length, and water is simply poured in from a jug. The pressure of the column of fluid suffices to fill the bladder, without the least shaking of the catheter, or other inconvenience. If it is wished to empty the bladder again, all that is necessary is to let the funnel fall into a proper utensil. Besides those just mentioned, the apparatus has great advantages in simplicity, cheapness, portability, etc., over the syringe, and might well take the place of the latter in lithotrity cases. It may easily be carried in the waistcoat pocket, and there is nothing in it likely to excite the fears of the most timid patient. It possesses a further merit of being easily convertible to other uses than that for which it was originally intended; as, for instance, in evacuating the female bladder; if the tube be fitted to the end of the catheter, the urine may be conveyed away by the flexible tube, without any need for introducing the utensil into the bed.

Mr. Collingwood's little apparatus is, we believe, kept by most instrument-makers; those which we have been shown have been made by Mr. Bigg, of St. Thomas-street.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE QUARTER ENDING MARCH, 1855(a).

(Concluded from page 572.)

EXCISION OF BONES AND JOINTS.

Case 1.—A girl, aged 20, under the care of Mr. Humphrey, in Addenbrooke's Hospital, on account of old-standing disease in the joint of the lower jaw. Much displacement of the

(a) In the list of Hospitals given last week the *Norfolk and Norwich* was mentioned by mistake instead of the *West Norfolk and Lynn* Hospital.

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jaw had resulted. The operation consisted in excising the condyle of the affected bone. The case did well subsequently, and, at the time of discharge from the hospital, the deformity was very slight. *Case* 2.—A woman, aged 20, under the care of Mr. Humphrey, in Addenbrook's Hospital, on account of disease of the knee-joint, of seven years' standing. The leg was flexed on the thigh, and quite useless. Excision of the articulation was performed in the usual way; the patella being removed. The operation was in October last, and in March the patient left the Hospital, the bones appearing to be firmly joined by osseous union. The limb is about two inches shorter than the other, and bids fair to be useful. *Case* 3.—A shoemaker, aged 30, emaciated and of strumous aspect, was admitted, under the care of Dr. Cotton, into the West Norfolk and Lynn Hospital. He had enjoyed good health until about two years previously, when he first began to suffer pain in the right foot, which soon afterwards began to swell. Abscesses soon afterwards formed and broke spontaneously in several places. He had been continuously under medical treatment, but the disease had notwithstanding continued to progress. At the time of admission there was great general enlargement of the foot, especially about the ancle-joint and over the dorsum. Numerous sinuses existed, and through all of these the probe could easily be passed down to bone, which felt soft and spongy. Amputation at the ancle-joint was determined on; but to this the man firmly refused to consent. The patient being, however, anxious for the trial of any operative measures by which there was a chance of saving the foot, Dr. Cotton decided to make the attempt. On January 17, accordingly, the man having been put under the influence of chloroform, the tarsus was exposed by dissecting up a half-circular flap from the inner aspect of the dorsum of the foot, care being taken to avoid injury to the extensor tendons. By the use of the gouge, the bone forceps, etc. the following bones were then removed, viz. the articulating surfaces of the tibia and fibula, the whole of the astragalus, the greater parts of the os calcis, and of the scaphoid, and the three cuneiform bones. The large wound thus made was filled with lint, and the limb having been placed in a Macintyre's splint, the patient was removed to bed. After the operation the man gradually improved in health, and, at the time of the report (March 31st) the foot had been reduced to about its natural size, the parts had acquired considerable firmness, and the patient was able to move it without any support; there was still discharge from the unhealed part of the wound on the inner aspect of the foot. *Case* 4.—A girl, aged 19, was admitted under the care of Mr. Smith, into the Leeds Infirmary, having sustained a compound dislocation of the metacarpo-phalangeal joint of the fore finger. Before reduction the head of the phalanx had to be excised. The recovery was rapid, and a good joint has resulted.

A case of excision of the knee-joint has recently been discharged from the Staffordshire General Infirmary, in order to go into the country. The patient is nearly well. The operation had been performed by Mr. Hughes. We hope at a future time to publish its particulars.

REMOVAL OF NECROSED BONE.

Case 1.—A man under the care of Mr. Waddell, in the Staffordshire General Infirmary. The necrosis was of the femur, and had resulted from a compound fracture. After removal of the dead portion the parts quickly healed, but with some shortening of the limb. *Case* 2.—A boy, aged 14, under the care of Mr. Fearn, in the Derby Infirmary, on account of necrosis of the right tibia. A sequestrum, about three inches long, was removed, which comprised the whole of the diseased part. Recovered. *Case* 3.—A man, aged 20, under the care of Mr. Waters, in the Liverpool Royal Infirmary, on account of necrosis of a portion of the trochanter major. The diseased fragment was removed, and the wound afterwards healed. *Case* 4.—A cachectic man, aged 33, under the care of Mr. Teale, in the Leeds Infirmary, on account of extensive caries of the cranium, the consequence of a fall from a scaffold. Mr. Teale removed several exfoliated portions. The man died from hectic and pyæmia some weeks later. *Case* 5.—A lad, aged 14, under the care of Mr. Humphrey, in Addenbrooke's Hospital, has for twelve months past been subject to discharge of pus from the umbilicus. A probe might be passed several inches downwards towards the pubes, where it impinged upon something rough. The whole fistula was laid open, and from its bottom was removed a small portion of necrosed bone. No roughness of any part of the symphisis pubis could be discovered, and it was not clear from where the loose fragments had been originally detached. The incision has since healed; but, notwithstanding all attempts to secure granulation from the bottom, a fistulous track still remains as before.

EXCISION OF MALIGNANT TUMOURS.

Case 1.—A woman, in good health, aged 38, under the care of Mr. Long, in the Liverpool Royal Infirmary, on account of a scirrhous tumour in the breast. The whole gland was removed. Recovered. *Case* 2.—A man, aged 34, was admitted into the Dorset County Hospital on account of an ulcerated tumour in the posterior triangle of the neck. He stated that a lump had existed there without material change for seventeen years, and that it had been excited into activity by the use of salt and water as a friction. The ulcerated sore resembled in appearance an open cancer. There had been, prior to admission, rather sharp hæmorrhage from it. In the operation it was found to have no connexion with the deep parts, and was easily removed. The subsequent microscopic examination showed it to be epithelial cancer. Recovered. *Case* 3.—A man, aged 45, under the care of Mr. Smith, in the Leeds Hospital, on account of a large ulcerated epithelial cancer on the chest. The mass was the size of an orange. Excision. Under treatment. *Case* 4.—A man, aged 70, under the care of Mr. Teale, in the Leeds Hospital, for epithelial cancer of the lip. Excision. Recovery. *Case* 5.—A labourer, aged 60, under the care of Mr. Bulley, in the Royal Berkshire Hospital, on account of epithelial cancer of the lower lip. It had existed for about twelve months. Excision by the V-shaped incision was practised. Recovered. *Case* 6.—A woman, aged 36, healthy-looking, and of family in which there was no history of malignant diseases having ever before occurred. A scirrhous mass of some size existed in her left breast, and had been increasing for about six months. The nipple was retracted, but the gland was freely movable, and the axillary glands were not affected. Excision was performed, and the wound allowed to heal by granulation. Recovered. *Case* 7.—A woman, aged 33, under the care of Mr. Humphrey, in Addenbrooke's Hospital, on account of a scirrhous tumour in the right breast, which she had noticed for six months past. The tumour had attained the size of a small apple, but was quite movable on the subjacent parts. Some of the axillary lymphatics were enlarged. The operation consisted in the removal of the entire breast, and also of the diseased glands from the axilla. In the breast the microscope detected the usual evidences of cancer, but none were found in the lymphatic glands. The patient, whose general health was not much interfered with, did very well after the operation. *Case* 8.—A man, aged 60, under the care of Mr. Humphrey, in Addenbrooke's Hospital, on account of an epithelial cancer, of small size, near the angle of the mouth. It was of four months' duration, but a tumour of similar character had been excised from the same spot five years before. The man was in good general health. Excision by the V method was practised, and the wound was healed in a week. *Case* 9.—A man, aged 80, under the care of Mr. Tapp, in the Dorset County Hospital, on account of an epithelial cancer, affecting the lower lip. A freezing mixture was employed previous to the excision, and was successful in preventing pain almost completely. The wound healed in a fortnight. *Case* 10.—A cachectic man, aged 43, under the care of Mr. Green, in the Durham Hospital, on account of epithelial cancer of the lower lip. The whole diseased mass was freely excised. Recovered. *Case* 11.—A woman, aged 53, under care in the Kent and Canterbury Hospital on account of a large scirrhous mass in the right breast. Excision of the whole gland was performed. No bad symptoms followed, and the wound soon healed. The patient was the mother of thirteen children, the youngest of them being seven years old. *Case* 12.—A man, aged 49, in good health, under the care of Mr. T. Wright, in the Nottingham Hospital, on account of epithelial cancer of the lower lip. Excision. Recovery. *Case* 13.—A healthy looking man, aged 56, by trade a chimney-sweep, was admitted, under the care of Mr. T. Wright, into the Nottingham Hospital, on account of a soot-cancer in the skin of the scrotum. The disease had existed for nine months, and there was also an enlarged gland in the left groin. The diseased mass in the scrotum was cut away

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by an elliptical incision, and the affected gland was subsequently destroyed by the application of potassa cum calce. The wounds left have soundly healed. *Case* 14.—A man, aged 28, a chimney-sweep, seemingly in good health, was admitted into the Bradford Infirmary, under the care of Mr. Meade, on account of a soot-cancer affecting the scrotum. The disease was of six years' duration, and had involved the whole posterior part of the scrotum, and part of the perinæum. The operation consisted in a free excision, in which the testis and crura penis were laid bare. The wound occupied about six weeks in healing.

See "Excision of the Testis," "Amputation of the Penis," and "Removal of the Eyeball."

EXCISION OF THE TESTIS.

Case 1.—A sallow cachectic man, aged 21, under the care of Mr. Green, in the Durham Hospital, on account of enlargement of the right testis, which had first commenced eighteen months ago. The gland was excised in the usual manner, and, on examination, the diagnosis of medullary cancer was found to be correct. The man recovered well. *Case* 2.—A man, aged 27, under the care of Mr. Lestourgeon, in Addenbrooke's Hospital. The left testis had been noticed to be increasing in size for three months, and very rapidly for the last week. Until the last week there had been no material pain, since which there had, however, been much shooting pain experienced in the cord. The cord felt slightly thickened. The gland was excised, and was found to present the features characteristic of medullary cancer, both to the naked eye, and under the microscope. The wound quickly healed, and the man now appears quite well.

AMPUTATION OF THE PENIS.

A healthy-looking man, aged 47, by trade a pitman, was admitted, under the care of Mr. Green, into the Durham Hospital, on account of epithelial cancer of the penis. The disease had existed two years, and was progressing. The organ was amputated in the usual manner. Recovered.

REMOVAL OF THE EYE-BALL.

An anæmic, sallow woman, aged 66, was admitted into the West Norfolk and Lynn Hospital, under the care of Mr. Sayle, on account of malignant disease of the eye-ball. About eight months previously, she had for the first time felt pain in the globe, which was shortly followed by total loss of sight. The eye-ball then enlarged, and ultimately, to use her own expression, "burst," and a bleeding fungus protruded. In consequence of the frequent occurrence of hæmorrhage, she had determined to have the diseased mass removed At the time of admission (December 16, 1854), the fungus was about the size of a bantam's egg, and freely movable by the muscles of the eye-ball. On January 3, the operation of extirpation of the eye-ball was performed, the patient being under the influence of chloroform. No ill consequences followed the operation, and the patient was discharged on the 2nd of February. Two months later, there was no appearance of reproduction of the disease in the orbit. On examination of the removed eye-ball, the disease, which was medullary and melanotic cancer, was seen to have originated in the globe, and to be still confined within the sclerotic. The latter tunic, as also the optic nerve, were quite sound. It was a point of great interest in the case that the patient was, in all probability, the subject of malignant disease within the abdomen at the time of the operation. The liver could be felt much increased in size, and with several large lumps projecting from its surface. The woman said that she had noticed these lumps, and had felt uneasy sensations in the abdomen for the last two years.

REMOVAL OF NON-MALIGNANT TUMOURS.

Case 1.—A girl, aged 11, in good health, under the care of Mr. Halton, in the Liverpool Royal Infirmary, on account of an epulis of the lower jaw. The growth was excised, and the parts healed soundly. *Case* 2.—A country lad, aged 19, in robust health, under the care of Mr. Humphrey, in Addenbrooke's Hospital, on account of enchondromatous tumours involving the metacarpal bone and phalanges of the left forefinger. The growths had been increasing for fifteen years, and had attained a great size. The finger was amputated through the lower part of the metacarpal bone. *Case* 3.—A woman, aged 36, under the care of Mr. Gregory, in the Sheffield Infirmary, on account of an epulis growing from the gum of the lower jaw. It was cut away, together with a portion of the alveolar process, by means of a small saw, the soft parts having previously been divided. The growth had existed for eighteen months, and had probably been caused by a diseased tooth which was found occupying its centre. Recovered. *Case* 4.—A woman, aged 58, under the care of Mr. Smith, in the Leeds Infirmary, on account of a large fatty tumour over the deltoid. Excision. Recovery. *Cases* 5 *to* 12.—Fatty or sebaceous tumours removed from various parts. All the cases resulted in recovery, and none of them possessed any important features. *Case* 13.—A woman, aged 32, under the care of Dr. Cotton, in the West Norfolk and Lynn Hospital, on account of a tumour in the right buttock. She had been conscious of the existence of a small mass for the last eight years, but latterly its increase in size had occasioned much inconvenience, being painful when sitting, walking, etc. Although pregnant at the time it was decided not to defer the operation. The tumour proved to be a very firm fibrous growth, the size of a hen's egg, and possessing attachments to the ramus ischii. Recovered. *Case* 14.—A woman, aged 31, of healthy aspect, was admitted into the West Norfolk and Lynn Hospital, under the care of Dr. Cotton, on account of a fibrous tumour the size of a fist attached by a pedicle to the inner side of the os uteri. She had suffered from the tumour for four years, during which time she had had one confinement at the full time and two miscarriages. At the time of admission she was four months advanced in pregnancy. As the tumour was occasioning great inconvenience, it was determined to have it removed at once. The patient being placed on her side in bed, the tumour was dragged down by means of a vulsellum, and a strong ligature of whipcord was put round its base. The tumour was then cut away by the scalpel. The ligature separated eight days afterwards. On examination one month afterwards the os uteri was found smooth and quite healthy.

OPERATION FOR HÆMATOCELE.

A man, aged 58, under the care of Mr. Humphrey, in Addenbrooke's Hospital, on account of a large tumour in the scrotum. It appeared from his account, that eight years ago he had fallen in crossing a plank and struck his scrotum, after which great swelling followed. The swelling never entirely disappeared, and often afterwards it was subjected to slight blows, etc. The swelling was oval in shape, elastic, and fluctuating, but did not transmit light. About two pints of dark-coloured serum were drawn off, and afterwards the whole sac was laid open. The tunica vaginalis was found to be much thickened and partially filled by fibrinous coagula. Sloughing of some parts of the sac followed the operation, but the wound healed by granulation in about seven weeks, and a perfect cure resulted.

PLASTIC OPERATIONS.

Case 1.—A woman, aged 21, under the care of Mr. Johnson, in the Derby Hospital, on account of a vesico-vaginal fistula. She had been delivered of her first child about a year previously, instruments having been employed. Her condition was rendered most distressing by a large cleft in the vesico-vaginal wall, which commenced about an inch and a half from the meatus urinarius and extended backwards, being of size sufficient to admit the tips of two fingers. Immediately beyond this opening the vagina appeared to be quite occluded by adhesions. No menstruation had occurred since her confinement. The operation practised by Mr. Johnson was for the closure of the fistula. It consisted in freely paring the edges of the opening, and then uniting it across by interrupted sutures. A catheter was retained in the bladder, and the sutures were allowed to remain until they ulcerated out. At first the closure was believed to be complete, but subsequently the union gave way. The patient declined a second operation, and left the hospital much relieved, inasmuch as the fistula was greatly diminished, but with an opening still existing large enough to permit the free escape of urine into the vagina. *Case* 2.—A man, aged 23, under the care of Mr. Teale, in the Leeds Infirmary, on account of "fungus testis." The disease was believed to be of strumous origin. Mr. Teale shaved away the protruding granulations, and united the pared edges of the ulcer in the scrotum over the gland. The operation was successful, but the opposite testis has subsequently enlarged, and the man remains under care on account of it.

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REMOVAL OF CALCULUS FROM THE URETHRA.

A lad, aged 10, was admitted, under the care of Mr. Lestourgeon, into Addenbrooke's Hospital, on account of retention of urine, which had existed for twelve hours. An impacted calculus was felt, occupying about the middle of the spongy urethra. It was cut down upon by the side of the scrotum, and removed without difficulty, its size being somewhat larger than that of a pea. A gum elastic catheter was afterwards introduced and retained, notwithstanding which, however, some extravasation of urine into the scrotum followed. Incisions had to be practised. The wound was nearly healed at the time of the report.

INCISION-TREATMENT OF ULCERS.

In two cases of chronic ulcers on the leg, which had resisted all treatment, under care in the Leeds Infirmary, Mr. Teale adopted the plan recommended by Mr. Gay, of making incisions by the side of the sore. In one the patient had been kept to bed four months without advantage. In both the ulcer healed rapidly after the incisions were made, being cicatrized in about a fortnight. In both the scar has now remained quite sound for two months.

DIVISION OF STRICTURE OF THE RECTUM.

A woman, aged 35, in good general health, was admitted into Addenbrooke's Hospital, under the care of Mr. Humphrey, on account of fistula in ano, and stricture of the rectum; the latter of four years' standing, and the former of two. The inner opening of the fistula was just below the stricture. Mr. Humphrey divided the sphincter ani from the track of the fistula, and also cut through the stricture above it. A rectum bougie has since been employed for a few hours every other day. The case remains under treatment.

Medical Times & Gazette.

SATURDAY, JUNE 16.

THE ARMY MEDICAL SERVICE.

In offering some further remarks upon the Medical service of the Army we desire to convey no censure, either upon the head of the Medical Department or upon the Army Medical Officers; on the contrary, we believe that they have been most unjustly made to bear the blame which was due to their military superiors. But as all human institutions are capable of improvement, and as our aim ought to be to elevate as much as possible our Army Medical service, we conceive that the period has now arrived when we, as public writers, may fairly offer suggestions towards the melioration of the status and condition of that branch of the service with which our Profession is more immediately connected.

Before proceeding with the subject, we conceive that instead of the opprobrium which has been cast upon Dr. Andrew Smith, but which has already happily ceased, a deep debt of gratitude is due to that gentleman for the honourable and consistent manner in which he has carried out the objects of his department. We have reason to know that, although placed in a position liable to great abuse by the improper exercise of patronage, he has steadily resisted all temptations to a maladministration of the powers entrusted to him, and that he has made merit the sole claim to advancement in the Army Medical Department. This circumstance, indeed, is so well known, that not even the Commander-in-Chief has ever attempted to sway his conduct in his public capacity, and that his uniform reply to those who brought political or private interest to bear upon their advancement has been that Medical merit, sound preliminary education, and zeal and efficiency in the service, were the only and the indispensable qualifications to appointments and promotions. Having done this act of common justice to Dr. Andrew Smith, we now proceed to point out what we conceive to be some of the evils of the existing system, and the remedies which are necessary for its improvement.

In the first place, we would observe that the pay of an Army Medical Officer, and his chances of promotion, are not adequate to his just expectations, and are not sufficient to tempt young men of the highest talent into the service. In making this remark, we do not disparage the zealous exertions of our Army Medical Officers; for such is the character of the British gentleman, and especially of the British soldier, that in whatever situation he happens to be placed, he will always be found performing his duty; but we have no reason to argue that, because the Army Surgeon does his duty, in spite of being hard-worked, ill-treated, and ill-paid, his condition ought not to be improved. On the other hand, we maintain that he ought to be less worked, better treated, and better paid; and that his pecuniary means and his official rank ought to be such as to invite the most promising alumni of our Schools into the ranks of the Army. At present the highest remuneration afforded to an Army Surgeon is far below the annual amount which would be realized by a moderately successful Civil Practitioner; while the studied neglect with which he is too often treated by his official superiors is sufficient to damp the ardour and repress the energies of the most meritorious officer. Rewards, which are lavishly bestowed upon what is called the fighting branch of the service, are too often denied to him; and although he may have conferred incalculable services upon the troops, may have exposed his life to the bullets of the enemy, and risked his health by combating the hidden arrows of disease, yet he too often finds himself unhonoured and forgotten when the loudly-proclaimed gratitude of the nation places the laurel wreath upon the brows of those whom, perhaps, his skill and courage had tended to preserve. Such are no doubt some of the reasons which may discourage some Medical aspirants from choosing the Army as their vocation, although we know our brethren too well to insinuate for a moment that any such reflections could sway their conduct in the camp hospital or on the battle-field.

We would next remark, that while we urge an increase of pay for the Medical officer, and would confer upon him a higher degree of rank and authority than he now possesses, we should at the same time argue for a higher degree of qualification than that which is now necessary for admission into the service. We believe that the only diplomas recognized as qualifications for the Army Medical Department are those of the Royal Colleges of Surgeons of London, Edinburgh, and Dublin, of the Faculty of Physicians and Surgeons of Glasgow, and of the University of Dublin; and, if we are correctly informed, any one of these diplomas is *alone* sufficient for a title to examination before the Army Medical Board, which cannot refuse to admit any candidate so qualified. Now if this rule had been fixed by an Act of Parliament it would of course require another Act to repeal it; but as we believe that it originates in the Army Medical Board itself, it is obviously practicable to make a change which we think is most desirable. For without drawing any invidious comparisons we may remark that these diplomas differ from one another very considerably in value, while other diplomas, indicating first-rate merit in the holder, are refused altogether. The diploma of the University of London, for instance, which unquestionably is gained with great labour, and which involves a competent study both of medicine and surgery, is not received as a qualification by the Army Board; and while

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the diploma of the College of Surgeons of Edinburgh is admitted, that of the University of Edinburgh is excluded. Again, without pressing unfairly upon the London College of Surgeons, there is no doubt whatever that its diploma, as a title to practise *all* branches of the Profession, is inferior to that of the College of Surgeons of Edinburgh; for while the first resolutely limits its examinations to Surgery alone (we put out of the question the midwifery examinations, which have no bearing upon the present case), the latter extends its inquiries to medical and pharmaceutical knowledge on the part of the candidate.

Here we would express our decided opinion that, without in the least degree undervaluing the importance of surgical knowledge, an acquaintance with surgery *alone*, even if extensive, is not a sufficient qualification for an Army or Navy Surgeon; for it is well known that not only in times of peace, but in those of war itself, by far the greater number of cases which occur among the troops are medical. What have been the causes of the late mortality in the Crimea? No doubt gunshot wounds have formed a part, but much the greater number of cases have been diarrhœa, dysentery, fever, cholera, and other medical affections. We hold also that no person should receive a commission as an Army Surgeon who has not a competent knowledge of Chemistry and Pharmacy, with at least the elements of Botany; for although we do not insist that the Army Surgeon should actually mix up his draughts or roll up his pills, yet he ought to know how even these mechanical operations *ought to be done*, and he should also be acquainted sufficiently with chemistry, materia medica, and botany, to direct the supply of medicines for the troops.

The Poor-Law Board have, as we think, judiciously ordered that no Medical Officer, except under special circumstances, shall be appointed who does not hold a licence to practise *both* Medicine and Surgery; and if this regulation is necessary in the case of those who are to attend paupers, it is surely equally necessary for those to whom the lives of our officers and men are to be entrusted in times of peril, hardship, and disease.

We would, therefore, strongly advocate the necessity of requiring a complete Medical and Surgical education, as well as some acquaintance with general literature, from those who aspire to be Army Surgeons; we would desire that admission into the Army Medical Department should be the reward of superior merit. We would recommend that the graduates of the University of London should be admissible for examination before the Army Medical Board without any other diploma; that the Members of the College of Surgeons of England should *not* be admissible upon that diploma alone, but should be compelled to bring evidence, obtained by examination, of a Medical and Chemical education; and that, in fact, the whole system of Medical training for the Army should undergo revision by competent and disinterested authorities.

After the Army Medical Officer has received his commission, we conceive that a time should be spent by him in acquiring a practical knowledge of the diseases and injuries most common among soldiers, before commencing his actual duties as Regimental or Hospital Surgeon.

But we consider it also indispensable that if this higher degree of education be required from the Army Medical Officers, they ought to be better paid than they are at present; and that in fact, whether in point of rank, or of emolument, this deserving class of officers should be led to consider a commission in the Army, and the future prospects which it holds out to them, as worthy the ambition of scholars, of accomplished Medical Practitioners, and of British gentlemen.

PROPOSED CHAIR OF MILITARY SURGERY.

At the present moment the public voice is very strongly pronounced in favour of the right man being called on to fill the right place,—it behoves us to take care, therefore, so far as concerns our profession, that a good man be not called on to occupy an unfit place.

The late Physician-General of the Bombay army is delivering a Course of Military Surgery at one of the Metropolitan Hospitals. Before us is the Lecture delivered introductory to that Course, and a printed "Plan of the Course." We propose to use these documents for the purpose of determining the value of a Chair of Military Surgery.

Dr. Bird has had, we presume, extensive experience as a Military surgeon, and may therefore be considered fully competent to display the peculiar advantages which a student is to derive from attendance on a distinct course of Lectures on Military Surgery, and of the nature of the subjects to be treated of in such a course.

Dr. Bird divides his course into three parts. The first part is devoted especially to the "Principles and Practice of Military Surgery." We print his prospectus of it entire.

I. Inflammation and its Modifications in Military and Naval Diseases.
   1. Elementary Organs and Proximate Principles of the Process.
   2. Pathological Changes.
   3. Local and Constitutional Phenomena.
   4. Direct and Indirect Causes.
   5. Results and Character of Effused Materials.
   6. Organization of Fibrin, Repair by Adhesion.
   7. Suppuration (Hectic).
   8. Ulceration.
      Granulation.
      Cicatrization.
   9. Sloughing and Mortification.
   10. Treatment (Local and General).

II. Modified Inflammations of Soldiers and Sailors.
   1. Erysipelas Phlegmonodes.
   2. Hospital Erysipelas.
   3. Diffuse Cellular Inflammation.
   4. Hospital Gangrene.

III. Burns and Scalds.—By Gunpowder and Steam.

IV. Ulcers.

Simple.	Specific.
Irritable.	Scorbutic.
Indolent.	Syphilitic.
Sloughing.	

V. Gunshot Wounds and Surgical Injuries of Parts.
   1. Wound of the Arteries.
   2. Wounds of the Nerves (Tetanus, Idiopathic and Traumatic).
   3. Injuries of Various Regions.
   4. Fractures of the Limbs, Simple and Compound (Complications with Aneurism).

VI. Luxations.

VII. Amputation (Primary and Secondary).

VIII. Ophthalmia (Purulent and Egyptian).

IX. Syphilis.

X. Gonorrhœa.

Let the reader take from these divisions those that are fully discussed in every course of ordinary Surgery, as well as in each student's "First Lines of Surgery," and see what remains to be treated of in a Course of Military Surgery.

Does Dr. Bird mean to tell the Profession that the "Pathological changes" in inflammation differ in the soldier and in the civilian? Is "granulation or cicatrization" one thing in shoemaker Jones and another in Corporal Jones? Let us pass to the other headings; the second is a most attractive one: it is "Modified Inflammations of Soldiers and Sailors."

In what, we again ask, does the "Diffuse Cellular Inflammation" that occurs in Military Hospitals differ from the diffuse cellular inflammation that occurs in a London, Edinburgh, or Dublin Hospital, save in its greater frequency?

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As to scalds by steam, three-fourths of the Manchester Surgeons see more of such injuries in a year than Military Surgeons see in the course of their lives. And are not these injuries fully treated of by every lecturer on Surgery in Britain?

To proceed: does not every Surgeon in the kingdom remember how much of his time, when a student, was occupied in attending lectures on ulcers—irritable, indolent, sloughing, scorbutic, and syphilitic? Surely it does not require a course of Military Surgery to teach these first letters of the art. The same may be said of luxations, of ophthalmia, of syphilis, and of gonorrhœa. To suppose that it is necessary to establish a Chair of Military Surgery for the teaching of these matters is ridiculous. What remains? Two subjects only, "gunshot wounds, and surgical injuries of parts," and "the question of primary and secondary amputation." But even these might be fully taught in an ordinary course of Surgical Lectures; nay, we should imagine that, so far as they can be taught by a lecture, they are already taught in all our great Hospital schools—for the question of primary or secondary amputation is as important for the Surgeons who are to practise in our larger manufacturing towns, and in our mining districts, as for Military Surgeons. The fact that the latter may, in times of war, see more cases than the former, in which the question of primary or secondary amputation has to be answered *instanter*, makes no difference in the propriety of all being taught by one Professor. If it did, then should we require a special Professor of Medicine for those who intend to practise physic in marsh districts, because ague is very prevalent in those districts, while in London it is rarely seen. Let us now pass to the 2nd part of Dr. Bird's "Plan of the Course:"—

DISEASES OF FOREIGN CLIMATES, PARTICULARLY OF THE TROPICS.

1. Yellow Fever of the West Indies (Epidemic).
2. Endemic Tropical Fevers of the East and West Indies.
   - Intermittents.
   - Remittents.
   - Continued Bilious Fever.
3. Gastro-Enteritic Affections.
4. Dysentery.
   - Tropical.
   - Scorbutic.
5. Cholera.
6. Hepatitis.
7. Splenitis.
8. Rheumatism and Beriberi.

All that can be taught in Lectures concerning Cholera and Rheumatism is or ought to be taught to every Student who is to practise Medicine in Britain; and we cannot learn that these diseases are modified in any way by the blood of soldiers or sailors. Again, as the special Professor could not show the student a case of "Yellow Fever of the West Indies," of "Endemic Tropical Fevers of the East and West Indies," of "Tropical Dysentery," or of "Beriberi," it does appear on the face of it rather absurd to appoint a special Professor to *read* to the Student an account of these diseases, when for a trifle he could buy a book on each of them, and read the same account for himself.

So far, then, we argue that there is nothing to warrant the establishment of a special Chair of Military Surgery, and we rest our assertion on the fact, that there is very little special, as Dr. Bird's own Lecture and Plan of the Course demonstrate, to be taught to the Student preparing to enter the army; and that whatever is special can be learned as well in books as from an oral teacher, who has not a single case wherewith to illustrate his remarks.

The third part of the late Physician-General's Course is on the "Health and Hospital Discipline of Troops:"—

HEALTH AND HOSPITAL DISCIPLINE OF TROOPS.

1. Physiological Conditions of Seasoning for the Tropics and Foreign Climates.
2. Selection and Examination of Recruits.
3. Diet, Clothing, and Exercise.
4. Accommodation in Camp and Barracks.
5. Transport for the Sick and Wounded.
6. General Duties of the Military Surgeon in Camp and on Shipboard.

There cannot be a question that the Army Assistant-Surgeon ought to be instructed in these matters. But, then, all the oral teaching in the world will inform him very little about them. To be fully instructed how to select and examine Recruits he should *see* them selected and examined, and have, at the same time, explained to him the reasons that determine the Surgeon to select or reject them. Accommodation in camp and barrack should be illustrated by examples before the young Surgeon; he should have pointed out to him the defects and the merits of particular kinds of tents, etc.; the various means actually used in transporting sick should be shown to him; the advantages of each duly demonstrated. *This* ambulance the teacher might say was employed, but laid aside, because of such and such faults in its construction. So the clothing of the soldier should be studied where the soldier is, and not in the Lecture-room of a London hospital, where he is not. We agree, then, with Dr. Bird, that those who enter the Army should receive some special instruction; but we differ from Dr. Bird as to the character of that instruction, as to the time in a man's career when he ought to be instructed, and as to the place where he should be instructed. We differ from him *in toto* as to the propriety of establishing at the Royal College of Surgeons a Chair of Military Surgery; and we do not think young men should be taught these specialties till they have obtained their Commission.

Dr. Bird would have a course such as that of which *he* has published a plan, delivered every summer at the Royal College of Surgeons, and during the winter he would have the Professor quit his Chair, and visit all the Metropolitan Hospitals for the purpose of delivering Clinical Lectures at each in succession. But how the Hospital authorities are to secure for the peripatetic Professor cases of gun-shot wounds, yellow fever of the West Indies (by the way, did Dr. Bird ever see a case of this disease?), tropical dysentery, beriberi, etc., Dr. Bird has omitted to inform us.

We would have young men who have *passed* their examinations as Assistant-Surgeons in the Army duly instructed in all the specialties of their professional life by an Army Surgeon at Fort Pitt, or at some other great Military Hospital. Here the Assistant-Surgeon should be obliged to remain for six or twelve months to complete his education. Here he could *see* cases, illustrating, not tropical diseases themselves, but the effects of those diseases; here he could *see* recruits selected and examined; here he could *see* ambulances of all kinds, tents of every description; here he could *see* well-constructed, and, alas! that we should be able to say it, badly-constructed and badly-placed barracks; in a word, here he could *see* all that a London Professor could read about to him. This would be real clinical instruction.

DIFFICULTIES OF HOMŒOPATHY.

THE SPIRITUALITY OF DISEASE.

In a recent article we endeavoured to expose some of the difficulties and inconsistencies of Homœopathy as exhibited in the writings of Hahnemann; and we examined in detail two of his leading dogmas, namely, the *similia similibus*, and that most preposterous doctrine that the forces of medi-

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cines are purely *dynamic;* that is, not chemical or physical, but immaterial, spiritual, and inscrutable.

We would again advise our younger readers, as a salutary exercise of intellect, no less than as a means of *holding their own* in society, to set themselves the task of sifting and detecting the fallacies of the homœopathic dogmas, and to provide themselves with such illustrations and retorts as may enable them, if attacked, to return the adversary's fire with interest. Nothing is more common than for the disciples of the sect to bring forward, with the utmost self-satisfaction, a few hackneyed examples in support of the dogma, not only that medicines *can* cure the diseases which they create, but that they cure them *because* they can create them.

Cinchona bark, says Hahnemann, has been observed to cause oppression of the stomach, vomiting, diarrhœa, jaundice, depression of the vital powers, mental and bodily exhaustion, indigestion and loss of appetite; therefore it is through these very pathogenetic faculties that it can cure exhaustion, indigestion, and loss of appetite! We who look upon the animal body as a material structure, and on medicines as material substances capable of adding to, or taking from, or otherwise altering, the composition and working of that structure, can see no difficulty in this. If certain elements are in excess in the blood, bark causes, or adds to, languor, oppression, and weakness; if certain elements are wanting, bark creates appetite and vigour. Is there anything wonderful in this? A walk of five miles before breakfast will make a strong man as hungry as a wolf; it will take away appetite and digestion from a weak woman. Is the act of walking pathogenetic? Wine will oppress and stupify the mind and body of one man whose veins and muscles are already loaded with nutriment; it will enliven and cheer up another whose veins are empty. Homer knew this very well, and we find it in that touching passage in the sixth book of the Iliad, line 261:

"Ανδρὶ δὲ κεκμηῶτι μένος μέγα οἶνος ἀέξει."

When the tender mother offers her son wine, because wine gives strength to the exhausted man, what does Hector reply?

"Μή μοι οἶνον ἄειρε μελίφρονα, πότνια μῆτερ,
Μή μ' ἀπογυιώσῃς, μένεος δ' ἀλκῆς τε λαθωμαι."

"Give me no honeyed wine, O venerated mother! lest thou unnerve me, and I fail in strength and vigour."

He knew well, as well as Liebig could tell, that the addition of wine to blood surcharged already, merely brought languor and weakness. But is wine, hence, a languefacient? Does it enliven us by its sedative virtue? If water sets potassium on fire, is it because it extinguishes burning coals? May not a lamp go out either because choked in a superfluity of oil, or starved for want of it; and is not the lamp of life analogous?

Besides, if we granted the fact which the Homœopathists lay such stress on, would it bear the weight of inferences laid upon it? Let us try.

Some medicines produce in some healthy persons the symptoms which they relieve in some sick persons; or, some medicines cure in some sick, the symptoms which they cause in some healthy persons.

Suppose this proposition granted; can we say,

Some medicines cure some symptoms in the sick *because* they produce them in the healthy? Or can we go on as Hahnemann does, to assert,

Therefore all medicines relieve in *all* sick persons *all* the symptoms which they produce in *every* healthy person;

Therefore no medicine can cure any symptom in any sick person, unless it causes the same in some healthy persons;

Therefore no disease ever is cured except by medicines capable of causing the same symptoms?

We wonder whether the Archbishop of Dublin, the Coryphæus of Homœopathy and Mesmerism, ever condescended to read the Organon of Hahnemann; if so, he would be at no loss for instances to add to his Chapter on Fallacies.

But we must pass on. Bearing in mind the second dogma, which asserts that "medicines operate (we use Hahnemann's own words) by *a spiritual virtue*, we are prepared for the third, which is, that disease is not of a material nature. To quote Hahnemann's own words again, "diseases are not, and cannot be, mechanical or chemical changes of the material substance of the body, and do not depend on any *material* morbific principle; but they are solely *spiritual and dynamic* changes of the animal economy." The immediate essence of these internal and concealed changes is, says Hahnemann, "quite undiscoverable," it is "invisible and impenetrable." Hence it is quite ridiculous to attempt to discover what the elder Physicians called the *proximate cause, i.e.*, the essential pathological conditions of any malady; although Hahnemann allows that *external* exciting causes, such as are met with in Surgery, may be searched for and removed. The *Surgeon* may extract a foreign substance, or remove a tight bandage, or evacuate a poison from the stomach by means of an emetic: but in the treatment of disease generally, the *Physician* must not trouble himself about proximate causes; he must be solely guided by symptoms, and look upon the totality of the symptoms as the totality of the disease, and must endeavour to find a medicine that shall produce these symptoms, and must administer it with the certainty of a cure.

The precise import of these reveries will be more intelligible if we refer for an instant to the doctrines which Physicians maintained in the eighteenth and preceding centuries respecting changes in the blood—in fact, the humoral Pathology. Physicians of all ages had maintained, and with perfect truth, the doctrine, that the blood is altered in disease. But what the precise alterations might be, they had no means of discovering, so imperfect was the state of chemical science. Then the misfortune was, that instead of waiting patiently till the improved state of physical science should enable them to prove absolutely that which they were quite right in inferring, they were too apt to indulge in vain speculations as to the nature of the morbid alterations present in any given case, whether bilious, phlegmatic, acid, alkaline, or so forth. Their doctrines of ferments, of defluxions, of concoction, of critical evacuations and sediments in the urine, were all founded on truth; but before the discovery of oxygen, while chemists were beguiling themselves with speculations about *phlogiston*, how was it possible to obtain an accurate idea of the real nature of the most common chemical changes? Nay, even now that eighty years have elapsed, during which chemists have been toiling incessantly, we are but at the threshold of organic chemistry, and are yet able to determine the nature of but a few of those blood changes, the reality of which is unquestionable.

Here there arises a glimpse of one of the saddest errors into which Medicine has ever been betrayed. The elder Physicians held the substantial truth when they maintained the doctrines of Humoral Pathology, but they had overloaded it with much frivolous and useless speculation. Chemistry in its infancy, at the close of the eighteenth century, was applied to for an explanation of these things, and it failed; the analysis of animal fluids in health, still more in disease, was a task beyond the means of the yet infant science. So there arose a new heresy known as *solidism*, which attempted to explain all pathology by theories of the *action* of organs, and which repudiated all reference to the *composition* of the blood; first, because elder Physicians had held many untrue doctrines with regard to it, and next, because modern Chemists were unable to detect or demonstrate whatever changes really did

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take place in the fluids in disease. And so, misinterpreting the rule, *de non apparentibus*, etc., Physicians denied the existence of morbid humours because they could not demonstrate them.

It was just at this epoch—near the close of the eighteenth century—when Physicians had cast off pettishly the humoral pathology *in toto*, because part of it was fanciful and untrue, and because there were as yet no means of proving that which was real and true, that Hahnemann invented his infallible system, and falling into the fashionable error and exaggerating it, he adopted not mere solidism, but an ultra-refined theory of spiritual and dynamic force, and amalgamated the current errors of his day irrecoverably into his system, which he framed for all time.

We of the orthodox school are now neither Humoralists *pur sang*, nor mere Solidists; but we study alike the composition of the animal structures, and the influence of nervous force on both composition and action. But it is on the side of the humoral pathology that our gains have been the greatest: and, since the labours of Prout and Liebig on animal chemistry, since the experiments of Cruveilhier and Gaspard, we have experimental proof of the proximate cause of blood maladies, because some of those very maladies can be created artificially, and because the conditions of the urine can be accurately tested.

But the disciples of the orthodox system acknowledge that their system, though true, is yet not perfect; they must seek after truth and hold it, even though imperfect and intermixed with error; they must perpetually seek after fresh truth, and amalgamate it with what they hold already, abandoning whatever is untenable. Medicine is like a thing of life; incessantly grasping and assimilating every new truth, and eliminating whatever fails to stand the tests of time and trial. Homœopathy is a mere image, a petrefaction of error, from which there is no possibility of eliminating anything wrong or absurd; it rests upon one or two dogmas, generated in the ignorance of animal chemistry which prevailed sixty years ago, and it cannot shift its ground. If the fundamental dogmas go, the whole edifice goes likewise.

Let us hear the very words of the Apostle on the subject of the absurdity of searching for the proximate cause of disease, and on the pure immaterialism and spirituality of disease itself:—

"An hypothesis which the schools of medicine generally entertained until a very recent date, and I might even say, until the present time, is that of morbid and acrimonious principles; and these they refined upon to a great extent." "I grant it was more convenient for human incapacity to suppose, that in the maladies which presented themselves for cure there existed some morbid principle of which the mind could conceive the materiality, especially as the patients willingly lent themselves to an hypothesis of this kind. By admitting this they had nothing further to do than to administer a sufficient quantity of medicines capable of purifying the blood." "But the essence of diseases and their cure will not bend to our fancies and convenience; diseases will not, out of deference to our stupidity, cease to be dynamic aberrations which our spiritual existence undergoes in its mode of feeling and acting; that is to say, immaterial changes in the state of health."

"The causes of disease cannot possibly be material. What nosologist has ever seen one of those morbid principles, of which he speaks with so much confidence? Who has ever been able to exhibit to view the principle of gout, or the virus of scrofula?"

We think that legitimate medicine is now in a position to take up this challenge. Garrod has exhibited the uric acid in the blood of the gouty, and there can be no doubt that, in due time, chemists will be able to demonstrate the material chemical alterations which characterise other diseases. Then we may fairly put this case:—If the ill-temper, the despondency, the palpitations, and flying pains, which torment the man in whose veins gout is lurking, do really depend on dynamic and immaterial disturbances, there might be no absurdity in supposing that the homœopathic globules, if endowed with immaterial forces (which has yet to be proved), might act upon and neutralize them. But if we can now prove what Hahnemann positively denied,—and the denial of which is no mere accident or excrescence, but the very pith and main-stay of his system,—that diseases have material, physical, and substantial causes floating in and contaminating the blood, and spreading derangement over the whole system, we may beg the Homœopaths to explain how an immaterial remedy can get rid of a material substance, and how it was that the venerable Apostle of the sect committed himself and his followers to so gross a blunder?

THE WEEK.

The trial for murder of William Piers, at St. Omer, which has just taken place, affords some points of instructive comparison with the recent one in which the unfortunate Buranelli was the culprit. The sentence recorded certainly places the Jurisprudence of our French neighbours in favourable contrast with our own. It appears that a man hitherto of respectable life, and well esteemed, one morning politely asked a neighbour to step into his room. Without suspicion the invitation was accepted; but no sooner had M. Barbion crossed the threshold, than he was shot dead by his treacherous host. Piers well knew, and fully expected, what would follow on the deed. He resisted those who attempted to secure him, and was taken into custody with the greatest difficulty. While in prison he behaved himself as a sane man in all respects, excepting one. The sole object *of his* delusion related to the murder, which he steadily avowed he had committed in self-defence, inasmuch as his victim was about to ruin his character by the publication of infamous charges. At the trial numerous witnesses deposed to his having for a long time entertained this belief, which was, however, thought to have been perfectly groundless. The Surgeons of the gaol, who had many opportunities of investigating his state, gave their evidence that he was a monomaniac on this one point. Nothing which they or others had been able to produce in argument could in any way shake the conviction which he entertained on this matter. Asked by the judge whether, if placed again under similar circumstances, he would repeat the deed, he at once replied in the affirmative. The jury returned a verdict of "Guilty, but with extenuating circumstances," and a sentence was passed amounting to imprisonment for life. Those familiar with the course of some recent trials in this country will feel little doubt but that had Piers been before an English judge, death on the gallows would have been his fate. No one will, however, suppose that any possible benefit could have resulted to society from the execution of a man in such a condition of mind. But few juries could, however, have been brought to give a verdict of acquittal on the ground of insanity: such would, indeed, not have been warranted. We want in England some middle course, some provision by which jurymen and judges may be saved from the dreadful alternative of either violating their own conscience or being accessory to the death of a half-lunatic.

Another delay has taken place in the sending out of the remaining part of the Staff of our new Hospital in the East. The end of the present month, or the beginning of the next, is now announced as the time of departure. There is no

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accounting for this repeated procrastination without suspecting mismanagement somewhere. In common justice it is to be supposed that the Medical men who some six weeks ago gave up their respective appointments, practices, etc., in order to join this Hospital, have been placed on full salaries from the first day of their engagements. Why, then, keep them in England? Even if the Hospital to which they are to be attached be not yet ready, they would be more usefully employed in the East than in London. They would there be in readiness for any casualty, and would be in the way of acquiring knowledge of language, manners, endemic diseases, and peculiarities of locality, which could not fail to be most useful when their services are required.

It appears that the French have been beforehand with us not only in the general management of their Hospitals in the East, but also in providing for the employment of the field thus thrown open for scientific research. We have but just sent out a Pathologist to Scutari, and his labours have but recently commenced, while our Allies are already in possession of reports prepared from facts accumulated during the winter. The *Gazette des Hôpitaux* publishes a Memoir by M. Jacquot, Physician-in-Chief to the Pera Hospital, on the pathological non-identity of typhus and typhoid fever. The type of fever which has prevailed in Constantinople has been typhus, a form with which French physicians are but little familiar. It will be interesting to some of our readers to know that the conclusions which M. Jacquot has come to respecting the differences found after death in these varieties of fever are in unison with those expounded by Dr. Jenner, first published in a series of lectures contained in our Journal, and now pretty generally admitted in this country. They are of interest and importance, as confirmatory of the view which regards the two diseases as perfectly distinct.

The New Hospital for Diseases of the Chest is to be opened for the admission of In-patients in the course of a few days. On Thursday last, Prince Albert paid it a visit of inspection, and investigated with great apparent interest all the arrangements. The inspection, which was a private one, was so complete as to occupy, we understand, upwards of an hour and a-half. This Hospital is intended for the reception of all classes of pulmonary and cardiac disease, preference being given, first, to the acute forms, and secondly, to the more curable of the chronic class. We trust that this Institution will soon occupy an important place in relation to the class of affections which it contemplates.

It has been found needful greatly to diminish the number of beds in the French Military Hospital at Pera on account of the prevalence of Hospital gangrene and typhus. Both these diseases are, however, already reported as on the decline. As yet we have heard nothing from any of the Eastern Hospitals, against the sanitary condition of which so much complaint has existed, of anything like a systematic trial of charcoal as a disinfectant on the plan recommended by Dr. Stenhouse. It is surprising how slowly practical knowledge spreads, and how much of incredulity and apathy has to be surmounted before improvements of the most obvious kind can be brought into actual use. A few years hence we shall doubtless have charcoal purifiers constituting an indispensable part of Hospital furniture, and the spread of diseases by means of atmospheric contamination will have become matter of history. In the mean time, however, we must have patience, and try not to lose temper at the thought that we possess all the requisite knowledge already, and lack merely the energy to secure its immediate employment.

A Return of the number of Surgeons, Assistant-Surgeons, and Dressers now serving in Her Majesty's Navy has just been presented on the motion of Mr. Brady. It triumphantly avers that there are no Dressers serving in the capacity of Assistant-Surgeons; but the fact is demonstrated after a fashion which certainly cannot be expected to blind the eyes even of Members of Parliament. The three grades are given in different columns, the number of each on board every individual ship being seen at a glance. A fourth column is added, having the heading, "Dressers acting as Assistant-Surgeons," under which, in every instance, the word "none" appears. So far all seems satisfactory. On comparing the numbers given, however, the subterfuge becomes apparent. Those vessels which have had Dressers allotted to them, chance to be the very ones in which the appointments of Assistant-Surgeons are either vacant, or only partially filled. Thus, for instance, the *Hogue* has two Surgeons, no Assistant-Surgeons, and two Dressers. Whatever it may please the authorities to say respecting the Dressers employed in the *Hogue*, no man in his senses will believe that they are not intended to do duty as Assistant-Surgeons. Again, the *Duke of Wellington* (first class) has one Surgeon, two Assistants, and three Dressers; here also the Dressers, doubtless, will have to make up for the deficiency in the staff of superior officers. What possible object the Admiralty can have in thus persisting in the vain attempt to blind the public we are at a loss to conceive.

M. Kletginsky, in a paper in the Vienna Medical "Wochenschrift," announces a discovery that the dried leaves of the wild strawberry are a very efficient substitute for tea. They are dried, prepared, and infused almost in the same manner as ordinary tea. The infusion is said to be agreeable to the taste, and not sufficiently astringent to coagulate milk. Experiments have shown it to possess a certain degree of somnifugal power, though not so well developed as that of the Chinese plant. We trust that a trial of it will be made by some of our Profession in country districts. If the accounts be reliable the herb will form no insignificant addition to the comforts of the poor.

REVIEW.

The Diagnosis of Diseases of the Brain, Spinal Cord, Nerves, and their Appendages. By J. Russell Reynolds, M.D. London. 1855. Pp. 251.

The author of this volume has undertaken a charitable work, for the object that he has had in view has been to collect from the several monographs which abound in the literaure of our own and foreign countries, those facts which throw light upon the symptomatology of nervous diseases, and to exhibit them in a form which will assist the student and the practitioner in their clinical discrimination. The arrangement of these diseases which he has adopted, is the clinical one, and we think that here too he has done well. What the student and the practitioner require at the bed-side, is a facility in diagnosticating between diseases more or less similar in some leading feature; and we always welcome with pleasure and satisfaction a book which accurately and carefully lays down the several affections which experience has taught us may be connected with certain very well marked phenomena, and the method of distinguishing the one from the other. That a book of this kind was wanted, in connexion with diseases of the nervous system, a book which should bring its information up to the latest date, is not for a moment to be questioned, and we think that Dr. Reynolds has well supplied the deficiency.

The earlier chapters (Part I.) of the book are introductory. Chapter I. is upon "The objects of Diagnosis and its limits," the objects being to discover: 1st, the locality of the lesions, 2nd, the nature of the affection, and 3rd, the anatomical condition of the diseased part so far as this can be deduced from the symptoms present. The locality of the lesion is to be determined by the special quality of the symptoms and

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their topographical distribution or limitation; the nature of the disturbance by a careful interpretation of the phenomena, upon physiological and pathological grounds, and the organic or static condition, chiefly from such circumstances as the order of the development of the symptoms, and their proportion to each other, from certain extrinsic conditions, from certain objective and physical signs, and from the application of general pathological laws. Chapter II. introduces us to the "Elements for Diagnosis," *i. e.*, to those symptoms of disease which furnish the means by which diagnosis may be established. These he author divides into intrinsic, and extrinsic. The intrinsic he enumerates under the divisions of mental phenomena, *i. e.* modifications of volition, ideation, and emotion; and of non-mental phenomena, *i. e.*, modifications of sensations and mobility. The symptoms which he embraces under the extrinsic, are those morbid phenomena which cannot be considered as modifications of the manner in which that system performs its functions. As these extend throughout the whole range of pathology we are only presented with an enumeration of the most important. Chapter III. is devoted to an explanation of "the Classification adopted," and the writer's reasons for preferring the clinical method to one founded either on an anatomical, or a physiological basis; we have already said that we are satisfied with him on this score. Chaper IV. is upon "The Diagnosis of Locality generally."—1st. "Of extrinsic from intrinsic diseases." "We may infer when 1. Prodromata are of intrinsic character, or absent; 2. Signs of distinct general disease are undiscoverable; 3. The intrinsic symptoms precede such general or extrinsic symptoms as may be present, and are of greater relative intensity than any which the latter will account for—that the disease in question is intrinsic, or that the nervous system is primarily and principally affected. When, on the other hand,—1. The prodromata are highly marked, and consist of extrinsic symptoms; 2. The signs of general (or extraneous) disease are discoverable; 3. The extrinsic symptoms have not only preceded the intrinsic, but the latter bear a definite and direct proportion to the former; and the extrinsic derangements are more highly marked than those which the supposed nervous conditions could induce—we infer that the disease is primarily and principally extrinsic, and that the nervous symptoms are among its many and varied phenomena."—P. *55*.

2nd. Of the diagnosis of diseases of the brain, spinal cord, and nerves from each other. He thus recapitulates:—"When perception, ideation, volition, and special sensation are affected, and motor and general sensory changes exhibit a unilateral distribution, the brain is commonly the seat of disease. 2. When the mental functions are unchanged, and mobility and general sensibility are affected bilaterally, we infer the spinal cord to be the locality of the lesion. 3. When the relations between mobility, volition, and reflection are lost, the mental functions being unchanged and sensory disturbances are purely local, we refer the disease to some of the nervous trunks. In each case the extrinsic symptoms are referable to the special locality or region affected."—P. 61.

3rd. Of disease in the nervous centres themselves, from disease of their meninges.

Part II. treats of *Diseases of the Brain.*—Chapter V. commences this subject by a consideration of the "Diagnosis of Brain diseases as to their general nature." The author here announces his general division of brain affections into those which are (symptomatically, not by necessity also anatomically) acute, and those which are chronic. The acute diseases he subdivides into the febrile or inflammatory diseases, apoplectic diseases (symptomatically), diseases marked by delirium, and convulsive diseases. The chronic affections he subdivides into those marked by exaltation of function, by decrease of function, or by excess and defect of function in combination. We will briefly enumerate the diseases embraced by Dr. Reynolds under each subdivision, which he constructs into a separate chapter. Chapter VI. "The Differential Diagnosis of Acute Febrile Diseases affecting the Brain." These diseases are meningitis, or inflammation of the pia mater:—Simple, as affecting, 1. The convexity of the hemispheres. 2. The base of the brain; tuberculous and rheumatic—inflammation of the dura mater—cerebritis, general and partial (red softening)—continued fever (typhoid or typhus) with cerebral complication—gastric remittent fever of children—simple hyperæmia or determination of blood—delirium tremens in its febrile form, and mania with marked febrile symptoms. Chapter VII. "The Apoplectic Diseases," which are congestion of the brain or *coup de sang*—hæmorrhage, distinguishing that into the substance of the hemisphere, ventricular hæmorrhage, and arachnoid hæmorrhage—serous effusion in large quantity ("serous apoplexy")—local cerebritis or "softening of the brain"—tumour of the brain or meninges—tubercular meningitis—urinæmia or diathetic states, and, lastly, anæmia, morbus cordis, or vascular obstruction. We have only to say about this chapter, that we think the author would have done good service to nosology had he expunged serous apoplexy from this list altogether. It has for a long time only held a nosological position at all out of deference to authority, and there is no evidence that the effusion is the cause of the apoplectic symptoms in the instances of disease thus designated. Chapter VIII. "Diseases marked by Delirium." These are hyperæmia of the brain and meninges—partial cerebritis—delirium tremens, and such extrinsic diseases as urinæmia, icterus, and diabetes. Chapter IX. is devoted to the "Diseases marked by Convulsions." Of these Dr. Reynolds forms two divisions. The first includes convulsive diseases of extrinsic origin (eccentric), and the second, convulsive diseases of intrinsic origin (centric). The first embraces toxæmiæ, whether introduced poisons, as those of acute specific diseases, and exanthemata, or retained excreta, as urinæmia, icterus, etc.; such eccentric irritations as are not toxæmic, but which may be gastro-intestinal, as dentition, dyspepsia, worms, constipation, etc., or bronchio-pulmonary, as laryngismus, pertussis, etc., or gastro-urinary, as morbid uterine conditions, calculoid affections, etc. The convulsive affections of intrinsic origin which are enumerated are those which are idiopathic without assignable static causes, congestion of the brain and meninges, softening of the brain (local acute cerebritis), tubercular meningitis, tubercle and tumor of the brain, cerebral hæmorrhage, cerebral hypertrophy, and acute chorea. Chapter X. relates to the "Acute Hyperæsthesiæ," under which designation cephalalgia from extrinsic or intrinsic causes is treated of. Chapter XI. is upon "Chronic Disease generally." Chapter XII. treats of those chronic "Diseases characterized by exalted activity." The author divides them into those specially marked by excessive ideation, viz., hypochondriasis and tarantismus; excessive sensation, viz., hemicrania, hallucinations, and illusions (vertigo of sensations, etc.); and excessive mobility; vertigo of motion (rotatory movement); coordinated spasm (muscular tic); chorea and tremor (paralysis agitans). Chapter XIII. is headed "Diseases marked by Diminution of Function," but as some are very numerous, and rarely exist in an isolated form, the author contents himself with the description of one only, anæsthesia muscularis. In Chapter XIV., under the "Diseases characterized by the combination of increased and diminished function," are included hysteria and allied affections, catalepsy, etc., epilepsy, tumours of the meninges, cerebrum and cerebellum, chronic meningitis, chronic softening, induration of the brain, chronic hydrocephalus, and urinæmia.

We shall not enter at so much length into the contents of the remaining Chapters of the volume. Part III. is occupied by the Diseases of the Spinal Cord, which are treated in two groups, the acute and the chronic affections; and Part IV. is occupied chiefly by the Diagnosis of the special Diseases of the Nerves.

The leading symptoms of every disease described are distributed under the same heads, which are marked each with a certain letter; a plan which enables the reader readily to make comparisons between the symptoms of the same kind in different affections.

The following extract may serve as illustration. The subject is acute mania:

"A. The premonitory symptoms of mania have generally existed in the sphere of intellectual or moral life. Some change of manner, of the mode of thought, of the habitual frame of mind, or of the emotions may have been noticed and traced to a mental cause. This is not the case in meningitis.

"B. The developed symptoms. Allowing that fever exists (in the cases at present under notice), it is of less marked character than in meningitis, and the intrinsic symptoms are peculiar.

"1. Mental. There is some one, or there may be several fixed delusions, false ideas, upon which the individual reasons more or less correctly, and upon which he acts.

"2. Sensorial. There is little complaint of pain in the

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head (the patient's erroneous ideas absorb his attention). There are not the dysæsthesiæ of meningitis (sights and sounds do not occasion pain); but there are true hyperæsthesiæ, often of most extreme intensity (the patient hearing and seeing things which escape the notice of those in health); and there are metæsthesiæ or false sensations referred to the patient's own body, or to the space surrounding him. These are of subjective origin, and ordinarily coincide with and support his delusive ideas.

"3. Motorial. The phenomena are not of distinctive character; but their negativity (the absence of paralysis and spasm) is sometimes of service. There is often an apparent increase both of the force and persistence of voluntary movement."—P. 89.

But while we desire to express our opinion of the scientific merits of this volume, we must remark that we are not equally satisfied with it in a literary point of view. The style in which it is written is decidedly heavy, and the readable character of the book is not enhanced by the introduction of words of the author's own coinage, which might readily and advantageously have been avoided by a trifling periphrasis, had a little pains been devoted to this object. This is an error into which young authors, who think much faster than they can commit their thoughts to paper, are apt to fall. We hope Dr. Reynolds will accept this as a hint for a future edition, and that in the meantime our readers will not be deterred by any fault in style from the study of a really useful book.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE EMPLOYMENT OF CHLOROFORM IN THE ARMY OF THE EAST.

By Professor MOUNIER.

In a communication to the *Académie des Sciences* M. Mounier states, that during the six months he has officiated as chief medical officer at the Hospital of *Dolmar-Bagtche*, at Constantinople, he has employed chloroform in several thousand cases, from the slightest to the most serious, and always without the production of any ill effects whatever. His apparatus is of the simplest, consisting of a paper cone, with a base wide enough to embrace both mouth and nostrils, the apex being cut across so as to allow of the free ingress of air during inspiration. Here is inserted a little charpie, upon which are dropped 20 to 30 drops of chloroform. The patient is placed horizontally; and experience having shown that light and noise sensibly retard, where they do not even prevent, the action of the chloroform, the patient's eyes are bandaged, and the most strict silence is enjoined. The pulse, respiration, and duration of inhalation are carefully watched by an intelligent assistant. The cone is alternately brought for a few seconds in contact with the patient's face, and removed; and in proportion as the anæsthesia becomes declared, the apparatus is held nearer and longer to the face. The sensibility of the patient is judged of by pinching and interrogating him, and his silence is the signal for commencing the operation. If this lasts a long time, a second, or even a third dose is administered in the same intermittent manner. All the wounded brought to the Hospital from Alma and Inkermann were thus treated, without the least ill effects. M. Mounier believes there is no necessity to carry the inhalation to the extent of procuring the abolition of motion, and still less the sideration of the nervous system. Excitability of the muscular system, rarely observed, was, in place of trying to subdue it by new doses of chloroform, met by the removal of the apparatus, and in a few minutes the patient was found to be in a condition for the commencement of the operation.

M. Mounier believes that the familiarizing them with the use of chloroform, and teaching them to operate on the dead body, are two benefits that he has conferred on the native pupils of the School of Medicine at Constantinople, being some among those that French Military Medicine will have left in the East.—*Bulletin de Thérap.* Tome XLVIII. p. 284.

ON POISONING BY COLCHICUM.

By Dr. CASPER and M. JULES ROUX.

Cases of poisoning by colchicum are rare, and we are desirous of bringing under our readers' notice the accounts of no less than nine autopsies, made under the most favourable circumstances for examination and comparison. Four of these cases came under Dr. Casper's notice last year at Berlin; but as he was only concerned juridically in the examination of their bodies, he does not furnish much account of the symptoms exhibited during life. Four hearty young men having stolen some tincture of colchicum seeds, they each drank a glass of it, believing it to be bitter "schnaps." Vomiting, purging, and great prostration ensued, the intellect remaining quite clear. They took the poison on the 20th February, and by the 22nd they were all dead. Dr. Casper describes each examination in detail, and then sums up the appearances under two categories:—

1. Appearances which were observed in all the bodies, and therefore may be received as signs of colchicum poisoning. (*a*) Putrefaction did not occur earlier than usual. (*b*) The fluids contained in the stomach and the urine exhibited strong acid reaction. (*c*) The blood was of a thick consistence and of a dark cherry-red colour. Dr. Casper has met with this appearance of the blood in sulphuric acid and other poisoning. (*d*) Immense distension of the vena cava inferior. (*e*) The kidneys were loaded with blood. (*f*) The bladder contained more or less urine. (*g*) There was no hyperæmia of the liver. (*h*) The right side of the heart contained much blood, but the lungs were in their normal state. (*i*) There was great congestion of the brain. 2. Among the organs, the appearances of which did not correspond after death, foremost was the stomach. In one case there were the signs of a true gastritis and commencing enteritis; in another, fulness of vessels and ecchymosis, due evidently to stasis; and in the two others the organ was quite normal in appearance. Thus these four cases should teach us caution, by showing how much individual circumstances may influence the appearances caused by poison in the organ which first receives it. The varying appearances of the contents of the stomach and of the gall-bladder must also be regarded as accidental.

The cases related by M. Jules Roux occurred some years since, in the persons of five convicts at Toulon, to each of whom 60 grammes of tincture of colchicum were given in error for cinchona. In about two hours they were seized with colic, purging, and vomiting. Excessive prostration ensued, and they complained of burning heat along the œsophagus and in the abdomen, together with insufferable thirst. The intellect, sensation, and movement remained unimpaired to the last. Three died during the night of the day on the morning of which the poison was swallowed, and the other two expired the next morning. At the post-mortem examinations, made 36 hours after the death of the last patient, the vermilion redness of the muscles of the splachnic cavities, and the remarkable state of preservation of the bodies, struck all present. The mucous membrane of the stomach and intestinal canal was found much softened, and at intervals reddened, but nowhere ulcerated. The spleen, liver, and kidneys were much gorged with blood, and the bladder, containing a little urine, exhibited a few red patches. The heart was flaccid and contained a little dark blood and a few coagula. The vena portæ and vena cava inferior were distended with blood of the consistency and colour of red currant jelly. The lungs were in a normal condition. The cerebro-spinal axis exhibited great injection, and general, well-marked ramollissement. From the progress and results of these cases M. Roux believes with Giacomini and the Italian school, that the colchicum operates by its hypœsthenizing effects upon the nervous system rather than by inducing inflammatory action of the digestive passages.

Dr. Casper enters at some length into the question of the detection of *colchicin* by Stas' process in the body of persons poisoned by colchicum, which he declares is quite possible. We must refer our readers to the paper for the steps of the analysis pursued by M. Schacht. We may, however, mention that this chemist calculates that the fatal doses of colchicum in these fatal cases did not exceed from two-fifths to half of a grain.—*Casper's Wochenschrift.* January, 1855. *L'Union Médicale.* 1855. No. 36.

EXCERPTA MINORA.

1. *Chloroform Mixture.*—M. Dannecy strongly recommends the following formula as the most convenient mode of overcoming the difficulty produced by the density and insolubility of chloroform:—℞ Chlorof. 2, ol. amygd. 8, p. acaciæ 4, syr. flor. aur. 30, aq. dest. 60. First mix the oil with the

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chloroform, and then proceed as in making emulsions. M. Dannecy also states that almond oil forms the best test of the purity of chloroform, its limpidity never undergoing any change when the chloroform is pure, while the slightest mixture with all other substances, (except anhydric sulphuric ether,) in however small quantity, immediately affects it.—*L'Union Médicale.* No. 39.

2. *Rarity of Arachnitis.*—Professor Berg states that in more than 100 children he has examined who have died with inflammation of the pia mater, he has always found the arachnoid only secondarily affected through imbibition, being sometimes opaline, and sometimes coloured yellow from the pus lying beneath it. In only one case has he ever seen actual arachnitis.—*Journal für Kinderkrank.* Band. xxiv. p. 319.

3. *New Formulæ employed by M. Ricord.*—1 Sedative Liniment:—℞ Ol. hyosc. 200, camphor. laudan., extr. bellad. chlorof. āā. 4 parts. It is employed several times a day in neuralgic and rheumatic pains, whether acute or chronic, and, indeed, in any disease in which pain constitutes the predominant element. 2. Resolvent Ointment:—℞ Ext. bellad. camph. laudan. āā. 4, ung. hydrarg. 30 parts. In chronic engorgements, and especially in those of the epididymis. In scrofulous swellings, lard is substituted for the mercurial ointment, and 4 parts of iodide of lead are added.—*Bull. de Thérap.* 48. P. 411.

4. *Abortive Treatment of Coryza.*—M. Yvonneau states that during several years he has always succeeded in arresting idiopathic coryza within twenty-four hours, by the simple expedient of occluding the nostrils. He spreads gold-beaters' skin with collodion, cutting it into strips, and so applies it as to entirely close the external apertures. The person can go out, and, were it not for the alteration of voice, the application would not be noticed by others. The irritated membrane is thus protected from the cold atmosphere, and is kept in contact with a moist, tepid air only.—*Revue Médicale.* Tome 1. p. 173.

5. *Diminution of Pain in the Application of Leeches.*—The leeches are to be placed in a glass half-filled with water, which is then to be rapidly reversed upon the part to which they are to be applied. The patient feels the sensation only as if but one leech was biting, and when they have all taken hold the glass is to be carefully removed, catching the water in a sponge.—*Ibid.* p. 374.

6. *Cantharidine Ointment in Open Cancer.*—Dr. Remy strongly recommends an ointment consisting of 10 parts of powdered cantharides and 30 of lard. It is applied on charpie night and morning. It rapidly induces temporary cicatrization of even deep ulcers, and by its palliative employment cancers may be maintained within moderate limits for a long period of time, and the exhaustion of the powers of the patient so much delayed.—*Ibid.* p. 497.

7. *Treatment of the Paroxysm of Hysteria.*—M. Gendrin recommends, when the symptoms threatening a paroxysm appear, that the air should be freely admitted, and the clothes loosened. A few spoonfuls of orange-flower water with a little ether should be given, smelling-salts applied, and some strong means of diversion of the attention resorted to. If these means do not succeed, excellent effects are sometimes derived from the use of cold lavements, or by the immersion of the legs in cold water, which dissipate the feeling of suffocation like a charm. A teasponful may also be given every ten minutes of a mixture composed of 1½ parts of chloroform to 120 of camphor julep.—*Ibid.* p. 498.

8. *M. Paul Dubois' Treatment of Puerperal Metro-Peritonitis.*—In slight cases he employs leeches *loco dolenti*, cataplasms, and castor oil. In the severer, mercury and opium are also given every two hours until salivation is produced, and the entire abdomen is daily covered with 100 grammes of mercurial ointment, continuing only 50 or 30 grammes for a few days after salivation. Every night 25 milligrammes of gummy extract of opium is given. In order to maintain the strength a tonic mixture is also prescribed, consisting of 6 to 8 parts of extract of cinchona, 30 of syrup of Tolu, and 125 of water. This has also been found useful in some cases of vulvar gangrene with disposition to general infection, and in arresting profuse miliary sweating of puerperal women.—*Ibid,* p. 561.

9. *Creosote in Intermittent Fever.*—M. Zwetkoff, a Russian physician, states that he has found this very efficacious. He gave it in doses of from 9 to 15 drops per diem, in mucilaginous fluids, in 186 cases. Of these, 136 were cured without relapse, and in 19 relapse occurred. In 21 the disease was complicated in various manners, and in 10 symptoms appeared forbidding its continuance.—*Ibid,* p. 563.

10. *Lupulin.*—Dr. Sigmund has frequently, since 1844, borne testimony to the narcotic and sedative power of this substance in affections of the male organs of generation, and especially when erections impede the healing of wounds or ulcers, the chordee of gonorrhœa, and in pollution. One great advantage it possesses over opium and other narcotics, is that it does not interfere with digestion or any other function. He cautions us against mistaking for *lupulin*, which consists of the yellow glands or grains of the scales of the female flower, *lupulit*, a chemical preparation of the bitter principle, called also by some lupulin, but which does not possess the power of the lupulinic grains. An efficacious tincture is prepared from ʒi. of the powder and ʒiii. of spirit, of which 20 to 50 drops form a dose.—*Wien Wochenschrift*, No. 18.

FOREIGN CORRESPONDENCE.

MEDICINE IN HOLLAND.

DROPSY OF THE LEFT OVARY.

Dr. Swaving communicates the post-mortem examination of a Javanese woman, aged 35, who was treated for seven or eight years in Hospital, in the course of which time puncture of the abdomen was thrice performed. Her disease was at first considered to be ascites, it was afterwards looked upon as degeneration of the ovaries, and finally it was diagnosed by the author to be degeneration of the uterus, with ascites. On opening the abdomen, a great quantity of a yellowish, flaky, turbid fluid was discharged, together with a ball of black hairs. The entire abdominal cavity was filled by an encysted tumour of the left ovary, the circumference of which was 935 lines, its height 43 inches, its breadth 44 inches; it contained 24 Netherlands pounds of fluid; the tumour itself weighed a little more than three pounds avoirdupois [1370 wigtjes or grammes]; the thickness of the walls was from one to two lines. In the wall of the sac on the left side a membranous cyst had formed, on the right a sarcomatous cyst containing colloid matter. The first, which ended in an opening into the sac, contained a piece of bone nearly of the shape of a horse-shoe, surrounded with skin, hairs, and fat, and united by a ligament to the cyst, having in its centre a small cavity something like an articulating surface, and furnished on each of its two projections, with two primary teeth, namely, on one with a canine and an incisor, and on the other with two molar teeth; the canine tooth was attached to a thread of areolar tissue, the other three were fixed by a little fang in the bony mass; a fifth tooth was suspended in an envelope of epithelium from the wall of the cyst. The piece of skin, in which pigment, adipose and sebaceous glandulæ were seen, was covered with a thick layer of a mass resembling smegma præputii. Portions of fat lay loose in the cyst. In the hairs the cortical and medullary substances could be distinguished; some had an imperfect root. The other tumour contained in the wall of the sac, was composed of lobes of from 5 inches to a foot in circumference, and consisting of numberless cells or cysts of from 5 lines to 5 inches in magnitude. Between the lobes were intervening spaces, meshes, or cysts, containing a light brown or yellowish-white turbid gelatinous fluid.—*Nederlandsch Weekblad voor Geneeskundigen. Derde Jaargang.* From the *Nederlandsch Lancet*, April, 1854, p. 612.

Under the title "Diagnostisch curiosum, Orchitis," Dr. Leonides van Praag relates how the swollen testicle of an hypospadic patient was diagnosed, first by another Surgeon, and afterwards by himself, to be inguinal hernia in a female, and how the true nature of the tumour was at length discovered. The false rupture exhibited itself as a very hard, round, exceeding sensitive swelling, sunk low in the left labium. When the taxis, which was extremely painful, was employed, the circumference of the tumour appeared indeed to diminish, but the peculiar gurgling sound was absent, and there was also no well-defined demarcation in the inguinal canal, between the swelling and the abdominal wall, as is the case in strangulated hernia. On now examining the right labium, for the sake of comparison, the author found in it also a tumour, but much smaller, free from pain, and hanging by a slender pedicle. He was now informed that two rup-

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tures had existed from birth, which at an earlier period occasionally went up, but had latterly always remained down. At the same time, some hairs of beard on the patient's face caught his eye. The examination of the genitals was now repeated, and it appeared that the irreducible hernia was a swollen testicle, and that the tumour in the other labium was a testicle arrested in its development with a prelatively large epididymis. The clitoris, which was entirely covered, was recognized to be the glans penis, concealed by a fold of integument of the fissured scrotum, having a groove inferiorly which, lined posteriorly with mucous membrane, passed into the urethra, which was somewhat widened, and was originally mistaken for the vagina. This person, when a child, had got a truss from an eminent Surgeon, but had never worn it, and has since been for these ten years married to a man who did not complain of his wife. Menstruation had never occurred, but there had been leucorrhœa. Connexion could never have taken place, nor been attempted; the dilated urethra was too narrow to admit of it. The skin in general resembled that of a female, it was fine and white; the legs and arms were free from hairs; the pelvis had the female form; the mammæ were undeveloped; the thorax and muscular system were masculine; the voice was a medium between that of the two sexes; the face was larger, in proportion to the skull, than is usually the case in the woman.

Professor Tilanus met a second case of this kind, in an unmarried hypospadic person of 30. This individual was also looked on as a woman; and twelve years before, probably when the testicles first extruded with pain, had received a double truss from the Municipal Surgeons, but had not been able to wear it. At his birth, doubt had arisen as to his sex; but the midwife had declared him a female. On examination, a hard tumour was found in each labium, which, by its form, was immediately recognized to be a testicle. In this case, too, there was no vagina, but merely a urethra and scrotum, fissured inferiorly, with an atrophied penis. The system presented some masculine characters; the breast was flat; on the chin were some scattered hairs of beard. Menstruation had never taken place. The diagnosis was confirmed by Professor W. Vrolik.

Nederlandsch Weekblad voor Geneeskundigen. Derde Jaargang. (From the *Nederlandsch Lancet*, for April, 1854, page 613.)

GENERAL CORRESPONDENCE.

THE NEW ADVERTISING SCHEME.

[To the Editor of the Medical Times and Gazette.]

SIR,—On the 17th ult. I wrote to the Proprietor of the *Medical Circular*, stating my disapproval of his advertisements being headed with the "Authors' Addresses," and requesting him to withdraw my work on the Rectum from his list. The addresses were omitted in the next number of the Journal, but the advertisement of my book was continued. In a second communication, written on the 23rd, I expressed my objection also to the classification of the subjects of the authors, and insisted on the withdrawal of the advertisement. My request was refused, and my work on the Rectum has since been advertised in the *Medical Circular* contrary to my wishes.

I am, etc. T. B. CURLING.

Grosvenor-street, June 6.

[To the Editor of the Medical Times and Gazette.]

SIR,—It is gratifying to observe that it is not the custom of the Editor of the *Medical Times and Gazette* to sow broadcast the seeds of dissension among his brethren, nor deliberately to blast the fair fame of any man without good and sufficient cause.

I trust that you will insert an explanation of the circumstances under which the names of many Metropolitan Practitioners found their way into Mr. Yearsley's "Guide to Living Medical Authors."

It is well known that Messrs. Longman, Mr. Churchill, Mr. Highley, and others, are in the habit of circulating classified lists of the works published by each firm only; these are useful, but, being thus limited, have the disadvantage of being incomplete.

A gentleman connected with the *Medical Circular* called on various gentlemen practising in London, stating that it was proposed, if possible, to publish in that Journal a *complete* list of Works and of Authors, and requested authority to include the work of the individual whom he was addressing. It certainly was imagined that the plan was nothing more than to amplify and render complete lists already in existence, and permission was given by many under that impression.

For the separate catalogue of names and addresses, Mr. Yearsley must alone be held responsible; for, had such an idea been mentioned, it would have been scouted, and several have remonstrated against it as highly objectionable.

There are names, Sir, in the list, of gentlemen who are second to none in high principle, and who would be the last willingly to lend themselves to "quackery," to "puffing," or to "combination." An outcry has been raised against them, but there are some joining in it who would do well to reflect, that it is not unworthy of the members of a noble and liberal Profession to be charitable in judging of others, and to

DO AS THEY WOULD BE DONE BY.

TUBERCLES IN THE BRAIN.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg to forward to you a few observations upon a case of tubercles in the cerebellum, which occurred in my practice during last summer. The affection being rare, and considered by the best Medical authorities of very difficult diagnosis, the following case may not be uninteresting to the Profession.

James Austin, aged five years, a stout, well-formed boy, with a remarkably handsome, intelligent physiognomy, but of the lymphatic type, residing at the entrance of the valley of Arques, where intermittent fever is not unfrequent, and in a house of the worst hygienic description, fell from a height of about four feet on the back of his head, and during three weeks after, although there existed no external wound, complained of an incessant pain in the part. Three weeks from the date of the fall severe febrile symptoms appeared, which had been treated by sulphate of quinine without the least advantage. This febrile state continued uninterruptedly during two months, when I first saw him. There then existed constipation, low fever, and abdominal tenderness, and the countenance wore an expression of apathy and suffering. I also ascertained that he vomited frequently, and passed his urine and fæces unconsciously, and now and then a large lumbricus. By *régime*, aperients, and hot poultices over the abdomen the pain and uneasiness of that part became relieved, and the tongue clean; still the involuntary evacuations continued, also the vomiting and violent pain in the head. After trusting to a *système expectant* for some time, I found in addition to the other symptoms that the upper extremities almost simultaneously became weak, and irregular in their action, and that the head had considerably increased in size. A blister over the occiput, leeches behind the ears, and small doses of calomel produced no benefit. Dr. Delattre, of this town, then saw the patient with me, to whom I expressed a probable diagnosis of the case as one of hydrocephalus, depending upon the presence of tubercles in the meningeal membranes or substance of the brain; and this view of the case I conceived from collateral circumstances. The child himself bore no external mark of scrofula on the body, and at no period suffered from glandular enlargement, but his brother and sisters are eminently scrofulous. The former has a chronic enlargement of the cervical glands, and one of the latter has a white swelling of the knee-joint with scorbutic ulceration of the nose and cheek. I have also treated a daughter of the patient's aunt for scrofulous ophthalmia and suppurating cervical glands; and it was this condition of the other members of the family that caused me to infer an analogous affection of the brain in the present case.

The head gradually assumed very large dimensions; the paralysis of the upper extremities increased considerably, but was at no time complete, and the lower soon became affected in a similar manner; and one strongly marked feature in the symptoms then attracted my attention—permanent and rigid contortions of the hands and feet. The case thus proceeded, uninfluenced by any medical treatment, over a period of eight months, when the patient sank, in a state of complete marasm

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and exhaustion, vision being quite gone several days before his death.

Having obtained the consent of the father with some difficulty, I examined the head, in company with Dr. Delattre and Dr. Legal. The brain appeared immensely developed, and the convolutions pale and flattened; it produced to the touch a sensation of elasticity and fluctuation. By some slight disturbance, about 16 ounces of clear fluid were suddenly poured out, when the brain collapsed upon itself, and became remarkably diminished and flaccid in appearance.

In dislodging the cerebellum, I found the right lobe connected with a large tubercle imbedded at one side in its substance, and producing complete *ramollissement* of the surrounding structure, and bound down externally by strong adhesions to the dura mater and walls of the corresponding lateral sinus. This tubercle was about the size of an ordinary egg, of oval form, and encysted by a very thin membrane, over which small blood-vessels were scattered. The tuberculous matter was yellow, uniform, and dense, except towards the adhesions, where softening had already commenced. Another encysted tubercle, perfectly round, and about the size of a small walnut, existed about the centre of the same lobe. The left lobe presented no appreciable morbid appearance beyond that of seeming smaller than usual, nor did any other part of the brain, except the middle lobe of the right hemisphere, which contained a small nucleus of cretaceous tubercle.

What particularly merits attention in this case is the manner in which the true nature of the disease was marked in the beginning, the total absence of convulsions all through, and the integrity of the intelligence, which was at no period impaired.

The blindness continued several days before dissolution, although the optic thalami were in a normal state; however, it is not difficult to account for that, by the pressure of the serum, which had rendered the lateral ventricles more than double their natural size.

The vomiting and contortions demand also particular notice as symptoms; but the most important observation afforded by the case is in the fact that the boy appeared, up to the time of the fall, (which I think should be considered as a coincidence,) the healthiest member of his family, having never shown any external sign of scrofula. This circumstance fairly suggests the propriety of subjecting the members of a scrofulous family, although apparently unaffected, to a system of *régime*, and mild treatment, calculated to antagonize the scrofulous diathesis, which, notwithstanding the best external appearances, may latently localize itself in some internal and vital organ. Perhaps, even those attacked externally are, by that means, more secure against irremediable invasions internally.

I am, etc. STEPHEN S. MORIARTY, M.D.

Dieppe.

HOMŒOPATHY AND DIAGNOSIS.

[To the Editor of the Medical Times and Gazette.]

SIR,—As a large portion of the public incessantly clamours for facts, allow me to state in your pages, a fact illustrative of the dense ignorance of the more highly scientific departments of our Profession displayed by those fashionable quacks,—Homœopaths. As your space is valuable, I will be brief. On the 28th of May last, I was called to attend a boy, of 11 years of age, whose appearance presented great emaciation, contracted features, and a hectic flush on the cheek. The poor lad had been ailing six months, complaining of cough, expectoration, severe and protracted dyspepsia, pain between the shoulders, and in the left lateral region, nocturnal perspiration, loss of flesh, and debility. On proceeding to make a physical examination of the chest, I found it narrow, flat, and sunken. Its lateral expansion, on inspiration, was greatly impaired. The left infra-clavicular region was absolutely dull on percussion, and in the same region the ear recognized a humid râle, and bronchophony, as startlingly intense as if the stethoscope had been placed over the thyroid cartilage itself. Similar phenomena were audible in the supra-spinata fossa of the same side. Under the right clavicle, mere resonance was slightly impaired, puerile respiration and slightly increased voice were audible. Your readers need not be told that the above was a model case of phthisis. The boy's mother stated, that at the commencement of his illness she took the patient for some time to the Homœopathic Dispensary, where she was repeatedly told that the lad's case was not consumption.

It is painful to think that a prolonged administration of inert rubbish should, in many cases like the above, prevent the adoption, at a proper period, of those remedial measures which alone promise success.

I am, etc.

T. FURNEAUX JORDAN,
Resident Surgeon.

Warneford Hospital,
Leamington, June 12, 1855.

TAPEWORM.

[To the Editor of the Medical Times and Gazette.]

SIR,—Mr. Edmonds, in a late Number of the *Medical Times and Gazette*, when publishing a case of tapeworm, hopes for the experience of his Professional brethren.

I beg to state, that 15 cases of that disease were treated by me, in the years 1852 and 1853 with kousso, and in every instance the worm with the head was removed. The plan of employing the kousso varied from that mentioned by Mr. Edmonds. I put the patient on spoon diet for a couple of days, gave half an ounce of the medicine (when fasting), and followed its use by a full dose of castor oil in six hours. The worm was usually voided shortly after the dose of oil had been taken.

I may add that the patients were all soldiers, and in only one instance did relapse take place.

I gave a trial, in the year 1854, to another remedy for the same disease; viz. the "Kameyla," a preparation of the Indian bazaar, and strongly recommended by a Medical officer of the H.C. Service. I did not find its effect more beneficial than the kousso.

I am, etc.

R. DANE, M.D., F.R.C.S.I., 1st Class Staff-Surgeon.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, MAY 19, 1855.

Dr. SNOW, President.

APOPLEXY AND EPILEPSY.

MR. DUNN detailed to the Society two fatal cases, occurring in the same family, one of apoplexy, and the other of epilepsy, which had lately come under his notice. The cases were those of a father and daughter; the former died in an attack of hemiplegia, twenty hours after the seizure; the latter sank from exhaustion, after a succession of epileptic fits, having been subject to epilepsy for ten years. He thought it would not be unprofitable to narrate them together; by so doing, the best opportunity would be afforded for judging how far anything in the antecedents of the father might throw light upon the origin of the dire malady to which the daughter fell the victim. The father died at the age of 50; he was a *bon vivant*, fond of good living, and inherited the gouty diathesis. Under the excitement of intoxicating potions he lost all power of self-control, and ran into great excesses. He (Mr. Dunn) had been consulted for a peculiarity with respect to vision, and the inability of the patient to sign his cheques satisfactorily. While sitting quietly by the fireside, he suddenly lost the use of his right side. He (Mr. Dunn) found him suffering from hemiplegia, total loss of voluntary motion, and diminished sensibility; reflex actions persistent; quite sensible and collected; did not complain of any pain; was not conscious of having had any fit. There was no drawing of the mouth, nor convulsive action of any kind; but the pulse was weak and feeble. He never rallied; lay perfectly passive, without any convulsive action whatever, or rigidity of the arm or leg. About twenty hours from the time of the attack, he quietly expired from apnœa, the breathing gradually becoming more and more laborious and oppressed. At the autopsy, the cerebral arteries were seen to be studded with atheromatous deposits in all directions, and to a conspicuous degree. There was a swelling or bulging out on the left crus cerebri, from a clot of extravasated blood ready to burst forth, forming part of a large effusion which had taken

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place from one of the arteries of the fissure Sylvii, extending backwards into the posterior lobe of the brain, breaking up the crus, and encroaching upon the vicinity of the pons. The tractus opticus and corpora quadrigemina, on the left side, were in a state of white softening. He (Mr. Dunn) considered the post-mortem appearances satisfactorily explained the hemiplegia and the phenomena attendant on his death. The point of practical importance to which he was anxious to direct the attention of the Society, was the atheromatous condition of the arteries of the brain. He (Mr. Dunn) had a strong conviction in his own mind, the result of personal observation, that such a state of the vessels was associated generally, if not constantly, with the gouty diathesis. The author had found these deposits the associates of rheumatic fever, and the precursors of apoplexy. The daughter died about a month after her father, after a succession of epileptic paroxysms, rapidly following each other. She was robust and healthy up to her seventh year, when she had an attack of chorea. Before she had well recovered, she caught scarlatina, and this was followed by rheumatic fever. From the quick succession of these complaints, her nervous system received a shock from which it never thoroughly recovered. The first fit took place under exciting circumstances, and she had not another for six months; but afterwards they became frequent, and still more so after puberty. Her aptitude for learning was found to be greatly impaired. She could not keep her attention fixed upon any subject; what she learned one day, she had forgotten by the next; so that all attempts to teach her anything new were eventually given up, and she appeared to be gradually passing into a state of fatuity when the sudden death of her father aggravated her attack, and she sank from exhaustion after a succession of fits. At the post-mortem inspection, the viscera of the chest and abdomen were found healthy. The vessels on the superficies of the brain, and especially at the base, were found to be gorged with livid blood. The narrowness of the anterior lobes, their want of breadth and height in front, and the deficiency of the anterior development altogether, were remarkably conspicuous. The brain was small, but beyond the fissure Sylvii the convolutions were more full and voluminous, and presented a marked contrast with the anterior and temporal regions. The latter impressed Mr. Dunn with the idea of arrested development. On shaving down the hemispheres, the appearance in the anterior lobes was peculiar: there were seen innumerable small foramina, out of which, here and there, small blood-vessels might be seen issuing, but the channels were much larger than the vessels. As to the inquiry, whether anything in the antecedents of the father had exerted a baneful influence upon the destiny of the daughter, Mr. Dunn drew attention to the fact of his exhibiting the gouty diathesis, and to his habits of life, as not being calculated to eradicate, but rather to perpetuate, the gouty habit. The whole history of her life, in his (Mr. Dunn's) opinion, led to the belief of the existence of an hereditary taint in her constitution—a contaminated condition of the blood, affecting more especially the nutrition of the brain, first developing itself in the phenomena of chorea, and finally in those of epilepsy. He (Mr. Dunn) espoused the doctrine of the humoral pathology of epilepsy, and that the epileptic fit is, in reality, a disruptive discharge of the nervous force, in consequence of a morbidly excited polarity.

Dr. Camps read a paper "On the Non-Inflammatory Diseases of the Chest," his observations being confined chiefly to asthma and hooping-cough.

STOCKPORT MEDICAL SOCIETY.

WEDNESDAY, JUNE 6th, 1855.

W. H. BELLOT, Esq., President, in the Chair.

Mr. Hinnell reported two cases of simple fracture of the os calcis treated in the Infirmary: one was that of a woman, aged 57, who jumped out of a window in her sleep, and suffered a compound fracture of the left thigh. A fracture of the right os calcis was suspected. There was no displacement, little increase of mobility, great swelling, and obscure crepitation. She died from the shock. A post-mortem section showed an irregular fracture of the os calcis, extending through and from its cuboid articular surface backwards and downwards to the outer tubercle. The subject of the second, now under treatment, is a woman, aged 53, who fell from a ladder, lighting on the toes, and feeling a great shock in the knees and hip-joints. The symptoms were great pain on manipulation, increased mobility of the heel, no displacement from the action of the gastrocnemius; and, on flexing the knee and extending the ankle, very distinct coarse, grating crepitation. The position of the fracture he believed to be the groove for the interosseous ligament.

Dr. Turner thought that this injury might occasionally be overlooked in the presence of a more serious injury of some other part, and this might account in some degree for its reported rarity.

Mr. Hinnell presented two prepartions of caries of the cervical vertebræ, on one of which Mr. Rigby read a paper last year. The other was from a lad of 18, a weaver, admitted into the Infirmary 21st April, 1854, with purulent discharge from an opening in the left side of the neck behind the sterno-mastoid. The disease began two years previously with slight pain and stiffness in the neck, which gradually increased, but no other change occurred till February, 1854, when he had frequent head-ache and epistaxis; the integuments of the left side of the neck began to swell and harden, and the slightest motion to be painful. A fortnight after an opening was made in the swelling, through which pus escaped freely. On the 8th April palsy first appeared in the right arm, and a few days after in the legs, accompanied with convulsive twitchings. In this state he was admitted, totally helpless, prone in bed, fæces and urine escaping involuntarily, with head-ache, dimness of vision and constant twitchings of the legs. He sank exhausted from sacral sloughs on May 23rd. The post-mortem examination exposed numerous sinuses in the course of the muscles of the neck; the cervical vertebræ covered behind and on the sides with curdy pus; the theca vertebralis from the axis to the seventh vertebra covered with a similar deposit; the vertebræ unchanged in position, but with caries of their left transverse processes and laminæ from the axis to the seventh; the spinal marrow in a state of progressive softening; the brain healthy.

Mr. Rayner thought that the convulsive twitchings of the legs were caused by pressure communicated downwards to the lumbar marrow, and consequent irritation of a lumbar exodic nerve.

Mr. Hinnell then proceeded to read a paper on

CALCAREOUS DEGENERATION OF THE VALVES OF THE HEART,

in a collier, aged 61, who at 14 was treated for palpitation and dyspnœa, and who, in the winter season, for the last twenty years, had suffered from palpitation, cough, expectoration, and dyspnœa. Last November, the patient's legs became œdematous, and he was admitted into the Infirmary, under Mr. Medd, on the 15th January, when his symptoms were dyspnœa, cough, viscid expectoration, head-ache, congestion of the superficial veins of the head and neck, purple lips; respirations 30; pulse feeble, irregular, intermitting, with no thrill; tongue moist, and moderately clean; bowels sluggish; urine scanty; chest moderately resonant, with diffused, fine, moist râles; cardiac dulness increased, especially from above downwards, the apex beating two inches lower than usual; a double harsh bellows murmur, the first coincident with but not masking the first sound of the heart, and isochronous with the radial pulse, heard loudest at the apex of the heart, at the ensiform cartilage and below the line of the nipple, and diminishing towards the clavicles; a venous wave in the jugular veins, most distinct in the right. In this state he continued, with occasional exacerbations, especially on the supervention of flatulent dyspepsia, till two days before his death, (when his symptoms became much aggravated,) which took place suddenly and quietly in the night of the 16th of February. *Sectio cadaveris* 28 hours' after death exhibited the heart 1 lb. 4 oz. in weight, the pericardium containing half a pint of clear serum; the auricles dilated with firm fibrinous coagula among the musculi pectinati; the tricuspid valves unaltered; the right ventricle dilated, being capable of holding a large-sized goose's egg; pulmonary arterial valves unaltered; the artery itself dilated, and its walls thickened; the mitral valves thickened and irregular, large nodules of cretaceous deposit occupying their angles of junction, and the base and body of the anterior segment; the walls of the left ventricle an inch thick, with hypertrophy of the columnæ carneæ; the aortic valves

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thickened and indurated, rounded and oval, irregular cretaceous masses occupying their bodies, bases and angles of union; their free margins and corpora arantii unaffected; one of the masses cut through, showing a nuclear centre, and concentric laminæ; the coronary arteries dilated, and their walls rigid from deposit; the aorta dilated, its walls thickened and spotted with a yellowish-white tough deposit; on the outer surface of the left ventricle a large patch of a similar character; the pleural cavity obliterated, old adhesions binding the lungs to the ribs and diaphragm, and the lobes to each other; the lungs of large size, somewhat crepitant, much congested, vessels varicose; bronchia dilated; a few emphysematous dilatations in the margins of the lower lobes, one cut across, collapsing and showing an imperfect septum; on the surface, and in the substance of the lungs very numerous and black concretions contained in tough adherent cysts, some as big as a pea; grey tubercular matter in the upper right lobe; no peritoneal effusion; kidneys enlarged; head not examined.

The author produced a preparation of the left ventricle, with the mitral and aortic valves exposed, and stated that he had not expected to meet with so much aortic disease, as the symptoms had been all those of mitral derangement. He explained that the jugular wave in this case had not been a constant symptom, and accounted for it by regurgitation into the right auricle in the way described by Mr. King, of Guy's Hospital, and by the superior vena cava being unprovided with any membranous valve. He was of opinion that, though this affection had been termed ossific disease, the term he had employed was the more appropriate, as the concretions bore no resemblance to true osseous tissue but in their hardness and calcareous composition, the microscope discovering neither bone cells nor vessels in the harder, nor cartilage cells in the softer, deposit; the connexion of both with the surrounding tissues being merely mechanical,—in short, that they were unorganised concretions. Their mode of origin he supposed to be chronic endocarditis, with fibrinous dropsy of the subserous cellular tissue, of which the fibrin became organized, while the watery elements of the serum, being gradually removed by endosmotic action, the salts no longer held in solution became slowly precipitated. When the organic materials predominated the epigenesis was soft, and bore a *primâ facis* resemblance to cartilage, and when the inorganic, it was hard and resembled bone. He thought that the morbid specimen before the meeting illustrated the two stages and the progressive conversion of the one into the other. The lungs, he said, presented a form of spurious melanosis, from black discoloration of the blood. He believed the mode of death to have been bronchial asphyxia.

Dr. Turner asked if either the patient or his friends had ever been the subjects of rheumatism?

Mr. Hinnell said he did not know.

Mr. Rayner observed that French pathologists did not consider this affection in the light of disease, but as merely a senile change.

The President doubted the necessity of an endocarditis for the production of the changes.

The author in reply thought the abundant evidence of pleural inflammations gave weight to his hypothesis.

A discussion followed on instances of angina pectoris, producing death, where no evidence of organic disease had been afterwards discovered; and Dr. Turner mentioned a fatal case where ossification of the coronary arteries was the only discoverable change.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 7th June, 1855:—

BLAKE, THOMAS, United States.
LEE, ALEXANDER COOPER.
LOWNDS, JAMES RICHARD, Newcastle-on-Tyne.
PERRY, ROBERT, Egremont, Cumberland.
STOREY, JOHN, North Shields
TAYLOR, CHARLES, Nottingham.
TYLECOTE, EDWARD THOMAS, Haywood, Stafford.
WEBB, JOHN CRASKE, Shaftesbury-crescent,

DEATHS.

CUMMING.—June 5, Limehouse, William Cumming, Esq., Surgeon, aged 33. A short life of usefulness and benevolence.

GOLDIE.—June 11, at Oxford-terrace, John Goldie, Esq., of Baker-street, late of the Madras Medical Service.

WISHART.—May 25, at Scutari, James Alexander Wishart, Esq., M.D., Staff-Surgeon, second son of the late John Henry Wishart, Esq., F.R.C.S.E.

CAMBRIDGE UNIVERSITY.—At a Congregation held June 11, the following degrees were conferred:—Licentiate in Medicine—Thomas Trollope, Pembroke College; Bachelor of Medicine—Charles Izard Beard, Trinity College.

UNIVERSITY OF OXFORD.—Drs. Daubeny and Acland were nominated the Examiners in Medicine in the University of Oxford at the close of the session on the 7th of June. The candidates for the degree in Medicine were reported to be *nil*; 61 candidates graduated in the other faculty—Divinity!

THE NEW HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, was on Thursday week inspected by His Royal Highness Prince Albert, accompanied by Lord George Lennox and Captain the Hon. D. De Ros, equerry in waiting, prior to its being opened for the reception of in-patients. The Treasurer, Mr. H. E. Gurney, Mr. H. Tucker, Mr. Kilburn, and other members of the Committee, the Physicians, Dr. Jeaffreson, Dr. Peacock, Dr. Bennett, Dr. Birkett, and Dr. Clark, and several of the earliest supporters of the Institution, including Mr. Masterman, M.P., Mr. Tidswell, etc. were in waiting to receive His Royal Highness, who arrived at the building at four o'clock.

BELFAST MEDICAL SOCIETY.—The Anniversary Dinner of this Society was celebrated on Thursday, being the thirty-second festive Meeting of the kind since the Society was first established. The President was Doctor Gordon. Among those present were—Dr. Thomas Read, late President; Professor Burden, Queen's College; Dr. Patterson, Treasurer; Surgeon Brown, R.N.; Dr. Stewart, Hospital for the Insane; Dr. Drennan, Secretary; Dr. Dill, V.P.; Dr. Robert Bryce; Dr. Halliday; Dr. J. W. T. Smith; Dr. Murney, Queen's College; Surgeon J. S. Dickson; Dr. Wheeler; Surgeon Smith, Castle-place, etc. etc. Surgeon Browne, R.N., in responding to a toast relating to the Naval Medical Department of the service, referred to the shameful manner in which they, as a body, were invariably treated by an incompetent Board of Admiralty, who looked down upon their Profession, and even had the impudence and effrontery to set aside an Address of the House of Commons to her Majesty, made so far back as the year 1839, praying her Majesty to direct that Assistant-Surgeons in the Navy should be provided with a cabin exclusively for themselves, and that they should mess with the Lieutenants—an address, or order rather, he should say, which to the present time had been rendered null and void by those great men in their own estimation—the Lords of the Admiralty—with the frivolous and preposterous excuse that new ships should be built to afford a cabin to Assistant-Surgeons. But he rejoiced to see that an agitation was now at work, the result of which, he felt assured, would be that the House of Commons would assert its own powers, and no longer permit an inferior authority to override their orders. (Hear, hear.) The day had at last arrived, he said, when such indignities would no longer be permitted; and on this head he remarked that the "Naval Medical Reform Association" had done good, and stirred up such a feeling as would only subside with the entire removal of the grievances and petty vexations annoyances on the part "of the powers that be" under which their brethren in the Navy had been so long groaning. (Cheers.)

ROYAL ACADEMY OF MEDICINE OF BELGIUM.—Prizes, consisting of gold medals of from 500 to 600 francs in value, are offered for the best essays on the following subjects:—1. The diseases of workmen employed in coal and other mines. 2. The coincidence or antagonism of diseases in relation to medical geography; and the modifications in form and frequency that the most wide-spread diseases of our climates have undergone at different periods. 3. The indications and contra-indications of bloodletting in febrile diseases. 4. The present state of science in relation to the nervous system of the horse, dwelling especially upon the differential diagnosis of its diseases.

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VIENNA GENERAL HOSPITAL.—The immense size of this establishment may be judged of by the weekly bulletin that is issued. Thus by that of the 2nd of May we learn that it then contained 2090 individuals, viz. 1122 males and 968 females. These were thus distributed:—977 in the medical and clinical wards; 483 in the surgical wards; and 630 in the specialist wards, the last being cases which in our hospitals would be treated in the surgical wards.

HEALTH OF THE TROOPS.—Lord Raglan transmits the weekly return of sick to the 26th instant. "Cholera," he says, "is, I hope, on the decline, but it is still prevalent to a certain extent. Captain King, of the 32nd, a fine young man who was much esteemed, fell a victim to it yesterday. It has also occasioned some deaths in the Sardinian Contingent, three cases of which ended fatally on the voyage from Genoa to Balaklava." The enclosure is under date before Sebastopol, May 28, and says, "The weekly state of sick to the 26th instant shows an improvement in the sanitary condition of the Army. The cases of cholera which have been admitted during the week have been of a milder character, and the mortality from that disease has been much less; but it has extended to the Sardinian Contingent, to the men of the Land Transport Corps, and to the shipping in the harbour of Balaklava; and, from these sources, the admissions and deaths in the general hospital there have been considerably increased: no fewer than eighteen out of the twenty-five casualties which occurred there having taken place amongst these extra patients. The admissions to strength during the present week have been in the ratio of 4·20 per cent.; and the deaths to strength, 0·27 per cent. Last week they were 4·58 and 0·47, respectively. Fevers have been less numerous during the week, but diarrhœa has been slightly on the increase; and it has been noticed that many convalescent from fever have been seized, in some of whom the disease has run on to cholera, and terminated fatally.

SIR B. HALL (says the *Dublin Medical Press*) gave a semi-official Dinner a few days ago. The only representative of the Medical Profession in England invited was Dr. Quin, the chief of the Homœopathic schools.

PROFESSOR JULES CLOQUET was on Monday elected a member of the Institut (section of Medicine and Surgery) in the room of the late Dr. Lallemand, of Marseilles. His opponents were MM. Jobert, Baudens, Guérin, Laugier, and Gerdy.

MORTALITY AND PUBLIC HEALTH OF ENGLAND.—A blue-book of 250 pages has just been published, from which it appears the rate of mortality, according to the Registrar-General's late researches, is something like double in London, Birmingham, and Manchester, what it is in suburban and rural districts of the same cities. The natural rate of mortality in such towns, and perhaps Dublin, should be 17 in 1000; but the average mortality now is 23, and in Manchester so high as 37 in 1000. Mr. Farr concludes his evidence with the expression of an opinion that several of the sanitary measures embraced by the Public Health Act are required in every district of the kingdom.

MORTALITY NOTABILIA.—The mortality of London is still higher than it should be in the beginning of June, a month which is usually the healthiest in the year; but the returns of the last two weeks prove that the public health is approaching a more satisfactory state. Last week 1087 persons, of whom 565 were males and 522 females, died. In the ten corresponding weeks of the years 1845-54 the average number was 931, and if this is raised in a certain proportion, as allowance for increase of population, it becomes 1024. There was an excess in the deaths of last week of 63 above the estimated amount. Nearly one half of the deaths occurred under 20 years of age; only 25 occurred at 80 years and upwards. Of diseases in the zymotic class, scarlatina is at present the most prevalent. Next in the number of cases referred to them are typhus and hooping-cough.

BIRTHS.—Last week the births of 870 boys and 840 girls, in all 1710 children, were registered in London. In the ten corresponding weeks of the years 1845-54 the average number was 1414.

METEOROLOGY.—The mean height of the barometer in the week was 29·779 in. The highest reading occurred at the end of the week, and was 29·99 in. The mean temperature was 58·5°, which is 1° above the average of the same week in 38 years. The warmest day was Wednesday, when the *highest* temperature was 83·5°; the *lowest* was 57·8°, and the mean was 71·4°, which is 13·9° above the average. The highest in the sun on that day was 107·5°. On the following day the mean temperature fell to 57·6°, which is rather *below* the average. The *lowest* temperature in the week occurred on Sunday, and was 39·8°. The mean dew-point temperature of the week was 48·4°, and the difference between this and the mean temperature of the air was 10·1°. The temperature of the water of the Thames on the first five days was 55·8. Wind, south-west. Rain, 0·10 in. Horizontal movement of air, 700 miles; electricity, weak; positive on the 6th, nothing shown on other days.

DEATHS IN PUBLIC INSTITUTIONS for the Weeks ending June 9:—

	Males.	Females.	Total.
Workhouses	47	45	92
Prisons	..	..	..
Military and Naval Asylums ..	3	..	3
General Hospitals	43	12	67
Hospitals for Special Diseases ..	6	4	10
Lying-in Hospitals	..	..	..
Military and Naval Hospitals ..	1	..	1
Hospitals for Foreigners, etc. ..	2	..	2
Lunatic Asylums	2	9	11
Total	109	77	186

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	878,427	3	..	12	11	3	7
North	490,396	5	1	5	6	6	9
Central ..	393,259	2	3	14	9	1	6
East.....	485,532	2	3	7	4	..	3
South	616,625	7	3	12	13	6	13
Total..	2,362,236	22	10	53	43	16	43

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, June 9, 1855.*

CAUSES OF DEATH.	In the Week ending Saturday, June 9, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Average of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean temp. ° 58·5						° 57·3
ALL CAUSES	1087	515	171	172	188	26	930·7
SPECIFIED CAUSES	1070	514	171	172	188	25	924·6
DISEASES:—							
1. Zymotic Class	235	186	25	12	11	1	215·0
2. Dropsy, Cancer, and others of uncertain seat	48	8	8	18	17	2	43·5
3. Tubercular Class	200	78	76	40	6	..	189·6
4. Of Brain, Nerves, etc. ..	140	58	19	27	44	3	118·5
5. Of Heart, etc.	45	4	9	16	15	1	34·9
6. Of Respiratory Organs ..	152	75	13	20	42	2	116·9
7. Of Digestive Organs ..	72	21	11	17	11	2	59·3
8. Of Kidneys, etc.	15	2	5	5	3	..	11·7
9. Of Uterus; viz.—Puerperal Disease, etc. ..	9	1	5	2	1	..	8·2
10. Of Joints, Bones; viz.—Rheumatism, etc. ..	11	2	1	4	3	1	7·9
11. Of Skin, etc.	2	2	..	..	..	..	1·3
12. Malformations	6	6	..	..	..	..	3·1
13. Debility from Premature Birth, etc.	30	30	..	..	..	..	20·8
14. Atrophy	26	19	..	1	6	..	22·1
15. Age	33	..	..	..	20	13	37·3
16. Sudden	10	3	2	1	4	..	5·9
17. Violence, Privation, etc. ..	36	14	3	9	5	..	32·4
CAUSES NOT SPECIFIED	17	1	..	..	..	..	6·1

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BOOKS RECEIVED.

The Essentials of Materia Medica, by Garrod. London: Walton and Maberly. 1855.

The Micrographic Dictionary. Part. XI. London: Van Voorst.

Heller's Pathological Chemistry of the Urine. By Ludwig Dahl. Translated by Dr. W. D. Moore. Dublin: Fannin and Co. 1855.

Museum of Economic Botany. By Sir W. F. Hooker. London: Longman and Co. 1855.

Military Medical Instruction in England. An Introductory Lecture by Dr. James Bird. London: Churchill. 1855.

Reflections on Petit's Operation, and on Purgatives after Herniotomy. By Joseph Lawson Gamgee. London: Bailliere. 1855.

Practical Observations on the Treatment of Club-foot. By John Lisars. Edinburgh. 1855.

Curling on Diseases of the Rectum. Second Edition. London: Churchill. 1855.

Surgical Reports and Miscellaneous Papers by Dr. Hayward. Boston. 1855.

Stenhouse on the Economical Applications of Charcoal to Sanitary Purposes. Second Edition. London: Highley. 1855.

Dr. Noble's Elements of Psychological Medicine. Second Edition. London: Churchill. 1855,

The American Medical Monthly. May, 1855.

The Charleston Medical Journal and Review. May, 1855.

Report of the Trial in the Action of Damages between Mr. Glover and Mr. Syme. Edinburgh: Bell and Bradfute. 1855.

TO CORRESPONDENTS.

Diogenes.—It is very hard upon us to be obliged to make jokes, and also to find people brains to understand them. A certain obtuse contemporary actually accuses us of having seriously recommended the Government to supply the Military Hospitals of the habitable globe with sixpenny-worth of arnica, divided into infinitesimal doses by Lord Robert Grosvenor. We shall next hear of our matter-of-fact accuser searching, herbarium in hand, for specimens of the "New Fungus" on Hampstead Heath, instead of looking for them in Savile-row.

Athenian.—We regret that our correspondent should have been disturbed in his propriety by the strictly classical allusion referred to. Διάβολος (διαβάλλειν) is not translated *devil*, but signifies an *adversary, accuser, opponent*, and happens to be applied to his Nether Majesty as being specially the accusing enemy of the human race. Dr. Adam Clarke improved on it, and resorted to the Arabic word *chanas*, signifying "monkey, fiend, or satyr," and thence concludes that on the temptation of our first parent, the Tempter assumed the form of a monkey or ourang-outang, adding, that "the ability to chatter is all they have left of their original gift of speech." We trust that this explanation will restore our correspondent to his former peaceful state of mind, and that he will see the fitness of the allegorical allusion. We should not have thought of using the Latin "Diabolus" in such a connexion.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Mad dogs now abound; and at present, I believe, the only mode of removing the poison from recent wounds is by applying cupping-glasses, which must be always inconvenient, and, when the wound is on a finger—impossible. I have requested Mr. Weiss to make me for this purpose an elastic bottle, capable of adaptation to small glasses of different sizes, which, I think, will answer the purpose most effectively. This has for some time past been the most efficient form of breast-pump, and is not, therefore, new in principle, but is, I think, quite so in adaptation to this particular purpose. I am, etc. W. BOYD MOSS.

Tunbridge Wells, June 8th, 1855.

Looker-on.—We have received your letter approving the sentiments expressed in this Journal on the subject of Mr. Syme's attack upon the London Surgeons.

Dr. Flynn's important communication shall receive immediate attention.

A Student.—We cannot recommend you to take any appointment in the public service until you have passed your Examinations. Perhaps, the best way of spending your time would be to take a place of Assistant to a Practitioner till you come of age.

Medicus.—We have not yet heard what steps the College of Physicians intend to take with such of their Fellows or Members as have joined the new puffing scheme. We are happy to observe that the Members of that College have, for the most part, declined all connexion with the "Guide."

M.D.—Smoke has long been popularly esteemed antiseptic. Among the poor in many districts it is a common practice to make a wood fire in the yard of any house in which a death may have occurred from a disease believed to be contagious. By the Irish, a fire of cork-cuttings made in the middle of the apartment is deemed of peculiar efficacy. Apart from the benefits accruing from the ventilation caused by the fire, it is very possible that the impure form of charcoal of which smoke consists may exert an antiseptic influence on the air with which it mixes. Not long ago the subject was deemed of sufficient importance to be brought before the Paris Académie des Sciences. M. Feraud was the communicator on the occasion.

An Assistant-Surgeon.—1. The Russian Surgeon's name is neither Peregoff nor Perigoff, but Pirogoff. 2. His essays are published in German. 3. The amputation which bears his name has been twice performed in London, first by Mr. Ure at St. Mary's, eighteen months ago; and again within the last few weeks, by Mr. Simon, at St. Thomas's. Mr. Ure's patient died suddenly of brain disease, but his stump was not in a promising condition. Our contemporary was, of course, quite in error, in stating Mr. Simon's to be the first operation of the kind in England. We are not aware that any Surgeon on the Continent, excepting M. Schuhe and its originator, have practised it. The result of M. Schuhe's case was very satisfactory.

M. R. C. S.—Write to Sir John Liddell at the Admiralty.

Ambigu.—1. The Medical Practice is absolutely required. 2. Not in your case. 3. Write.

Mr. Gay's letter on the subject of the "Guide to Living Medical Authors" is withdrawn at his own request.

Edinensis—We are sorry to find that our contemporary, the *Dublin Medical Press*, labours under a chronic irritation against ourselves and all the Medical literary world of London. We fear that our contemporary's digestive powers are out of order, and that this circumstance obscures his intellectual perceptions.

COMMUNICATIONS have been received from—

Dr. SNOW; Mr. MESS; Mr. PRESCOTT HEWITT; Mr. GAY; Mr. HINNELL; Mr. W. D. MOORE; Mr. WHITE COOPER; LOOKER-ON; Dr. BEATSON; Dr. RADCLIFFE; Mr. HAYNES WALTON; Mr. NASON; Dr. LANE; Mr. H. M. TAYLOR; Mr. T. F. JORDAN; Dr. FLYNN; Mr. T. B. CURLING; Mr. BIRKETT; Mr. CORNER, the London Hospital; Mr. CLOUGH, Guy's Hospital; Mr. CROSSMAN (with enclosure); Mr. LEGGE, Westminster Hospital; M.R.C.S.; A FIVE YEARS' SUBSCRIBER; Mr. GAY; Mr. CARVER, Cambridge; THE HOUSE SURGEON OF ST. MARY'S HOSPITAL.

APPOINTMENTS FOR THE WEEK.

JUNE.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
16. SATURDAY....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.	ROYAL BOTANIC SOCIETY, 3½ p.m.
18. MONDAY.....	London University—M.A. Examination, Branch III. Ditto LLB. Examination.	CHEMICAL SOCIETY, 8 p.m. STATISTICAL SOCIETY, 8 p.m.
19. TUESDAY	London University, M.A. Examination, Branch III. Ditto LLB. Examination. Operations at Guy's, 1 p.m.	LINNEAN SOCIETY, 8 p.m.
20. WEDNESDAY..	London University, M.A. Examination, Branch III. Ditto Election of Vice-Chancellor and other Officers. Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.	LONDON MEDICAL SOCIETY OF OBSERVATION, 8 p.m., at University College Hospital. "Diseases of the Cerebro-Spinal System." MICROSCOPICAL SOCIETY, 8 p.m.
21. THURSDAY....	London University, M.A. Examination, Branch III. Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.	ROYAL SOCIETY, 8½ p.m.
22. FRIDAY	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	

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ROYAL MEDICAL BENEVOLENT COLLEGE.

The Council have much pleasure in informing the Governors and other Friends of the INSTITUTION, that His Royal Highness Prince ALBERT has graciously consented to OPEN the COLLEGE on MONDAY, the 25th of JUNE INSTANT, at Half-past Three o'Clock (instead of at One, as previously stated), on which occasion it is hoped that a large number of its supporters will be present to receive His Royal Highness.

The Council desire to call particular attention to the following Resolution ;—

"That Ladies presenting a Donation of Five Guineas, on or before the opening of the College, on the 25th of June instant, be constituted Life Governors."

The COUNCIL deeming the opening of the Institution a suitable occasion on which to secure the moral and pecuniary support of a large body of persons friendly to the cause, with a view of facilitating their accession, it has been determined that LADIES presenting FIVE GUINEAS on or before the time specified, shall be constituted LIFE GOVERNORS. It is not probable that another occasion of sufficient importance to justify a similar step will occur ; the Council therefore hope, that this exceptional Resolution will bring a numerous body of supporters and contributors, whose interest in the Institution they are most anxious to conciliate.

LADIES availing themselves of this privilege, will be entitled to a VOTE at the ELECTION of PENSIONERS and FOUNDATION SCHOLARS, which is appointed to take place on the 19th of JULY NEXT.

A COLLATION will be provided in a Tent on the grounds. The price of each Ticket for the Collation, including Wines, Tea, and Coffee, is 13s. 6d. Those who may desire Tickets are requested to forward their names to the Secretaries, on or before the 19th of June, in order thta arrangements may be made accordingly.

A MILITARY BAND will be in attendance. A SPECIAL TRAIN, (1st and 2nd Class,) will leave the London-bridge Terminus, for EPSOM, at Half-past Two o'Clock precisely, (instead of Twelve, as previously announced). Tickets are available to return by any of the Ordinary Trains, which leave Epsom at 4.50, 6.50, and 8.45. The Special Train will leave Epsom at Nine o'clock p.m.

Tickets of admission to the Grounds may be had on application at the Office.

By order of the Council,

HENRY HANCOCK, F.R.C.S., HON. SEC.
HERBERT WILLIAMS, ASSISTANT SEC.

Office, 37, Soho-square, June 14, 1855.

Royal Medical Benevolent College.—

The Council desire to state that, as some dissatisfaction has been expressed relative to the admission of Exhibitioners according to priority on application, the Council have resolved to elect the Exhibitioners by Lot. The names of Candidates will be received up to the 1st of July.

By Order of the Council.

HENRY HANCOCK, F.R.C.S., Hon. Secretary.
HERBERT WILLIAMS, Assistant-Secretary.

Office, 37, Soho-square, June 6th, 1855.

King's College, London. — Medical

DEPARTMENT.—The WINTER SESSION, 1855-56, will commence on Monday, October 1st, 1855, on which day all Students are expected to attend the Introductory Lecture, at Two o'clock.

The following Courses of Lectures will be given :—

Anatomy—Professor Richard Partridge, F.R.S.
Physiology and General and Morbid Anatomy—Professor W. Bowman, F.R.S., and Lionel S. Beale, M.B.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson, F.R.S.

There are two Laboratories in the College fitted up with every convenience for the attainment of practical chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of pathological chemistry, demonstrations of the urine, etc.

KING'S COLLEGE HOSPITAL.

The Hospital is visited daily. Clinical Lectures are given every week, both by the Physicians and by the Surgeons. The Physicians' Assistants and Clinical Clerks, the House Surgeons and Dressers, are selected by examination from the Students of the Hospital.

SCHOLARSHIPS.—New Students will have the privilege exclusively of contending, in October next, for two Warneford Scholarships of £25 per annum, for three years. The examination commences on the 30th of September next, in Divinity, Classics, (subjects the same as for the Matriculation examination this year at the University of London), Mathematics, and the Modern Languages.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars upon every subject may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

R. W. JELF, D.D., Principal.

AGENTS AND MEDICAL REFEREES WANTED FOR THE

Empire Assurance Company,

41, PALL-MALL, LONDON.

The Agents of the EMPIRE ASSURANCE COMPANY are entitled, IN ADDITION to the ordinary commissions, to a direct and substantial interest in the profits of the Company.

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Applications for Agencies, in town or country, and communications from Medical Men able and willing to promote the interests of the Company by assisting in the extension of Agencies or otherwise, are requested to be addressed to the Secretary, from whom may be obtained prospectuses, post-free, and every information.

By order of the Board,

EDWIN H. GALSWORTHY, Actuary and Secretary.

Northern Dispensary, No. 9, Somers-

place West, Euston-square.

President—The Most Noble the Marquis CAMDEN.

A Special Meeting of the Governors will be held at the Dispensary on Wednesday, the 11th July next, for the purpose of electing by ballot a Physician to the Institution. Candidates must be Fellows or Licentiates of the London College of Physicians, and must signify their intention by letter addressed to the Committee at the Dispensary, on or before the 30th June instant, accompanied by their Testimonials. The ballot will commence at 9 o'clock in the morning and conclude at 10.

JOHN CASLEY, Honorary Secretary,
31, Guildford-street, Russell-square.

Notice. — Gresham Life Assurance

SOCIETY.

Head Office, 37, Old Jewry, London.

The Board of Directors return their thanks to the many eminent gentlemen who have offered their services to the Society in reply to the Company's advertisement for a Principal Officer.

After mature investigation of the several applications the choice has fallen on Mr. EDWIN JAMES FARREN, from his great eminence as an author on Insurance subjects, and from the written and personal testimony of the very highest character received in his favour.

The testimonials of other gentlemen have been sealed up, and will be forwarded in due course.

June 5th, 1855. (Signed) W. TABOR, Chairman.

New Medical Glass Bottles. At

MESSRS. E. AND H. HARRIS'S, 2, UPPER COPENHAGEN STREET, BARNSBURY ROAD, ISLINGTON, LONDON.

6 & 8 oz., Green, any shape, plain or graduated,	10s.	per gross.
3 & 4 oz., do. do.	8s. 6d.	do.
1½ oz., Moulded Phials	7s.	do.
1 oz. do.	6s. 6d.	do.

In Crates from the works, 1s. per gross less.

Country orders attended to on remittance. Full list of prices sent on application. No charge for package, if returned. Goods delivered free within seven miles.

The Best Food for Children, Invalids,

and others.—ROBINSON'S PATENT BARLEY, for Making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinse of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

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The Proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s. 5s., and 10s. each.

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Sole Consignees and Agents for the United Kingdom and the British Possessions,

Ansar, Harford, and Co., 77, Strand, London.

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"Honorary Surgeon to the Royal Free Hospital, etc., etc.
"To Mr. Brown."

"Army Medical Department, January 16, 1847.

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"Deputy Inspector-General of Hospitals.

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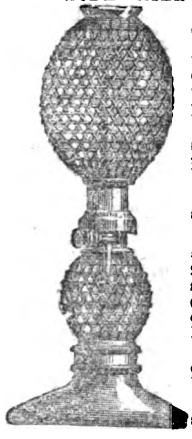

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"The stump pillows made of the same material are well conceived, and will be found invaluable in the sick room either of the peer or the peasant.

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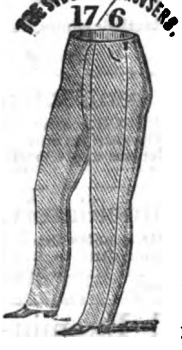

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To Surgeons.—To be Sold, on Tuesday, the 19th day of June, 1855, at the NEW INN, ELHAM, KENT, at 2 for 3 o'clock, a good, genteel FREEHOLD HOUSE and GARDEN, etc., with immediate possession. A good opening for a Medical gentleman, where he may make his fortune. For particulars apply to E. Coleman, Elham (near Canterbury), Kent.

To Retiring Surgeons.—A married Gentleman wishes for an introduction to a small but well-established Practice in a good London (not City) or suburban locality. The house must be of moderate rental. Address, with brief particulars and reference, X. Y. Z., R. Galland, Esq., Solicitor, 2, Coleman-street-buildings, Moorgate-street.

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A Medical Student who has completed his second year in London, wishes for an engagement in the Country from the end of July to the 1st of October, as a Visiting and Dispensing Assistant. He will only require a comfortable residence in the family, and his travelling expenses. The highest references given. Address, A. Z., University College, London.

Atrophine.—Information is requested concerning the use of Atrophine in nervous cases. Address, S. S., W. Ashley's, Post-office, Loughborough-place, Brixton-road.

Lectures on Comparative Anatomy at ST. MARY'S HOSPITAL.—This Chair being vacant, Gentlemen who may propose to be Candidates are requested to send their applications on or before Monday, the 25th instant, under cover, to the Secretary, who will also give any further information which may be required.

ROBERT J. NEWMAN, Secretary.

St. Mary's Hospital, June 11th, 1855.

Salisbury Infirmary.—Notice is hereby given that, in consequence of the resignation of Mr. W. D. Wilkes, a VACANCY has occurred in the Office of HOUSE-SURGEON of this Institution, and a Special Court will be held, on the 16th of June next, to consider what steps shall be taken thereupon.

28th May, 1855. CHARLES H. RADCLIFFE, Secretary.

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30, Bucklersbury, London.

MR. ORRIDGE, MEDICAL TRANSFER AGENT, in offering his services to the Profession, has the honour of being permitted to give reference to the testimony of Practitioners of the first respectability in town and country, between whom he has been professionally engaged in matters of TRANSFER and PARTNERSHIP.

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Naval Medical Reform Association.—In appealing to the Medical Profession for active and general support, the Committee of this Association have a few words of explanation to offer. Appointed at the aggregate meeting at St. Martin's-hall, and representing the whole body of Medical Students in England, they have received also the assurance of sympathy and support from the seniors of the Profession. The object of the Association is to procure a reform in the regulations affecting Naval Assistant-Surgeons, which is equally important to the honour of the Profession and the interests of the Naval service. The Executive authorities having refused to concede any alteration, the appeal lies to the Legislature. The present moment is so peculiarly favourable, that it is thought that a decision in favour of the amendment sought, although previously inoperative, would now, of necessity, be final and effectual. The zealous co-operation of the members of the Medical Profession, both in town and country, is earnestly requested in obtaining signatures to Petitions to Parliament, in securing the assistance of Members of the Legislature, and in raising funds to defray expenses. The subjoined list of Gentlemen, who have kindly consented to act as Local Secretaries, shows many deficiencies from the absence of representatives for many large towns. It is strongly hoped, that in the second List few towns will remain unrepresented, as it is believed that few Medical men will be willing to stand aloof from the great majority of their brethren in a combined endeavour to free the honour of the Profession from a present stain. Subscriptions are earnestly requested, and may be forwarded to Mr. T. Holmes, Chairman, St. George's Hospital; Mr. H. F. Hauxwell, Treasurer, Guy's Hospital; or Mr. Ernest A. Hart, St. George's Hospital, General Honorary Secretary, from whom forms of petition, etc., may be obtained on personal or written application.

Acknowledged, with thanks, £5 5s. from "A Friend to the Cause."

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MEDICAL TIMES & GAZETTE

The Medical Times and Medical Gazette incorporated.

No. 260.—New Series. LONDON, SATURDAY, JUNE 23, 1855. SEVENPENCE. Stamped Edition 8d.

ORIGINAL LECTURES. Page

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ORIGINAL LECTURES.

CLINICAL COMMENTARY

ON THE

RECIPROCAL INFLUENCES OF CO-EXISTING DIATHETIC AND ACUTE SPECIFIC DISEASES.

DELIVERED AT

University College Hospital.

BY W. H. WALSHE, M.D.

Professor of Medicine and of Clinical Medicine in University College, etc.

GENTLEMEN,—A good deal of attention has been given by different observers to the modifying influences exercised on each other by certain of the acute specific, or virus diseases, when any two of these chance to arise at the same, or at nearly the same time, in a given individual. The peculiarities flowing out of the conjunction of the variolous and vaccinial, and of the scarlatinal and variolous viruses, for instance, are tolerably well known, and I have no intention of dwelling upon them now. My present object is to direct your thoughts to the modifications occurring in the course and symptoms of both, when an acute virus disease attacks an individual suffering at the moment under some one of the important group of diathetic, constitutional, or blood diseases. Here is, in truth, a branch of inquiry comparatively new,—and one the more important, as it appears likely to furnish a clue to some at least of the anomalies occasionally to be observed in the symptoms and mode of progress of several of the acute specific or virus diseases. Where such anomalies occur, an unsuspected affection of the blood may be their efficient and very natural cause.

But, before we proceed to our illustrations, let us understand each other as to what is meant by acute specific, or virus diseases, and by diathetic diseases, and what maladiesa ctually belong to these groups.

Dividing all diseases into three groups, local, acute specific, and diathetic, we find the following characters assignable to the two latter:—

(A) ACUTE SPECIFIC, or, as they are also called, GENERAL DISEASES, essentially and primarily implicate the entire system functionally; and at the same time variously modify the composition of the blood, calorification, and innervation. But they each and all possess a special anatomical character in the solids, when the disease is not too rapidly fatal to allow of the generation of that character, (as is often the case with plague and yellow fever, and may be so even with typhoid—Peyerian—fever). These maladies run an acute course; are pyrexial; and, in the majority of instances, have, in respect of their pyrexia, a fixed duration. The greater number, contagious, possess the various properties connected habitually with that character. Lastly, they are produced by an extrinsic poison,—either a virus or a miasm.

Now the diseases which may be provisionally assigned places in this group, seem to be:—1. *Of virus origin:* Febricula (?), typhus fever, typhoid fever, relapsing fever, puerperal fever; erysipelas, roseola, rubeola, scarlatina; vaccinia, variola, varioloid, varicella; glanders, farcy, malignant pustule; syphilis, gonorrhœa. 2. *Of miasm origin:* Miliary fever, intermittent fever, remittent fever, yellow fever, plague; cholera, epidemic diarrhœa, epidemic dysentery; influenza, dengue, pertussis; epidemic diphtheritic stomatitis, angina, and laryngitis; mumps.

(B) In DIATHETIC diseases the constitution, at large, is involved from the first; but there is a marked tendency in the great majority to local morbid developments, fixed or various, affecting either certain tissues, special organs, or apparatuses of organs,—local developments which constitute the anatomical characters of the several diseases.

The primary implication of the constitution is in the greater number, sometimes demonstrably, sometimes only as a matter of fair induction, effected through the blood; the course of the several diseases almost invariably chronic. Pyrexia, when present, is secondary, and generally dependent on the irritation produced by the effort to eliminate some morbid material,—which material, in turn, is none other than the constituent substance of the anatomical character. Absorption of certain elements of that constituent substance tends to affect the blood secondarily,—this secondary blood-affection produces secondary changes in the solids: and so blood-changes, and changes in the solids continue to act and react on each other. Again, diathetic diseases are not traceable to the action of a virus, and have none of the properties attached to infection; but they are apparently generated and sustained by an intrinsic blood-poison resulting from some perversion of the nutritive processes of the individual; and it seems strongly probable that each member of the group has its specific principle in the blood, uninterchangable with the rest, just as any one virus is uninterchangable with others,—and that, further, there may exist for each its specific curative agent—an antidote for each poison. In the greater number of these diseases a more or less obvious disposition may be traced to symmetrical arrangement of the anatomical characters,—whether these be external or internal. Lastly, diathetic diseases are frequently hereditary.

There is yet another feature in the natural history of these diseases: their mode of evolution is typified more or less closely by the course of the morbid states produced by certain inorganic poisons, administered in small doses,—namely, arsenic, lead, mercury, gold, manganese, phosphorus, iodine, bromine, etc.

Now in this group may provisionally be placed the following diseases:—First, Affections in which an alteration in the proportions or qualities of the elements of the blood is the obvious and prominent fact,—as spanæmia, leucohæmia, cyanæmia (or cyanosis, of non-mechanical origin,) scurvy and purpura. Secondly, Diseased states of the blood, mainly signified practically by alterations of the urine, as the oxalic acid, the xanthic oxide, the cystic oxide, the phosphatic, the lithic acid, the ureal, and the saccharine (or diabetic) diatheses. Thirdly, Gout and rheumatism. Fourthly, Diatheses distinguished by the appearance of adventitious products of special kind, as the exudative diathesis, the purulent, the gangrenous, the fatty, the calcifying, the ossifying, the diphtheritic, the melanic, the scrofulous or tuberculous, the cancerous, those leading to the production of certain entozoa and certain epiphytes, and that of "Bright's disease." Fifthly, Diathetic states of which the local manifestations are found in the skin,—as lepra, psoriasis, pellagra, etc.

Having thus obtained a general notion of the character of those great groups of diseases, (and I have made the necessary digression as brief as possible,) let us return to our starting-point, the influence of diathetic and acute specific diseases on each other. Now, any one of the diathetic group existing in an individual, it is, *à priori*, conceivable that his blood-state shall (*a*) render him absolutely unfit for the reception of an acute specific (virus or miasm) disease; (*b*) exercise no excluding or antagonistic influence at all, that is, leave the individual, *quoad* the receptability of any new disease, wholly unmodified; or, (*c*) permitting the occurrence of an acute specific disease, so alter its course and character that it shall be more or less unlike its natural self. But the first of these hypotheses is on the face of things untenable. For, on the one hand, we know that acute virus diseases themselves are not mutually exclusive, constantly and absolutely; that scarlatina

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and variola may advance together, that even vaccinia and variola simultaneously introduced into the system, run modified courses, as it were, side by side. And, on the other hand, it is indubitable that no given pair of diathetic diseases are mutually repulsive under all circumstances. Thus, as a rule, carcinoma and tubercle are sharply antagonistic, yet not only may those two products be occasionally found in close proximity, but, as I have actually, and at least twice, observed, the diseases, clinically speaking, may advance together, and an individual be at once actively phthisical and actively cancerous. Probabilities might be urged in favour of both the second and the third hypotheses, and observation alone can decide on the correctness of either. Now observation decides in favour of the last, in other words shows that certain diathetic diseases do not exclude, but do modify the course of, certain acute specific affections. This fact we will illustrate to-day by the occurrence of typhoid fever in an individual labouring under "Bright's disease."

A man, aged 45, admitted on an uncertain day of an acute affection, with adynamic symptoms, and unable to give any account of himself, presents an imperfectly-developed typhoid (Pyerian) fever eruption, with albuminous urine, dies on the fourth day after admission. Post-mortem examination: anatomical characters of morbus Brightii and of typhoid (Peyerian) fever.

John Ellis, aged 45, married, waiter, ten years resident in London, unable to give any trustworthy account of himself.

October 3, 1854 (day of his illness uncertain).—(*a*) Sleeping heavily on back, without stertor; mouth open; general aspect of exhaustion and prostration; (*b*) face pale, opaque, skin moist, no œdema about ankles, some three or four rose-coloured, evidently fresh, lenticular papulæ, one very satisfactory in character in right iliac fossa; no sudamina; no other eruption; (*c*) nothing in joints; (*d*) sordes on tongue and lips; gums pale, flabby; pharynx red and dry; tongue thick, brownish fur, cracked; constant nausea; slight bilious vomiting; one motion last night, three yesterday; one of the motions dark brown, of uniform pultaceous consistence, fetid, non-frothy; abdomen extra-resonant, no gurgling, large or fine in right iliac fossa; spleen one and a-half hand's breadth in height, under percussion of medium force; (*e*) respirations, 22; in front loose crackling below left nipple; no dry rhoncus; behind percussion-note excellent at both bases, loose crackling, and some sibilus; (*f*) pulse 112, regular; heart's sounds feeble, without murmur; (*g*) nothing in superficial lymphatic system, glandular or vascular; (*h*) no urine saved to-day; no dulness at hypogastrium; yesterday's urine albuminous, contained casts; (*i*) nothing in genital organs; (*k*) bewildered look on being roused, answers plain questions, but wanders, muttering unintelligibly and good-humouredly; very delirious, without violence, at night; wants to get up day and night; twitches of fingers while sleeping; disposition to somnolence; (*l*) slight tinnitus.—*Ordered*—Sherry, 4 ounces in twenty-four hours; and simple saturated saline mixture of citric acid and bicarbonate of potass every three hours.

October 5.—(*a*) On back, prostration increased, features drawn; (*b*) limbs wasted; no œdema of ankles; skin harsh and dry about legs; no new distinct rose-coloured papulæ on abdomen, the former ones faded; over sacrum one rose spot, slightly elevated, irregular in outline, size of very small split pea, almost completely disappearing under pressure: (*d*) tongue excessively dry, cracked, furred; dysphagia, drinks returning through nose, and causing cough; mucous membrane of soft palate thick, dusky red in colour, spotted with dark grumous blood; no gurgling in iliac fossa; abdomen not very tympanitic, generally tender; (*e*) respiration 22; breathes noisily, like a man out of breath from running; nasal noise and flapping slight of nares; says feels short-breathed (this doubtful); breath fetid, as of person with old nasal discharge; expired air, tried by Frerich's test, does not give denser fumes than with healthy bystanders; percussion-note at both posterior bases excellent; (*f*) pulse 112, small, feeble yet sharpish, regular; no cardiac murmur; (*h*) extensive dulness at hypogastrium; no urine saved; (*k*) subsultus tendinum; muttering delirium; carphology; no paralysis; (*m*) pupils small, about equal, almost immovable under candle-light; directs axes of eyes improperly to objects; no injection of conjunctivæ. *Ordered*—Continue wine; catheterism; and the following draught every second hour: Chloric ether ♏ xij., aromatic spirits of ammonia ♏ xv., water ℥i.

October 6.—Continued gradually to sink, and died at six p.m.

Post-mortem Examination nineteen hours after death; weather moist and warm; cadaveric rigidity in four extremities; livid staining of posterior suface well marked; not the least œdema pedum; body in good condition; fat 1½ inch thick in some parts of abdominal wall; omental fat thick. *Liver.*—Transversely 10 inches, height 6½ inches, thickness 2½ inches; gall-bladder protrudes 2 inches, by 2 broad, beyond free margin of organ; organ flabby; capsule peels off well; section pale, exhibits little blood, greasy to feel, breaks readily under thumb; lobular structure indistinct; such injection as exists is hepatic; bile-ducts unusually large, give out much bile on surface of section; no blood in larger branches of hepatic vein; portal vein contains a little fluid blood; *gall-bladder*, 4½ inches long, filled with dark bottle green, fluid, thin, non-gritty bile; mucous membrane of spinach colour; weighs 47 ounces. *Spleen.*—Measurements 5½, 3, 1½ inches, gorged with grumous matter, reduced to pulp by pressure, weighs 10 ounces. *Stomach.*—Fundus of deep slaty grey colour, speckled with injection, pointed and patchy; similar injection elsewhere, without the grey discoloration; slight mammillation near pylorus: strips of membrane obtainable too short, indicating slight softening. *Duodenum* natural; Brunner's glands nothing abnormal. *Jejunum* injected generally. *Ileum.*—Upper part looks as if powdered with fine black dust, mucous membrane giving strips of good length; considerable arborescent and capilliform injection; bile-staining; solitary glands free, none, at least, distinctly enlarged. In passing down intestine, first patch of Peyer observed scarcely deviates from the healthy state, being slightly prominent, and opalescent; the patches then become quite healthy. The first seriously diseased lies 19 inches from the cœcum, and is infiltrated thickly with yellow typhoid deposit, and ulcerated over surface as large as a split pea; the patches near the cœcum deeply destroyed by ulceration. The great amount of disease in these few patches contrasts strikingly with the small number affected; intestine contains pultaceous soft substance, such as discharged during life, and also lumpy yellow fæces. *Cæcum*, *colon*, and *rectum*, nothing strikingly wrong; no abrasion, or softening; no enlarged glands.

Chest.—On level of second ribs lung-edges about 1½ inch apart, on that of fifth ribs, 5 inches apart. *Bronchial glands* full-sized, deeply coloured with carbonaceous matter. *Lungs.*—Anterior aspect remarkably healthy. *Right lung* weighs 25 ounces; vinous mottling of posterior aspect of lower lobe; old adhesions between upper and lower lobes, pseudo-cellular, and abundantly fatty; apex loaded with serum, swims after pressure, and contains no tubercle nor grey granulations; lower lobe sinks without pressure, and is in stage of red hepatization. *Left lung* weighs 23 ounces; no pleural adhesions, no tubercle, or grey granulations; apex moderately infiltrated with serosity; lower lobe hepatized. *Bronchi*, both sides clarety-red coloured, contain much foam. *Pulmonary arteries* contain fluid, and slightly clotted, blood. *Heart.*—About 2 drachms yellow serosity in *pericardium*; much subpericardial fat; weighs 12 ounces, with 2½ inches of great vessels; texture generally flabby, distinctly fatty in some parts of ventricles. *Right kidney* weighs 9 ounces; measurements, 5 inches, 3 inches, and 1½ inches; lobulated; flabby; capsule separates well, exposing the cortical surface, of peculiar speckled look; white points, of pin's-head size, contrasting with adjacent red tint from injection, punctiform and stellate; no cyst on surface. Tubular substance of remarkably deep tint; cortical substance coarse, speckled, as on surface; pelvis moderately injected, and slightly ecchymosed. *Left kidney* weighs 9 ounces; measurements, 5½, 3 by 1½ inches; same as fellow, plus a small cyst on surface. *Brain.*—Surface of hemispheres pale; Pacchionian bodies numerous; arachnoid, especially posteriorly, opaque; much clear fluid in subarachnoid space; membranes separate with moderate facility, without tearing brain; nothing notable in its substance.

To be continued.]

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ORIGINAL COMMUNICATIONS.

THE PHYSICAL THEORY OF MUSCULAR CONTRACTION:

A SKETCH OF THE ARGUMENT, WITH ALTERATIONS AND ADDITIONS (a).

By CHARLES BLAND RADCLIFFE, M.D., L.R.C.P.
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(Continued from page 594.)

4. *Muscular Contraction in Relation to various Mechanical Agents.*

Nor is it by any means probable that muscle is stimulated to contract by any agents such as these. Instead of exciting the bladder to contract, the urine accumulates, the viscus expands, and contraction seems to *happen* when further expansion is productive of uneasiness or pain. Instead of exciting the uterus to contract, the germ grows and the womb enlarges proportionately, and contraction, to all appearance, does not happen until the growth of the fœtus is perfected, and the stimulus of that growth at an end. For nine long months the fœtus seems to have excited the uterus to continual expansion, and, to say the least, it is not easy to imagine how it can excite contraction at the time of labour. Arguing from the history of pregnancy, the probabilities, as measured by time, are those of nine months to as many hours against such a view. Discarding theory, indeed, the simple fact appears to be that the fœtus grows and causes the uterus to expand by the stimulus of its growing presence, and that it does this until that growth begins to trench upon the supplies which are necessary for the proper nourishment of the mother. Then the child becomes a source of exhaustion to the parent, and this exhaustion, reacting upon the uterus brings back the state of contraction,—for, if the uterus expanded in consequence of stimulation, it must return to the state of contraction if the degree of stimulation be diminished, and this equally whether this diminution be caused by the death of the child, or by the child having lived so long that it begins to starve the mother by its too clamorous wants. In either case contraction must happen if the uterus had previously been kept in a state of expansion by stimulation. This contraction compresses the placentary vessels, and depresses the life of the fœtus by interfering with the proper aëration of the fœtal blood; and this depression, reacting upon the uterus, is attended by a further degree of contraction. This contraction, like the first, compresses the placentary vessels, and depresses the life of the fœtus by interfering with its respiration; and this depression extending to the uterus, necessitates a corresponding degree of contraction. Again and again, contraction leads to contraction by the same process, and in this way the uterus acts upon the fœtus, and the fœtus reacts upon the uterus, with ever-increasing contraction as the result, until the completion of birth. At all events, it is impossible, upon any rational view of parturition, to refer the contraction of the uterus to any *stimulation* on the part of the fœtus, without ignoring the whole previous history of pregnancy. Nor can it be successfully objected to this view that the bladder is excited to contract by a stone, or the uterus by the clots of blood which occasionally remain after delivery. There is no evidence whatever that the stone acts in this manner. The bladder is morbidly sensitive under these circumstances, and a very small quantity of urine is enough to cause distress or pain, and thus the *will* or *instincts* are roused to empty the bladder more frequently than usual. The uterus, also, goes on contracting after delivery until the process be complete, and this equally whether there be clots in the cavity or not. If there are clots in the cavity it only shows that more of the process of contraction remains to be effected than there ought to be; but it cannot show that the clots excite contraction, for in other cases the same contractions take place, and more effectually where no such clots are present.

It is not even certain that a needle stimulates contraction. The muscle does not always contract under these circumstances, and when it does there is some reason to believe that the contraction may be due to the discharge of electricity previously present in the muscle. The fact that there is a disappearance of electricity at this time, and the known analogy between the structure of the muscle and of the electrical organ of the torpedo, and between the circumstances attending the production of contraction on the one hand and of discharge on the other, are, to say the least, in favour of this supposition. But it may be objected that this contraction is provoked by the touch of a piece of glass or of any other non-conductor; and this objection is not easily disposed of. It may be, however, that that molecular arrangement of the muscle which is necessary to the existence of polar action is broken by the *pressure* of the touching body, in which case there would be a loss of action similar to that which would happen in a galvanic pile, if the pile be broken by pressing asunder the plates at any point. Or it may be that the polar condition of the muscular molecules is so delicately balanced as to be disturbed and, for the time, diminished, by the simple attraction which operates between the sealing-wax or glass *as matter* and the muscular molecules *as matter*.

Under any circumstances, however, there is very insufficient reason for supposing that muscle is stimulated to contract by any kind of *mechanical* agent.

5. *Muscular Contraction in Relation to Heat.*

The effects of temperature upon muscular contraction appear at first sight to be at variance with the premises, but they are not so in reality. The plain facts are that muscle will bear considerable variations of temperature without contracting, and that it is thrown into a state of marked contraction, and that equally, by a very high or a very low temperature.

The explanation of this apparent paradox is to be found, not in the immediate effects of the temperature, but in the changes which are wrought by the temperature in the electrical condition of the muscle. So regarding the phenomena, it is quite intelligible that contraction should be caused by low degrees of temperature, for M. Matteucci has shown that the polar action of the muscle is suspended under these circumstances. On the other hand there is every reason to believe that the polar action is similarly suspended by heat when heat causes contraction. This is certainly the case with regard to the "irritability" of the nerve, as is shown by M. Eckardt in the experiment already cited; and it can scarcely be otherwise with regard to the polar action of both nerve and muscle, for the experiments of M. Du Bois-Reymond go to prove that this action is diminished in every form of muscular contraction. It follows also from the same experiments that the polar action is not depressed to the point of allowing contraction by any intermediate degrees of temperature, and hence, upon the same premises, it is quite intelligible that the muscle should bear all intermediate degrees of temperature between the extremes without contracting.

Instead of being a paradox, therefore, it is the natural consequence of the workings of temperature upon the polar action of the muscle, that the contractions should follow the order which they are found to follow, and being so, it is impossible to say that muscle is stimulated to contract either by heat or by cold.

6. *Muscular Contraction in Relation to Light.*

Muscular contraction appears to be favoured by darkness, and not by light. It is in the darkness certainly, and not in the light, that contraction takes place in the irritable cushions of the sensitive plant; and it appears to be the same with the iris. *It appears to be the same*, for it is more easy to suppose that the iris expands under the stimulus of light, and so closes the pupil, than that this curtain is drawn and the pupil closed by sphincter fibres which have no existence. This explanation is supported by the authority of Bichât; it equally accounts for the phenomena; and it harmonizes with the known influence of light upon the sensitive plant.

7. *Muscular Contraction in Relation to Chemical and Analogous Agencies.*

The evidence which belongs to this part of the subject is not so complete as could be desired, but, so far as it goes, it is quite in accordance with the premises. It is furnished by M. Eckardt (op. cit. p. 82). On analysing it, the simple fact

(a) This theory was first propounded about five years ago, in a work called "The Philosophy of Vital Motion," and since that time it has been elucidated in various ways, particularly in a book having for its title "Epilepsy, and Other Affections of the Nervous System, which are marked by Tremor, Convulsion, or Spasm: their Pathology, and Treatment." 8vo. Churchill. 1854.

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is found to be, that the power of inducing contraction which belongs to any of these agents, is directly related to the power which the agent has of destroying the "irritability" of the nerve. The agents themselves act very differently—some by abstracting water from the nerve, some by altering the normal albuminous constituents of the nerve, and some in a more recondite manner; but all destroy the "irritability" of the nerve for the time being, and they do not induce contraction, except their strength is sufficient to do this. On experimenting with an acid, for example, the readiness with which contraction may be induced in the muscle by "irritating" the nerve with the point of a needle is found to diminish in direct proportion to the concentration of the acid, and when this concentration is sufficiently great to destroy the "irritability" of the nerve, then, and not till then, is the muscle made to contract by the *acid*. The experiment, in fact, is the precise counterpart of the one related previously, the only difference being that the agency of an acid is substituted for that of heat.

So far, then, it appears to be altogether improbable that muscle is stimulated to contract by any of the several agencies which have been passed under review; but there are other and more difficult questions which remain in the back-ground, and these must be examined before any definite conclusion can be arrived at.

II.

In this part of the inquiry the object is to examine into the real nature of muscular contraction, and to point out reasons for supposing that this contraction is nothing more than a passive physical consequence of the common molecular attraction of the muscle.

There are, undoubtedly, many facts which appear to stamp upon muscular contraction the peculiar impress of vitality. How else can the will have any concern in it? Why do the muscles lose so much of their contractile power after death if this power is not a vital endowment? Upon what mere physical hypothesis can the remarkable changes which are exhibited in the *form* of the muscular fibre be accounted for? And if muscular contraction is a vital phenomena, then it is dependent upon stimulus, for life is the stimulus of stimuli.

As to the *will*, it is by no means certain that the action upon muscle is that of a stimulus. Undoubtedly *action* is involved in voluntary muscular contraction, but it is a question whether the *act* be *in the mind*, or *in the muscle*. The will *may act* by withdrawing something from the muscle, as well as by communicating something to the muscle. The will *may* act by suspending the polar action of the muscle, as well as by intensifying that action. And being so, it is certain that the history of muscular contraction up to this point affords no manner of countenance to the idea that the will communicates anything to the muscle during contraction. Only one conclusion, indeed, arises out of this history, and this is, that the will causes contraction by suspending, for the time, the polar action of the muscle; for this action is suspended in voluntary, as in every other kind of muscular contraction.

There is, undoubtedly, a diminished degree of shortening, and a loss of power after death, but it by no means follows from these facts that the contraction is dependent upon the stimulus of life.

The diminished degree of shortening after death may be nothing more than the simple physical consequence of the circumstances in which the muscle is placed. When a muscle contracts during life the antagonist muscle either relaxes or opposes no resistance to this contraction. The blood also is fluid, and the intermuscular vessels are readily emptied when pressed upon by the contracting fibres. But after death the spasm is universal, and excess of contraction in any set of muscles is not favoured by the relaxation of antagonist muscles. After death, also, the full degree of muscular contraction may be prevented by the coagulated contents of some of the vessels. It must not be forgotten, however, that muscle can contract to a very great extent after death. The ventricular cavities of the heart are frequently obliterated by the contraction of the ventricular walls. The uterus, also, may contract in a very remarkable manner, as is illustrated in a case which has been recently recorded by Dr. Mayer, of Würzburg, and which may be cited here, as showing the possible amount of cadaveric contraction, and as furnishing a remarkable proof of the independence of muscular contraction upon the stimulus of life. The case in question is one of birth after the death of the mother. This mother, a well-nourished woman, aged 45, died of inflammation of the lungs on the 31st of March in one of the Hospitals in Würzburg, actual death being ushered in by symptoms of suffocation. After remaining thirty-six hours in a warm room, she was removed to the dead-house. The undertakers are the principal witnesses as to what follows, and they simply say that in putting on the shroud they noticed a bloody stain on the sheet, and a small tumour, which they conceived to be a prolapsus of the wound, and that in preparing to put the corpse in the coffin on the following morning, they found a dead female child, new-born and attached by the funis, between the thighs of its mother. On suspending the funeral, and making further examination, both mother and child were found to be unmistakably dead, but they exhibited none of the signs of death which are usually met with fifty-four hours after death. The chest of the mother gave evidences of old pleuritis, and of recent red hepatisation and great congestion of the right lung; and the uterus had firmly contracted upon the placenta, which retained its connexion with the fundus uteri. The child appeared to be about 21 weeks old. The only other point which it is necessary to notice is, that the corpse was visited by friends before its removal to the dead-house, and repeatedly sprinkled with holy-water. This is the case. No doubt appears to be entertained as to the child having been born after its mother had been left as dead, but whether she was really dead is questioned. Dr. Mayer inclines to the opinion that death was only simulated, but he dubiously asks whether delivery could not have been effected by the pressure of gas developed in the abdomen after death, though, not finding any gas, he is compelled to abandon this hypothesis. Another Physician asks whether the uterine fibres may not have been excited to contraction by the sprinkling with holy-water, the mother at the time being, not dead, but in a deep swoon, which eventually subsided into death. It is of little moment, however, whether the mother was nearly or actually dead, for in either case the muscles must have been infinitely less stimulated than they had been during life, and yet it is during this time of wanting stimulation that the uterine fibres contract so as to expel a child. The fact, indeed, is of extreme interest, for it shows with great plainness, not only that muscle may contract in a very marked manner after death (the point which it was intended to illustrate), but that the contraction itself, whatever its nature, can scarcely be dependent upon the stimulus of life.

Nor is the loss of muscular strength after death a necessary proof that the contractile power of muscle is a vital endowment. Some loss of strength, indeed, may, or rather must, be the natural physical consequence of the circumstances in which the muscular fibre is then placed. In the first place, the fibre may be acted upon by the solvent juices which are present in muscle, and which Liebig has shown to be analogous in their properties to gastric juice,—these juices acting upon the fibres just as the gastric juice is sometimes found to act upon the coats of the stomach. Acted upon in this manner, the fibre may be partially dissolved, and to that extent weakened. In the second place, the dead muscle is yielded up to the process of decomposition, and the affinities of the *muscular* molecules may be weakened by the incipient or advanced resolution of these molecules into their constituent elements. Both these causes may combine to produce the result, and, combining, it is evident that the dead muscular fibre must suffer some loss of strength, not because the contractile power of muscle is a vital endowment; but because this power requires for its full manifestation a physical integrity of the muscular fibre which no longer exists.

It is obvious, therefore, that the muscles may lose much of their contractile power after death, without this power being of necessity a vital endowment.

When the movements of the living muscular fibre are considered, the impression undoubtedly is that these movements are altogether mysterious and peculiar. Why the fibre in contracting should undergo little or no change in bulk, but gain in breadth what it loses in length; and why it should undergo such a remarkable degree of elongation, in passing out of the contracted state, appears to be altogether beyond the scope of any physical explanation. The phenomena seem to be too wonderful to be accounted for by anything short of

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life,—that mysterious something which, by being more mysterious, is made to account for all mysteries.

On reflecting upon these movements, however, a good deal of their mystery is dispelled, and, in the end, they are found to be capable of receiving a definite physical expression. Muscle, indeed, is made up of fibrin, and this fibrin, for all practical purposes, is identical with the fibrin of the blood. Now, this fibrin of the blood exists in a fluid form, and in a solid form. The fluid form is the living form; the solid, or coagulated form is that which is assumed on death. Now, the question is, whether or not the fibrin of the muscle undergoes corresponding changes to these. One thing is certain, and this is, that *rigor mortis* is concurrent with the coagulation of the fibrin of the blood. More than this, there is good reason to believe that these two phenomena—*rigor mortis* and *coagulatio mortis*—are not only concurrent, but analogous. What then is the condition of the fibrin of the muscle *before rigor mortis*? Is it—like that of the fibrin of the blood—one of fluidity? What is the condition of the fibrin of the muscle in ordinary contraction? Is it, as in *rigor mortis*, one of *coagulation*? These questions naturally arise out of the history of the fibrin of the blood; and if they are answered affirmatively, then there is no difficulty in accounting for the peculiar changes of the muscular fibre.

If, then, the fibrin of the muscle be in a *solid* state during contraction, and in a *fluid* state at other times, it is easy to understand how the fibre may undergo that remarkable change in length which it undergoes when the contraction passes off; for the fluid fibrin will *run* where its course is least impeded, and this is in the direction of the tubes containing it. Again: if the fibrin becomes *solid* in contracting, the form of the contracting fibre need be no cause of difficulty; for this form may be the *natural* form of the fibrin, just as a rhomb may be the natural form of one solid substance, and a cube of another. Nor need there be any change of volume; for many substances solidify without undergoing any such change. Whatever is the real cause of muscular contraction, therefore, there is nothing in the changes of the muscular fibre which necessitates the conclusion that these changes are of a vital and mysterious character.

(To be continued.)

ON STRONG AND WEAK INFLAMMATIONS.

By RICHARD BARWELL, Esq., F.R.C.S.
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The old idea of inflammation was, that it must be a result of too much or of too rich blood, and required a great deal of purging, watergruel, bleeding, and other lowering means, which went by the learned name of "antiphlogistic;" and too many remains of this notion still linger among us, as the constant use of sharp purges will show.

Now the fact is, that inflammations (particularly external inflammations) are more generally weak than strong, more often to be cured with quinine or iron than with bleedings and purges, and the duty of a skilful Surgeon is, to know when one mode of treatment will be most applicable, and when another. These different forms, "sthenic and asthenic," as they were named by the old school (which delighted in Greek and Latin as being wiser-sounding and meaning less than our own powerful English) are not difficult to distinguish by their different actions; thus a strong inflammation is formative, throwing out lymph; a weak one destructive, throwing out pus; the former defined and limited, the latter not defined; the boundary between the inflamed and healthy textures being ill-marked, shaded off, as it were, into one another. Now the cause of a defined margin to a strong inflammation is its formative quality, for the parts affected deposit a wholesome organizable matter called lymph, marking off the boundary of the diseased action; while a weak inflammation throws out a semi-fluid unorganizable matter giving rise to soft, ill-defined swelling.

It is, I believe, highly useless to enter into a definition of the term inflammation, as to what it is and what it is not; but I look upon it as a locally exaggerated act of nutrition, while causes independent of the action itself render it a formative or a destructive process. It is well, carefully to avoid puzzling our heads with such impossible descriptions of the vascular actions as are sometimes given; for instance, in the *Surgical Dictionary*, and in the innumerable works there quoted. The sudden dilatation and contraction of the capillary vessels must, I imagine, require for their discovery a bad glass and a good imagination. In truth, the phenomena exhibited by the vessels are somewhat different, according to the sort of irritant used to excite them, but are always, I have every reason to believe, much simpler than generally stated, resolving themselves into this form:—Vessels leading to and through the irritated part become stagnant, and blocked with white corpuscles; those leading near and by that part run at first more rapidly, then becoming crowded with white corpuscles, which are attracted and adhere to the sides, more slowly, and some are ultimately blocked. The capillaries themselves are neither larger nor smaller, but the blood in those not choked flows more rapidly than in health; perhaps because the current through several vessels being stopped, more fluid must pass through the others. These, and an occasional pulsatory movement, are all that can be seen in an inflammation caused by placing an irritant on the web of a frog's foot. Its essential point is, the attraction and subsequent adherence to the sides of the white corpuscles; their action and ultimate dissolution. On removing the irritant the excited action retrogrades in the reversed order, and in a few hours a white opaque spot is found on the web.

Now, the fundamental distinction between a strong and a weak inflammation lies in the proportion between power and action: in the former, power is equal to or more than action; in the latter, it is less. Or, if the power of the part be measured by its supply of blood, the foregoing sentence may be stated thus: if a given blood-supply work beyond its strength, the action ceases to be formative; or again, if a few white corpuscles assume an amount of action beyond their number, the secreted matter is no longer organizable and deliberately formed fibrin, but an unorganizable and more hastily formed material, namely pus. I am aware that a doctrine lately advanced, supported by most ingenious arguments, endeavours to show that fibrin is an excretory product, morbid in its presence, formation, and development; but when it appears that it is this material which repairs wounds, renews portions of the frame, even (as in crabs and lobsters) replaces by degrees lost extremities, I must regard it as a useful substance, nay, as that very matter which renews the natural constant waste of tissue. Thus, *selon moi*, nutrition is the amount of action and lymph secretion necessary for normal nutrition and repair,—a strong inflammation, such amount thereof as outsteps that necessity, and causes abnormal deposit of fibrin; a weak inflammation such, action as over-hastens the secretory process, and causes the secretion itself to be morbid.

Now, there are many causes in individuals and parts which prevent inflammation assuming the sthenic type. Such are general debility, where the blood is deficient in the lymph material necessary for a strong inflammation; a strumous taint in which, although there may be even a superabundance of lymph, it is of such nature as not to form proper adhesive fibrin. Scurvy has also such influence, but the most marked power is exercised by the tissue in which the inflammation occurs; thus, in mucous membranes such action is apt to be suppurative, although the plexus of blood-vessels appears very rich, and we should therefore expect a strong inflammation. Let us then examine these points. In the first place, is the blood-supply to that tissue so very large as, from an injected specimen, we should imagine? Is not, on the contrary, the superior mesenteric a small artery for the supply of thirty feet of intestine; the bronchial artery very small for the supply of all the lining membrane of the lungs? Moreover, in such inflammation of mucous tissue the whole structure is not affected; for the vessels cease on the other side of the basement membrane, which, with the submucous tissue, is the part really inflamed; epithelial cells cannot assume that action; they may be excited to over-hasten their secretory functions, increasing the flow of mucus, then changing it to pus, while the inflamed tissue itself may become thickened by a deposit of lymph. Thus, then, this form of suppuration may be the result of a strong inflammation, where the white corpuscles do not secrete the pus, but on the contrary may deposit lymph just as in any other strong inflammation, while to the structure of the part itself the puriform discharge is due.

Thus the law, even here, holds good, that in healthy persons and in old well-supplied parts, inflammation is strong and

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adhesive; but, as it goes on, the tissues become weakened, even partially new, and the action therein is suppurative, perhaps destructive; nor are these distinctions trivial, for on their mutual balance in old and in newly-formed tissues, does the whole rationale of primary suppuration, of abscess, ulceration, etc. etc., depend. Let us trace the formation of an abscess, for instance, in a previously healthy man. It commences by an irritation, and subsequent inflammation, at a small point, say between the muscles of the thigh, whereby is deposited lymph, which, consolidating, surrounds the inflamed spot and becomes hastily organized; the older portion, namely that first deposited, soonest. If the action stop short here, there results a solidification of the tissues, and tumuor, which may in time disappear; but if the inflammation continue, it does so under different circumstances, for the older tissues, which had previously poured forth the lymph, are now weakened by the lasting action; the newly-organized parts have as yet but very little power, and the inflammation becomes weak and suppurative, re-absorbing the recently-inflamed parts, and filling the cavity with pus. Now, as these actions commence one after the other in the centre, and gradually spread like the rings in a pond, when a stone is thrown into the water, we always have one stage in the process encircled by a less advanced one, and thus the suppurating parts are surrounded by freshly organized lymph; this again, by newly-formed lymph; and that, if the malady be spreading, by tissues becoming inflamed. In this manner, then, is formed, and increases, an abscess, with solid walls and a pyogenic membrane, if we are to apply such a grand word to the inner and most inflamed layer of lymph. Now if, as we saw before the inflammation continued strong, there had resulted simple thickening and solidification of tissue; if, from debility, or some fault of constitution, the inflammation were from its commencement weak, the abscess would be without walls, such as is called diffuse; but by the adjustment of the two is formed the laudable circumscribed abscess.

Exactly in the same way, except that the irritation commences near the surface, an ulcer is formed and bounded. When the inflammation commences, lymph is thrown out, which, after solidifying, inflames (in its centre) with a weak inflammation, whereby with the infiltrated tissues it becomes absorbed, leaving a cavity, open of course externally. The ulcerated surface is a pyogenic membrane, altered only by the contact of air, and, as the ulcer spreads, becoming constantly absorbed by the destructive quality of the inflammation; but when the last deposited layers of lymph have become organized, and the cause of irritation has ceased, this membrane is not goaded into sufficient action to cause its own absorption, it goes on suppurating, and gaining strength with age, becomes in a few isolated spots capable of throwing out some coagulable lymph, which solidifies, protected by the pus of surrounding parts. These spots are succeeded by others, till the whole surface is studded with nodules of fibrin, in various stages of completion, which we are in the habit of calling granulations, each of which, after effusion, goes through the following processes, viz.:—organization, slight inflammation, pus-secretion, then effusion of fresh lymph; each granule during its earlier stages being protected by the pus of its neighbours, for while certain of these fibrin nodules are going through one process, others are undergoing different changes. When two granules, each pouring out lymph, are contiguous, they adhere, and as the fibrin solidifies it contracts, dragging the nodules close together, or uniting them perhaps into one; and it is the aggregate force of these many little contractions that make up the gross sum of that tractile power so constant in cicatrization. Thus an ulcer is first made and then healed by inflammation; but in the former case, this must be weak; in the latter, that lymph may be secreted, and granulations formed, it must be in part strong; therefore we constantly find ulcers assuming different and unhealthy appearances on account of want of balance in the granulating processes. In many ulcers, the granulations will arise high above the surface, and lie over the edges of the wound; in others, they will be small and bright, bleeding easily; in others, indeed in all ulcers, the appearances will greatly alter with every change and variation of health, as the process will lean more towards a weak or towards a strong inflammation. From the sloughing ulcer, which, without boundary walls of lymph, without granulations, presents a dark surface, and half-dead appearance to the florid, healthy ulcer, only wanting time to heal, are innumerable shades and differences denoting equal variations in the constitutional state of the sufferer.

Such abscesses and ulcerations, with fibrinous walls, as have just been described, take place among the tolerably well-fed and healthy part of the community; but another mode, which is an excellent example of a weak inflammation, occurs often among the poorer classes, and, indeed, during some very low state of the atmosphere, among the rich also. This is not closed in by any lymph material, but is diffuse, suppurative, tending even to slough. Every Surgeon must have remarked the great frequency of these diffuse cellular inflammations before and after the last outbreak of cholera in 1854; the state of the atmosphere was then such, that few wounds healed without assuming some such low type of inflammation, and even now I should say, that a larger proportion than usual of such cases may be noticed by Surgeons practising in London.

At the same time, boils and carbuncles were frequent, indeed they generally coincide with this other affection, arising as they do from the same cause, viz., a low condition of health.

The patient has a worn and depressed appearance, a weary eye, a weak, but perhaps a quick, jerky pulse, a brown, furred, or white and tremulous tongue. The colour of the inflamed part deeper than one generally sees with a healthy, strong inflammation, is of a purple hue, fading gradually to pink, and then imperceptibly disappearing at the edges; the texture is soft, quaggy, and doughy, and there is less heat at the spot than we should expect with such colour in a strong person. Now these inflammations would get worse and worse, if they were attacked with bleedings and leeches, or any depletory means whatever; they will always suppurate, but sloughing and great loss of substance can only be prevented by a vigorous stimulating and tonic treatment. In these inflammations, the pus lies generally in the meshes of the cellular tissue, and does not gush out at the knife as in a defined abscess, but follows more slowly and gradually, unless the incision have been put off so long that much of the cellular tissue, among which the matter lies, has so sloughed and dissolved that the pus is left in a cavity; and hence we have that marshy feeling of the part, instead of the fluctuation of an abscess. On account of the want of defined lymph-margins, this form of inflammation is very apt to spread broad and deep, to run among the tendons, to produce necrosis, etc. etc. When, however, a free exit for the pus has been made, when the above-mentioned treatment has so far done its work, that the tongue is clearer, the appetite better, and that the patient has had one or two good nights' sleep, the inflammation begins to recede, to become lighter in colour, and to have a less imperfect margin. At the same time, granulations are thrown up, and the wound becomes more healthy; but now the careful Surgeon will guard against sinuses, for he knows that the diffused pus may have left behind it many a channel and excavation.

This diffuse cellular inflammation appears to be allied to erysipelas; it spreads deeper, but not so wide. There is, however, the same want of limitation, and an approach to the same colour; the same low condition of health and necessity for tonics and stimulants. I am doubtful whether or not it is contagious, but lean rather to the belief, that it is so to a slighter extent than erysipelas. It is not unfrequently produced by the introduction of some poison into a wound; but it appears, that for such poison to take effect the health must previously have been vitiated.

Between these two forms of inflammation, now described as strong and weak, lie many stages and slight differences, from that which pours forth abundant, firmly-consolidating lymph, to that, where the lymph is scanty, soft, and hardly organizing down to the last described form. We have found, that, where there is any strong inflammation, it limits the action, keeps any pus that may be formed in a special cavity, and subsequently, through fibrinous granules, draws the wound together and heals it. We know by experience, that, where this does not take place, it is because the patient is too debilitated, and tonics, with local astringents, are necessary; but we cannot find that an inflammation weak throughout is of any service in the system, it is essentially morbid; even where for the removal and expulsion of a foreign body or the healing of a wound an inflammation were necessary; if it be weak it is actually injurious, may indeed be deadly. Thus, as said at first, to distinguish between one form and the other, that we may never deplete on a weak inflammation, and, with

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a strong, never so much as to render it weak, is all-important; and I therefore think that the distinguishing characters, such as I have attempted to lay down, cannot be drawn too strong, if only they be true and sufficiently marked.

22, Old Burlington-street, June 13, 1855.

A CASE OF INTESTINAL OBSTRUCTION.

By W. S. SAVORY, Esq.

Tutor and Demonstrator of Anatomy at St. Bartholomew's Hospital, Surgeon to the Royal General Dispensary.

The following is a fatal case of intestinal obstruction in which gastrotomy was performed.

On Saturday, April 21st, I saw a young man, 20 years of age, who lay moaning in bed, and complaining of acute and severe pain in the abdomen. It was tense and tympanitic, everywhere resonant on percussion, and very tender to the touch. He frequently spoke of the great pain he was suffering, and was extremely restless—continually changing his position. He was of a slight frame and rather delicate in appearance. Countenance anxious and oppressed; skin hot and rather moist; pulse 100, soft and regular; tongue unnaturally red, dry, fissured, and coated with a pale brown fur. The bowels had been scantily relieved in the morning with considerable pain; he had previously vomited. The quantity of urine excreted was small, but, with the exception of being rather highly coloured, natural in appearance. He had lost his appetite, and was very thirsty.

His previous history was rather obscure. He could give no clear account of the commencement of his illness, but from Mr. Morris, a Surgeon, and Mr. Evans, a Medical student, who happened to reside in the same house, I obtained the following information:—

Very lately he had been irregular in his habits. On Friday, April 13th, (*i. e.* eight days previously,) he complained of headache, giddiness, and thirst. He had slight rigors. The pulse was between 110 and 120. The tongue was dry and fissured. A case of small-pox had recently occurred in the house, and he imagined that he had caught the disease.

On Saturday, 14th, feeling no better, at 2 p.m. he took an ounce of Epsom salts in some infusion of senna, and at 11 p.m. 5 grains of James's powder.

On Sunday, 15th, he repeated the dose of Epsom salts at 7 a.m., which operated freely in the afternoon.

On Monday, 16th, he felt better and left the house. He returned at 2 p.m. The bowels were then opened, and at the same time he felt a gnawing pain in the abdomen. He went to bed. At 5 p.m. the pain became intense, and he took half a grain of the acetate of morphia, and hot flannels were applied to the abdomen. He felt sleepy, but was kept awake by a continual recurrence of the pain at short intervals. At 8 p.m. he was sick, and took some effervescing medicine with opium, which checked the vomiting. As he still continued to suffer, at 10 p.m. a mustard poultice was applied to the abdomen, which relieved him considerably, and afterwards he passed a tolerably good night. He was seen in the course of the day by Mr. Thurston, of Goswell-road.

On Tuesday, 17th, the skin was hot and dry, and he was altogether very feverish. He took some saline medicine.

On Wednesday, 18th, the skin was moister, and the pulse 100. There was still pain, and the abdomen felt rather hard. He took some calomel and opium in the evening.

On Thursday, 19th, he complained less, owing, it was supposed, to the opium which he continued to take in small doses in an effervescing draught every four hours.

Throughout Friday the same plan of treatment was pursued, and the calomel and opium was repeated at night.

On Saturday I saw him.

Ten leeches were applied to the abdomen, and poppy fomentations afterwards. Three grains of mercury and chalk with a saline mixture were ordered to be taken every six hours.

Sunday, 22nd. He has passed a bad night, but the pain is considerably relieved, and the abdomen is much less distended and decidedly softer. The sickness continues, and he rejects almost everything he takes. He has an anxious expression and looks very ill. Skin hot but moist. Pulse 110, soft and regular. Tongue red, dry, fissured, and coated with a brown fur on the dorsum. The bowels were very scantily relieved at 6 a.m. He passes very little urine. The thirst continues.

The mercury and salines were discontinued, and an effervescing mixture, with a few drops of hydrocyanic acid, was ordered to be taken every four or six hours.

Monday, 23rd. He has passed a restless night, and is no better to-day. He has still the same anxious expression, and the cheeks are flushed. Skin hot; not dry. Pulse 120, small, but still regular. Tongue much the same as yesterday. The bowels have not acted. He is scarcely able to take anything on account of the vomiting which continues almost incessantly, and is now stercoraceous.

Half a grain of morphia was ordered to be taken immediately (2 p.m), and if returned to be repeated. To be followed by an injection of an ounce of castor oil in six ounces of gruel, and in the evening, if the condition of the stomach permitted, five grains of calomel were to be given.

Tuesday, 24th. To-day Dr. Baly saw the case with me. There is no change for the better; in fact, all the symptoms appear aggravated. The sickness was somewhat allayed after the morphia, the second dose of which was retained; but the injection, after remaining for half an hour, was returned by itself. The calomel was given and retained, but the bowels have not acted. He vomits copiously and the matter is decidedly stercoraceous, but it causes comparatively very little distress. The abdomen is more tense and still tender. It is everywhere resonant, except over the right iliac fossa, where it is rather dull. The condition of the tongue is much the same except that it has a glazed appearance. The pulse has assumed a peculiar character, which is sometimes met with: each proper jerk is immediately followed by a second and a smaller one.

He was ordered to take the following mixture:—Magnesiæ sulphatis ʒj., magnesiæ carbonatis ʒss., aquæ menthæ viridis ʒvi. M. Sumat partem sextam omni horâ: and the following injection immediately:—Decoct. amyli, ʒvj. c. tincturæ opii, ♏xl.

Wednesday, 25th. There is no improvement, no change for the better. Some doses of the mixture have been retained, and others have been rejected.

He was ordered to continue taking the mixture, and to have an injection of strong beef-tea.

Thursday, 26th. His condition remains the same. He suffers much less, indeed he scarcely complains at all, but he is manifestly weaker. Since yesterday he has been occasionally somewhat delirious. The injection has not returned.

At 3 p.m., in the presence of Dr. Baly, I passed a flexible tube 18 inches upwards into the large intestine, and injected between 4 and 5 pints of tepid water, the greater part of which in about a quarter of an hour was voluntarily returned, slightly stained with fæcal matter.

From all the circumstances of the case we believed the obstruction to exist in the small intestine towards its termination—in the right iliac fossa; and from the history, to be due either to the presence of bands of false membrane binding down and constricting the intestine, or to an invagination of some portion of it; or, possibly, to a twist or stricture caused by the edges of some abnormal aperture. With this view of the case we determined to wait only a few hours longer for any change the injection might effect; and, in the evening, should the case still remain unaltered, to adopt the last resource—to open the abdomen, to search for and if practicable, to remove the cause of the obstruction.

At 8 p.m., therefore, we again met, and Mr. Skey, whose advice and assistance I was anxious to obtain, now saw the case. The remainder of the injection had returned with no better success. The condition of the patient appeared still a desperate one, and as we all agreed that there was no prospect of improvement from any other measure sufficient to justify the risk of further delay, I proceeded at once to operate.

The patient's bed-room was a very inconvenient one. He was, therefore, carried into the adjoining apartment, the temperature of which had been previously raised to about 70°. I emptied the bladder with a catheter, and he was placed under the influence of chloroform. I opened the abdomen in

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the mesial line, from the umbilicus to within two inches of the symphysis pubis. A very small quantity of fluid escaped from the peritoneal cavity. The small intestine, which was congested and enormously distended, but not adherent, was with difficulty kept within the abdomen. I then passed my hand, previously warmed, towards the right side, but from the resistance offered by the enlarged contents, I could only make a very limited examination, and could detect nothing beyond distended intestine. Some portion of the bowel was, therefore, allowed to escape through the wound, and, passing my hand a second time towards the right iliac fossa, I discovered a portion of intestine bound down in that region by one or two bands. The intestine felt as if completely flattened at this point, but the constricting membrane readily yielded to the touch, and at the same instant the intestine rose and became apparent at the wound. Transverse and deeply-depressed lines were still plainly visible upon the surface, and at one point were two or three nodules of tolerably firm lymph, evidently the remains of the constricting bands which were here attached to the intestine. The portions of intestine immediately above and below the stricture were strikingly different. The enlarged and distended condition of the upper portion contrasted strongly with the collapsed and shrunken state of the lower. But it was interesting and satisfactory to observe the intestine below yield and enlarge as the contents from above rapidly descended and dilated it. Just at this time there was a fæcal odour from the wound, which was evidently connected with a small quantity of yellowish turbid fluid which appeared, and which for the moment led to the supposition that the intestine had given way. But no trace of any aperture could be detected; the intestine remained as tense as ever, and a similar fluid and odour are sometimes observed during an operation for hernia, when we are sure that no such event has occurred.

Some minutes were consumed in replacing the several coils of protruded intestine, which, from its distended condition, was not easily returned, and the wound was then closed by simple sutures (the peritonæum being carefully avoided) and a few broad straps of adhesive plaster. A portion of folded lint was placed over it, and retained by strapping. Lastly, a broad bandage was applied round the abdomen, and the patient was carefully replaced in bed. He was much exhausted during and after the operation; the surface was cold, and the pulse extremely feeble.

An ounce of brandy in a little warm water, with forty minims of laudanum, was administered, and a bottle of hot water was applied to the feet. The brandy was to be repeated when necessary, and the laudanum also if required.

The patient was carefully watched throughout the night by Mr. Morris and Mr. Evans, who, during his illness, had been in constant attendance upon him. He dozed repeatedly, but was very restless and delirious. He took brandy and beef-tea at intervals, and the laudanum was repeated.

Friday, 8 a.m. He is lying on his back moaning, and muttering incoherently. Aspect dull and heavy. Cheeks slightly flushed. Skin cool; the hands, which lie outside the bed, are very cold. Pulse 126; extremely feeble. Tongue rather moist. There was a very slight evacuation of liquid fæcal matter in the night (a).

We gave him half-an-ounce of brandy in hot water, and ordered it to be frequently repeated with beef-tea.

2 p.m. He is evidently sinking. The brandy was persevered in, and an injection of brandy and beef-tea was given.

At 5 p.m. he died.

His friends would not consent to any post-mortem examination.

I believe there are some who think that the operation of gastrotomy is never justifiable, and who, in every case, withhold their consent to its performance. Their chief objection rests on the fact that we can never be quite sure that any given case is beyond the possibility of recovery, and, so long as any doubt remains, the operation is too desperate a measure to be practised. In reply to this it may be observed, there are certain cases in which, from the evidence before us, we are justified in concluding that the patient, if left to himself, has no reasonable prospect of recovery, and the operation, however dangerous it may be, certainly offers that chance. The operation has proved successful, and we adopt it as an alternative to leaving our patient in a condition from which, in our judgment, he cannot recover. But it is said, cases have recovered again and again which have been deemed and pronounced hopeless. Of course, human judgment is anything but infallible, but we have nothing better to guide us. An operation, in these cases, is founded upon the principle which all Surgeons recognize in any case in which the question of a formidable operation is discussed: we balance the chances on either side and decide accordingly. I operated in this case, because, in the judgment of Mr. Skey and Dr. Baly, as in my own, it was the only alternative to leaving the patient to die.

Certainly everything will depend upon the accuracy of the diagnosis. The difficulty of these cases is increased in proportion to their obscurity. Measures not less cautious, but more prompt and decisive, can be adopted when there are fair and reasonable grounds for forming some definite opinion of the seat and nature of the obstruction. Now, with regard to the diagnosis of this case, we were led to believe, from the urgency of the symptoms, and the early vomiting, that the obstruction was seated in the small intestine; from the subsequent character of the matter vomited, and the slight dulness over the right iliac fossa, that it was towards its termination (b). The easy introduction of a flexible tube into the colon, and the injection of a large quantity of water convinced us that, at all events, the lower portion of the large intestine was certainly free; and the age of the patient, the suddenness of the attack, and the symptoms attending it, seemed to render it probable that the obstruction was due to one of the causes previously mentioned.

Unfortunately, no post-mortem examination could be obtained, but this is less to be regretted, as the chief and most interesting features of the case were disclosed by the operation.

As to the time at which the operation was performed, it was ten days since, according to the evidence, the bowels had been satisfactorily relieved. Those scanty evacuations that were spoken of as having occurred subsequently, appear to have been nothing more than the contents of the lower bowel. During the intervening period, all those means which seemed likely to succeed were tried, and at length the powers of the patient were on the point of giving way. This was the time chosen for the operation.

However terrible the operation is in itself it is rendered far more so when adopted at the latest possible period. To operate when the patient, exhausted by other means, is already sinking, when he is under any circumstances beyond hope of recovery, is simply to cast discredit upon Surgery. If done at all, it should obviously be resorted to when the powers of the patient are still equal to the shock. But it is certainly a delicate question—the time at which the operation should be performed.

It will be remarked that the use of powerful purgatives were discarded in this case. Apart from other considerations the severe and incessant vomiting was alone sufficient to forbid their administration.

Lastly, with regard to the method of performing the operation. I opened the abdomen in the mesial line for the following reasons:

Although from the considerations previously alluded to we had formed a confident opinion, still we were not sufficiently certain where the obstruction existed to justify the selection of any particular spot, and from the mesial line any region of the abdomen can be conveniently explored.

In this situation no muscular structure is divided, and therefore in the event of recovery there is less chance of any subsequent protrusion of intestine.

There is less risk of hæmorrhage in this than in any other situation (c).

(a) Very recently I have learnt that in the night, during the temporary absence of Mr. Morris from his room, he was allowed to rise from the bed and sit on a night stool.

(b) Surely any diagnosis of the seat of the obstruction drawn from the quantity of urine excreted must be based upon a fallacy. It has yet to be shown that the amount of urine eliminated by the kidneys, is in direct proportion to the *extent* of the absorbing surface of the intestines. And, whatever might be the merits of this test, supposing we were able to calculate the amount of fluid taken and lost in vomiting and various other ways, there are yet so many circumstances connected with these cases which interfere too much with the result to render it of any practical value. In the present case, for instance, although only a very small quantity of urine was excreted, the obstruction was very low down towards the termination of the small intestine.

(c) See Mr. Hilton's remarks in "Medico-Chirurgical Transactions, Vol. xxx.

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A CASE OF FALSE ANEURISM FROM A WOUND OF ONE OF THE DEEP ARTERIES OF THE THIGH.

LIGATURE OF THE EXTERNAL ILIAC—RECURRENCE OF BLEEDING AT THE SEAT OF INJURY TWO MONTHS AFTERWARDS—NECESSITATING THE LIGATURE OF THE WOUNDED VESSEL.

By HENRY SMITH, Esq., F.R.C.S.
Surgeon to the Westminster General Dispensary.

On Friday, March 2nd, I was requested by Mr. Robinson, of Ware, to give my assistance in a case of a man who was in that town under his care, suffering from the effects of a wounded artery in the thigh. On my arrival, at 6 p.m., in company with that Surgeon and Mr. M'Cartie, I saw the patient, a healthy and temperate old man, aged 61, who was lying in bed, pallid and anxious from loss of blood.

A large conical and elevated swelling was seen involving the entire front of the upper portion of the right thigh; it was circumscribed, and extended equally on all sides; there was a distinct and regular pulsation in the whole mass, controllable by pressure on the external iliac. On applying the ear a distinct murmur was heard. The popliteal artery could be easily felt beating. The limb below was not much swollen, and the skin over the tumour was healthy; but at the apex of the cone was a wound one-fourth of an inch in length, situated one inch and one-third below Poupart's ligament, and about an inch external to the common femoral artery; and the direction of the track of the wound was downwards and inwards.

The previous history was, that on the 23rd of February, seven days before, the patient was at farm-work, having thoughtlessly placed a large pair of clipping scissors in his right-hand trousers' pocket, he made a sudden effort, bending the thigh upon the pelvis, and the points of the scissors penetrated his thigh to the extent of two inches, and, when withdrawn, a profuse flow of bright scarlet blood took place; he fainted twice before surgical assistance went to him, and lost altogether a large quantity of blood. The hæmorrhage was suppressed by tight bandaging. He was taken home and put to bed, where he continued suffering much from pain and startings in the limb, until the fourth day, when the limb becoming swollen, the lower part of the bandage was loosened, and, on the sixth day, the swelling had so materially increased that all the bandages were removed, when the wound was found to be open, and forming the centre of a small conical tumour, not, however, having any pulsation in it, but a distinct thrill.

On March 1st, the seventh day, hæmorrhage suddenly took place; but surgical assistance being at hand the bleeding was suppressed. A bag of ice was applied to the tumour, and acetate of lead, opium, and digitalis were given internally. The tumour, however, began rapidly to extend; pulsation became distinct, and this alteration continued until the time I saw him.

Such being the features and history of this case, it was not difficult to understand its nature. Some blood-vessel in the upper part of the thigh had been wounded; the bleeding, although partially suppressed externally, had been going on within; and a false aneurism had formed. From the quantity of blood lost at the time of the accident, and from the position and depth of the wound, it was not improbable that the vessel involved in the injury was the profunda femoris: the fact of the pulsation being distinctly felt in the popliteal artery led to the belief that it was neither the common nor superficial femoral which was injured.

Mr. M. Macnab, an old and experienced practitioner in the town, joined us in consultation, and the propriety of some active measure was taken into consideration. It was at once decided, as secondary hæmorrhage had occurred, and the tumour had rapidly increased in size, that it would be most unsafe to delay. Two modes of treatment presented themselves—the first, that of cutting down into the tumour, turning out the effused blood, searching for the wounded vessel, and placing a ligature above and below the injured part. This mode of proceeding was looked upon as that which was correct in principle, and the one most desirable, if it could be effected with safety; but the impossibility of knowing what vessel was wounded, and the danger of cutting into such a large pulsating tumour so high up in the thigh, was forcibly impressed upon the minds of those who had to decide upon the treatment of this serious case; and these considerations led to the discussion of the second mode of treatment, viz., securing the vessel above Poupart's ligament, where the tumour did not encroach. The superior facility of exposing the vessel in this situation was pointed out, the well-known success of the operation was quoted, and it was reasonably hoped that cutting off the current through the main artery would assist the natural processes going on for the eventual closure of the wounded vessel, and the stoppage of hæmorrhage. It was therefore decided that this step should be taken without delay. Accordingly, at eight p.m., the patient being put under the influence of chloroform, I proceeded to the operation of tying the external iliac artery, assisted by Messrs. Robinson, M'Cartie, and Macnab. The incisions recommended by Sir Astley Cooper were made, and the vessel was secured without any difficulty in a few minutes. The effect was, to stop the pulsation in the tumour. A bandage was applied from the toes upwards, the limb was enveloped in flannel, and an opiate was given.

This patient went on from the date of the operation without a bad symptom, until the 9th, when the edges of the wound began to slough, and it discharged a quantity of fetid pus. Mr. Robinson applied a lotion of chloride of lime, and ordered plenty of wine and good nourishment.

On the 12th of June I saw him: he was in a most satisfactory condition; the sloughing of the wound had ceased, and it was granulating healthily; the tumour in the thigh had much diminished; the temperature of the limb was equal with that of the other. The man ate and slept well, and was in excellent spirits.

March 20th.—I received a note from Mr. Robinson, to the effect that the ligature had come away on the evening of the 24th, that a large quantity of purulent matter, mixed with blood, had discharged from the original wound in the thigh, and that the tumour had disappeared. On the 28th I went down to see him, and found him in a very favourable state, the wound in the abdomen had almost entirely united, the tumour in the thigh had subsided there remaining only a general fulness and hardness in its situation; there was a small opening still at its apex, from which discharged a considerable quantity of purulent fluid mixed with blood, the effects, doubtless, of the suppuration which had been excited by the large quantity of solid and fluid blood remaining in the sac. The patient was in excellent condition, in good spirits, and ate heartily. Strict quietude was still enforced.

On April 2nd I had a note from Mr. Robinson, to the effect that bleeding had occurred from the seat of ligature the day before, this being just a week from the date of its separation; it was to a considerable extent, but was fortunately suppressed by ice. He had not slept well for a few nights before this occurrence, and had had an attack of retention of urine two days before, which was, however, overcome by a turpentine injection into the rectum.

On Wednesday, the 4th, I saw him, he was looking very well, but was depressed in spirits; tongue was clean, pulse 80 and firm; the wound in the abdomen was almost entirely healed up, that in the thigh still remained open, and there was a discharge of bloody pus, of unhealthy character, from it. Mr. Robinson informed me that on the 2nd, while dressing this wound, and, on using some pressure, some blood, unmixed, escaped, but a small pad of lint stopped it immediately. It appeared to me very evident that the bleeding which had occurred to some extent on the 1st, apparently from the seat of ligature, could not have been from the main artery. I was rather inclined to think that both that and the blood from the wound in the thigh was the result of some ulceration of a small vessel, for unhealthy suppuration had occurred in the sac of the false aneurism, and I deemed it prudent to give a vent to the matter which was contained in it. I accordingly freely opened up the old wound, advised that it should be kept patent by a piece of lint, and, at the same time, applied pressure over the part by means of a bandage. Liberal nourishment was continued, and the patient was, at the same time, ordered 15 minims of dilute sulphuric acid, and 1½ gr. of quinine thrice daily, and a full opiate each night.

On April 10th I heard that the patient was doing very well in all respects, that the discharge from the seat of the tumour had almost entirely disappeared.

I heard nothing further of this patient until April 25, just upon two months after the external iliac artery had been tied,

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and more than four weeks after the separation of the ligature, when I was requested to see him. On going down, I ascertained that some bleeding at the original wound had taken place on the evening of the 21st; but that it had ceased by cold water until the morning of the 24th, when it recurred to an alarming extent, but was stopped before surgical aid reached him. It appeared that the patient had been going on so well since I had seen him, that it was not considered needful to send in any report, and that he had been kept quiet in bed.

On seeing the patient, we found him blanched from loss of blood, with a quick and irritable pulse, with an anxious countenance, and a dread of recurring hæmorrhage. The opening in the thigh had been stuffed with lint immersed in tincture of muriate of iron. The wound made for tying the iliac had almost entirely firmly healed up.

It was evident that the vessel originally injured was open, and that now the collateral circulation had become fully established, repeated loss of blood would ensue; and that any further great loss of the vital fluid would destroy the patient, who at an advanced age was already weakened by what he had undergone. There were only two measures left for us to undertake, the one was to amputate the thigh, high up; the other, to cut down upon the site of the injury, and endeavour to cast a ligature around the wounded artery. It was at once decided upon that this step should be followed, although the vessel had ceased bleeding; consequently, assisted by the two gentlemen mentioned above, I extended the original wound —which, it must be borne in mind, was situated about one inch external to the track of the femoral artery—upwards and downwards, and came down upon a coagulum of blood about as large as a walnut. This was removed, and thereupon a strong jet of arterial blood flowed up from the very bottom, filled the wound in an instant, and obscured everything. Unfortunately, pressure above was of no use in stopping it, as would be the case in a wound of the same artery recently made, and the only means of arresting the flow of blood was to thrust the fingers into the depth of the wound. This was done by Mr. Robinson, and I dissected down cautiously towards the spot from whence the bleeding came, and freely enlarged the wound, upwards, downwards, and transversely, inwards; but, so soon as the finger was removed from the wounded vessel, the now large and deep cavity was instantaneously filled with arterial blood; so that it was absolutely necessary to thrust the finger into it again. Moreover, the natural appearance of the textures had become so changed by the disorganization which had been produced, that one tissue could not be recognized from another, and it was necessary to exercise the utmost patience. The poor man was, however, losing a large quantity of blood, and it began to be with us all a matter of doubt as to whether the bleeding point could be found; but it was determined upon to proceed in our search so long as we were warranted. But, just as there was a prospect of securing the bleeding artery, the point of my knife injured some vein, and the wound, which by this time was somewhat kept clear from arterial blood, filled in a moment with venous blood; and, I confess, I almost despaired of the result, but, before many minutes, this bleeding ceased. At last, something like an arterial trunk was espied, and from its outer side the scarlet blood was seen to escape, and after a little time I managed to lay hold of the end of the vessel, which was quite open, nearly as large as a goose quill, and had been divided at a distance of about two lines from the main trunk. It was either the profunda itself, or the origin from this vessel of the trunk of the external circumflex. I was anxious to dissect above and below, and cast two ligatures on the main artery; but, as the patient was now in a critical state, and further difficulties might have been met with, we were content to throw a ligature around the open mouth of the vessel, and close up the wound by sutures, and apply pads and bandage. The patient was placed in bed, and was ordered to take wine and brandy, and a full dose of opium.

We had little hope that the patient would do well, and feared that the ligature would slough away from the vessel so soon as the circulation recovered its power; but I was much gratified by receiving a report, on the 28th, that the man had rallied from the shock, and was doing as favourably as could be expected. This fortunate state of things continued; the ligature separated on May 5th, the eleventh day from the operation, and exactly a month afterwards I went down to Ware, and found him in good health and spirits, and the large wound in his thigh nearly all filled up, the only inconvenience being the existence of a small sore on the heel, and a slough of some size on the calf of the leg. The former, however, healed up on the application of cotton wool; and on the patient leaving his bed, which he did in a day or two, the slough from the latter separated, the sore granulated nicely, and the poor old man has got into capital condition. I must state that extreme care was taken throughout to keep his blood in a healthy state, by giving him large quantities of animal food, wine, and beer.

It cannot be denied, even by the most strenuous upholders of the doctrine of the Hunterian operation for the treatment of wounded arteries, that the case now brought under notice admirably illustrates the insufficiency and danger of this mode of proceeding. Although, from the remarkably satisfactory manner in which the case went on, after the external iliac artery had been tied, even until some period had elapsed from the separation of the ligature, I considered, and with reason, that I should be able to bring it forward as an illustration of the safety and propriety of the Hunterian operation for traumatic aneurism in certain instances, for there was not the least appearance of mortification of the limb after the main supply of blood had been cut off. Therefore, there was every reason to know that the collateral vessels were so capacious that they could carry on the circulation adequate for the nutrition of the extremity; and yet the fact of bleeding not recurring at the seat of injury was apparently conclusive evidence, that an open state of the artery could not be compatible with such a free circulation. That the collateral vessels were very capacious in this instance is evident; otherwise, in so old a man there would have been some mortification; and yet it seems remarkably strange that hæmorrhage did not return until so long a period after the operation—especially from an artery having nearly the diameter of a goose's quill.

The cases brought forward by Mr. Guthrie and others prove very clearly that the Hunterian operation, as applied to the treatment of wounded arteries, is not either scientific or safe, and so convinced had I become of this fact, from a careful study of the evidence afforded, that had the present case done well after the ligature of the external iliac, it would have been brought forward, not as a proof of the superiority of such a mode of treatment, but merely to show, as many other cases have proved, that the Hunterian operation must occasionally be followed, and that it may be attended with success. It may then be asked why, with this conviction, the other mode of proceding was not adopted? To this I would answer, that the peculiar circumstances were such as entirely warranted a departure from the ordinary line of practice. To cut into such an immense pulsating tumour as existed there, by artificial light, when the patient was lying in his bed, exhausted by preceding hæmorrhages, and without any certain knowledge of the vessel wounded, was a measure I did not contemplate without considerable apprehension, although if those in consultation with me had wished it, I was prepared to try my best. The difficulties which would have been encountered are pretty well illustrated by what occurred when the wounded vessel was ultimately secured, at a time when there was not a large quantity of coagulated and fluid blood to cut through, and when there existed the advantage of daylight. Difficulties, it is true, should not induce a Surgeon to adopt a line of practice which, although easier, may in the end not benefit his patient; still there are some difficulties at which he ought, in justice to his patient and to himself, to hesitate; and I conceive that one of these examples obtained in the circumstances under which this case first presented itself to my notice.

Nevertheless, seeing the ineffectual result of tying the external iliac artery, and the additional suffering to which it exposed the poor man, looking back upon the disappointed hopes, anxiety, and subsequent trouble to which all engaged in this complicated case were exposed, I cannot but candidly own that, were such another instance to occur, I would prefer exposing the patient to the imminent hazard, and myself to the discredit, to which each would have been subjected, had the tumour been cut into, rather than pursue the course which was adopted.

It will be seen that this case resembled somewhat the instance in which the late Mr. Liston tied the external iliac for a false aneurism. I allude to the well-known case of

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Captain Seton, published in the twenty-ninth volume of the Medico-Chirurgical Transactions.

In each case the wound was seated just below the groin; in both a false aneurism had formed, and in both the external iliac artery was tied; but the ultimate result as to the production of gangrene, or the cessation of hæmorrhage, could not be observed in that case; for Captain Seton unfortunately died shortly after the operation from peritonitis. Mr. Liston's conduct of this case was severely criticised by those who never saw the patient, and who had the light of the post-mortem appearances to guide them; and it was pretty well proved after death only that the extreme measure of tying the iliac was not called for, as it was found that a very superficial and nameless artery was wounded, and the sac after death only contained three ounces of blood.

There were, however, these important differences in the two cases:—

In the instance of Captain Seton, the wound was made by a bullet while he was standing sideways, and the course of the ball was superficial, as indicated by "an elevated ridge from one opening to another, and by some ecchymosis of the skin." In my case the wound was a deep puncture, and there was every reason at the time to believe—as was afterwards proved—that a large and deep vessel was wounded.

In Mr. Liston's patient the swelling was not large, and there had not been secondary hæmorrhage. In the instance here related, the false aneurism was of great size, and there had been secondary hæmorrhage. These distinct features were sufficient to throw around the case a greater amount of difficulty than existed in the instance of Captain Seton; moreover, the fact of my not having daylight, and not being favoured with other means and appliances, may in some measure be my excuse for not doing what Mr. Liston said to an acquaintance of mine who was present at the operation on Captain Seton, he "would not do for all the world," viz., lay open the tumour and search for the wounded artery.

This case, trying and interesting as it was, to all those engaged in it at least, equals perhaps in instruction and interest the very remarkable instance lately published by Mr. Skey, where no less than four operations were done on the vessels of the arm for repeated hæmorrhages. However much the propriety of the treatment there adopted may be called into question, the determination of that Surgeon to save the patient's limb as well as his life, cannot be commended too much.

I have to express my thanks to Messrs. Robinson and M'Cartie, who gave me the best assistance at both operations, and who watched the patient afterwards with the greatest assiduity, morning, night, and noon.

14, Caroline-street, Bedford-square.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING MAY(a).

The subjoined report includes as usual the following hospitals:—University College, King's College, St. Bartholomew's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, Charing-cross, St. Mary's, the Metropolitan Free, the Marylebone, and the Hospital for Sick Children.

LITHOTOMY.

The two cases left under treatment by last report are both recovered. Both are under Mr. Lloyd's care in St. Bartholomew's, and in both recto-urethral lithotomy was performed. The man (Case 1) has left the hospital well in every respect; the boy is still in bed, the wound not being quite healed.

Number of cases, 6; recovered, 4; died, 2.

Case 1.—A healthy boy, aged 6, under the care of Mr. Fergusson, in King's College Hospital. The usual operation was performed, and a stone, the size of a small walnut, removed. Recovered. *Case* 2.—A delicate boy, aged 6, under the care of Mr. Birkett, in Guy's Hospital. A phosphatic stone was removed in the usual manner. Recovered. *Case* 3.—A boy, aged 8, under the care of Mr. C. J. Guthrie, in the Westminster Hospital. He was in fair health, but had suffered from stone for two years. An ovid, triple phosphate stone, nearly the size of a nutmeg, was removed. Recovered. *Case* 4.—A man, aged 68, in bad health, was admitted into Guy's Hospital on account of retention of urine. It appeared that he had suffered from stricture for thirty years, and that for the last eight catheterism had been impracticable. At first Mr. Cock was not able to succeed in passing an instrument, but after a few days a No. less than No. 1 was introduced, and the presence of a large calculus was discovered. The stricture was situated about four inches from the meatus. By degrees it yielded to dilatation, and came to admit larger instruments. In order to correct the state of the bladder, frequent injections of diluted acid solutions were practised, and under their use the urine, which was ammoniacal and purulent, somewhat improved. The sufferings produced by the stone were very severe, and notwithstanding the unhopefulness of the man's general condition, it was at length, at his own urgent request, determined to remove it. As the stricture was now dilated sufficiently to admit an ordinary staff, the operation did not differ in any respect from the usual one. The stone was large but very soft, so much so that it broke down in the forceps and was taken away piecemeal. The man remained free from pain after the extraction, but he did not rally well, and death from exhaustion followed on the fourth day. At the autopsy the bladder was found thickened and in a state of chronic inflammation. The left kidney was atrophied and acutely inflamed, its pelvis and ureter containing pus. The right kidney was of usual size, but its ureter was acutely inflamed. The liver was large and fatty. *Case* 5.—A delicate child, aged 3, under the care of Mr. Gowland, in the London Hospital. The usual operation was performed, and an oxalate of lime calculus, the size of a marble, removed. The child died of bronchitis on the fourth day. The urine had flowed freely from the wound and all was doing well in respect to the operation itself. It was thought that the fatal symptoms were probably caused in some measure by the chloroform which had been administered. *Case* 6.—A boy, aged 7, under Mr. Hilton's care, in Guy's Hospital. He was in pretty good health, but had suffered from stone for two years. A large triangular flattened stone was removed which weighed six drachms. Some febrile disturbance followed during the next few days, but it passed off, and the boy is now all but well.

LITHOTRITY.

Mr. Hilton's case, mentioned last month, remains under care, and is doing well. A third operation has been performed, and many fragments of stone have come away. He now attends as an out-patient.

A man, aged 56, of sallow complexion, is under Mr. Coulson's care, in St. Mary's Hospital, having had lithotrity operations performed five times during the past six weeks. He is a native of Glasgow, and has come up to town for the purpose of submitting to treatment. He has suffered from symptoms of stone for eighteen years, and during the last four severely. Two years ago he voided three small calculi, each about a quarter of an inch in circumference, and of a dark brown colour. On sounding, Mr. Coulson detected the presence of three stones, one much larger than the others. The larger one has been readily crushed at every operation. The man has suffered from some constitutional irritation, but is now doing very well.

COMPRESSION TREATMENT OF ANEURISM.

A groom, aged 24, in good health, was admitted under the care of Mr. Pollock, into St. George's Hospital, on account of a very large popliteal aneurism. The disease had existed for five months. Treatment by pressure was at once commenced, and kept up, with some irregularity, for four weeks, when the tumour ceased to pulsate, and had evidently solidified to a considerable extent. After having remained, however, pulseless for four days it again began to increase in size rapidly, and pulsation was again present. Under these circumstances it was deemed safest to place a ligature on the femoral, which operation was accordingly performed.

TREPHINING OF THE SKULL.

A healthy boy, aged 17, was admitted into St. George's Hospital, under the care of Mr. Hawkins, having received a

(a) Several cases from St. Bartholomew's, which occurred in former months, but which were unavoidably omitted in their proper places, are inserted in the present report.

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kick from a horse over the right eyebrow. There was compound fracture of the frontal bone, with depression of one fragment. The operation consisted in sawing away an overhanging portion of bone with Hey's saw, and then removing the depressed and loose fragment. The latter comprised a large part of the orbicular portion of the frontal, and nearly the whole of the roof of the orbit, with a small piece of the great wing of the sphenoid. The dura mater had been lacerated in the accident, and during the operation a small portion of brain escaped. Extensive hernia cerebri followed the operation, but it was not attended by paralysis or loss of consciousness. At the time of the report (17th day) the lad was doing tolerably well.

HERNIOTOMY.

Cases 4 and 5 of last Report left under treatment have both resulted in recovery.

Number of cases, 21 : recovered, 9 ; died, 12.

Recoveries.—*Case* 1.—A man aged 76, under Mr. Adam's care in the London Hospital. Hernia inguinal, of old standing, and having often before needed surgical assistance to effect reduction. Strangulation had existed thirteen hours. The symptoms were not very severe, but as the taxis could not be accomplished it was deemed best not to delay the operation. The sac was opened and the bowel returned ; a mass of adherent omentum, being left *in situ*. During the two days following the operation vomiting was troublesome, but under the use of opium and stimulants the man subsequently made a good recovery. *Case* 2.—A woman, aged 48, under the care of Mr. Simon in St. Thomas's Hospital. Hernia femoral, strangulated eighty-four hours ; sac not opened. Recovered. *Case* 2.—A man, aged 47, under the care of Mr. Poland in Guy's Hospital. He had for twenty-seven years been the subject of an irreducible omental hernia the size of a fist through the left femoral ring. For this he had worn a cupped pad. The protrusion of bowel had taken place six hours before admission. The taxis had been vigorously attempted by the surgeon whom he had consulted without effect, and the symptoms were urgent. Mr. Poland at once proceeded to the operation. The sac having been opened a large mass of omentum was seen, which adhered to the neck of the sac, but not in other parts ; behind it was a knuckle of intestine intensely congested and of the colour of port wine. The stricture having been divided the gut was returned. The omentum was unfolded and examined, and a discussion took place as to whether or not it should be cut away. Having decided this question in the negative, the operator repacked it in the sac, and then closed the external wound by sutures. The wound united by the first intention, and not a bad symptom followed the operation. *Case* 4.—A man, aged 59, under Mr. Poland's care in Guy's Hospital on account of femoral hernia the size of a nutmeg. Strangulation had existed for eighty hours, and the symptoms were severe. The operation was attempted without opening the sac or fascia propria, and reduction was effected, but a part of the protrusion persisted in coming down again as soon as the finger was removed. This led to the suspicion that the bowel was not quite liberated, and the sac was accordingly opened. It was then discovered that a small knuckle of bowel still remained constricted by the neck of the sac, and had been replaced with it. The neck of the sac having been divided the operation was complete. The man recovered well. *Case* 5.—A woman, aged 37, under the care of Mr. Poland, in Guy's Hospital, on account of a femoral hernia of four years' duration. Strangulation had existed thirty hours, and the taxis had been much abused prior to admission. The parts about the sac were so much inflamed from the bruising to which they had been subjected, that Mr. Poland did not deem himself warranted in making any further attempt at reduction, without first liberating the stricture. The operation was accordingly performed at once ; the sac was not opened. The patient did well afterwards, excepting that she had very profuse suppuration from around the sac, the effect of the violent contusion to which the parts had been subjected. *Case* 6.—A man, of middle age, under the care of Mr. Partridge in King's College Hospital. Hernia congenital as large as a swan's egg. Strangulation nine hours ; sac opened. A large mass of omentum was cut away, and five ligatures were applied to the vessels which bled. Recovered well. *Case* 7.—A woman, of middle age, under the care of Mr. Skey, in St. Bartholomew's Hospital. Hernia recent, femoral, strangulated fifteen hours. Taxis having been thoroughly tried, both without and with chloroform, an immediate operation was performed. The sac was not opened. Recovered. *Case* 8.—A woman, aged 29, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of femoral hernia. The hernia had never before been down, and had been strangulated forty hours ; the symptoms were severe. The tumour was the size of a small pear, very tense and painful. The sac having been opened, omentum only was found in it. The patient subsequently had peritonitis, but under the usual treatment recovered. *Case* 9.—A woman, aged 25, under the care of Mr. Callaway, in Guy's Hospital. The hernia, which was femoral, and on the right side, had come down on Tuesday, and ever since its protrusion she had felt sick at times, but had had no actual vomiting. The bowels had been confined, but had nevertheless acted once on the Friday ; the belly was flaccid. The symptoms being thus ill-marked, the operation was deferred ; notwithstanding that taxis could not be effected. On Sunday morning the vomiting had become severe, and it was determined to delay no longer. The sac was not opened. She remained very low for some time after the operation, but ultimately recovered well. Deaths.—*Case* 10.—A woman, aged 57, under the care of Mr. Tatum, in St. George's Hospital. Hernia femoral ; strangulated eight days ; sac opened. The gut was found adherent and gangrenous, and was accordingly laid open and secured by stitches to the wound. Death from a low form of peritonitis occurred on the eighth day. *Case* 11.—A man, aged 66, gouty, and the subject of diseased kidneys, was admitted into St. George's Hospital, under the care of Mr. Tatum, on account of a large, irreducible femoral hernia, which had become strangulated. Strangulation had existed five days. The sac was opened, and found to contain omentum, and a portion of intestine ; the latter only was reduced. Death from peritonitis next day. *Case* 12.—A woman, aged 57, under the care of Mr. Birkett, in Guy's Hospital, on account of a very small femoral hernia. Strangulation had existed seventy-three hours. In the operation the sac was not opened, nor even the fascia propria divided. Death from acute peritonitis followed. *Case* 13.—A woman, aged 70, under Mr. Birkett's care in Guy's Hospital, on account of a femoral hernia, which had been strangulated eleven hours. The sac was opened, and the bowel returned. Death from peritonitis followed. At the autopsy the strangulated portion of bowel was found not in any way recovered, and almost in a gangrenous state. *Case* 14.—A woman, aged 51, was admitted into the Marylebone Infirmary, under the care of Mr. Henry Thompson. The bowels had been constipated for twelve days, and during the latter six there had been stercoraceous vomiting. There was a small firm tumour in the inguinal region, which was said to have existed for twenty-five years. No pain or tenderness in either the abdomen or the tumour. On cutting down upon the tumour and opening its sac, it was found to contain a dense, compact mass of omentum, impacted in the base of which was a knuckle of closely adherent intestine. The intestine being irrecoverable, was opened, and its edges stitched to the wound. Great relief was afforded, and profuse evacuations through the wound followed. The patient did fairly until the third day, when symptoms of severe peritonitis came on, and she rapidly sank. The autopsy showed a small perforating ulcer of the bowel above the seat of stricture, from which extravasation of fæces into the abdominal cavity had taken place. The hernia proved to be, as it was thought at the time of the operation, of the direct inguinal form. *Case* 15.—A woman, aged 67, under Mr. Cutler's care, in St. George's Hospital, on account of an umbilical hernia which had long been irreducible. There had been obstinate constipation for many days, and the patient being much sunken it was deemed necessary to perform an exploratory operation. This was done, and the sac opened. No constriction, however, could be found. The woman subsequently sank. The skin over the hernia had partly sloughed ; but death appeared to be mainly due to extreme feebleness of power. She appeared much older than she said. *Case* 16.—A woman, aged 76, was admitted under the care of Mr. Hult into the Westminster Hospital, with a small femoral hernia on the right side. The gut had been down for five days, and there had been frequent vomiting, the matter ejected having, during the last twenty-four hours, been fæcal in character. The operation was performed immediately after admission. The stricture having been divided, as it was

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thought external to the sac, reduction was effected, but immediately afterwards the tumour bulged again. Some doubt was felt as to whether the protusion was bowel or sac, and, under these circumstances, a grooved needle was passed into it. Fæces escaped by the puncture, and this being deemed to prove it to be bowel, the punctured part was tied by a fine silk ligature. The parts were now left *in situ*, being protected by a pad of lint. The patient, who was extremely sunken at the time of the operation, died four hours afterwards. The autopsy, which was very carefully conducted, showed the bowel perforated by ulceration just above the seat of stricture. The pelvic cavity, the abdomen generally, and the hernial sac contained fluid fæces. The part of bowel which had been strangulated was gangrenous, but had not given way, excepting at the point mentioned. The sac was unopened, excepting at the point of puncture, over which the ligature had been put. There was general peritonitis. The re-filling of the sac which, during the operation, had been mistaken for re-protrusion of bowel, was thus proved to have been caused merely by its distension with fluid fæces. *Case* 17.—A woman, aged 35, under the care of Mr. Cutler, in St. George's Hospital, on account of a large femoral hernia, strangulated two days. The tumour had been much bruised by attempts at taxis prior to admission. The sac was opened, and reduction effected. Death, from peritonitis, consequent on perforation of the bowel, followed. *Case* 18.—A woman, aged 69, pale and emaciated, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of strangulated femoral hernia. Strangulation three days; tumour very tender. The sac was opened, and the intestine carefully examined before reduction. Relief followed the operation, but death took place on the fourth day. The autopsy showed the strangulated portion of bowel much congested, and perforated in one spot by a small ulcer. *Case* 19.—An unhealthy-looking man, aged 45, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of a large scrotal hernia. The tumour was the size of a fist, and very tense. Strangulation had existed nine hours; sac not opened. The patient died on the sixth day, from diffuse inflammation of the cellular tissue of the scrotum and abdomen. *Case* 20.—A man, aged 70, under the care of Mr. Skey, in St. Bartholomew's Hospital. Hernia inguinal; of large size. The man complained of no pain, and stated that he had first noticed the tumour three days before. It did not, however, appear to have attracted much of his attention. Taxis having failed, the operation was resorted to. During its performance the sac burst spontaneously. Death followed five days after the operation; the bowels having in the interval been three times freely open. The autopsy showed the effects of much peritonitis, the coils of the small intestine being glued together by lymph. *Case* 21.—A woman, aged 52, under the care of Mr. Callaway, in Guy's Hospital. Hernia femoral; strangulated six days. She was in a very depressed state; the tumour was well defined and exceedingly tender. The sac was opened, and the bowel, although very dark-coloured, was returned. Stimulants were given, but she did not rally. Death occurred twenty-four hours after the operation. At the autopsy a gangrenous patch was found, about an inch and a half in diameter, and situated about eight feet above the cæcum, in which were several perforated spots. The viscera were mostly healthy.

AMPUTATIONS.

Of the Thigh.—Recoveries.—*Case* 1.—A girl, aged 18, under the care of Mr. Cock, in Guy's Hospital, on account of diseased knee-joint of many years' duration. There had beenm uch suppuration, and she was in very poor health. The stump is nearly healed, and she is now quite out of danger. *Case* 2.—A woman, aged 30, under the care of Mr. Birkett, in Guy's Hospital, on account of medullary cancer, affecting the lower end of the femur and its surrounding parts. The disease was of a year's duration, and was extending rapidly. Her health was very feeble and and sufferings intense. Amputation through the upper third of the femur was performed. She has progressed most favourably since the operation, and the stump is now all but healed. The relief from pain afforded by the removal of the disease has been most marked. The disease had caused fracture of the bone. Deaths.—*Case* 3.—An unhealthy-looking man, suffering from phthisis, was admitted into St. Bartholomew's, under the care of Mr. Lawrence, on account of diseased knee-joint. The disease had existed for three years, and he had been under treatment for it in several Hospitals. After a four months' attempt to save the limb, Mr. Lawrence determined to amputate, as the man's strength was rapidly failing. Death from phlebitis occured on the fifth day after the operation.

Of the Leg.—Recoveries.—*Case* 4.—A boy, aged 17, under the care of Mr. Spencer Smith, in St. Mary's Hospital, on account of pulpy degeneration of the synovial membrane of the ankle-joint. The disease was of seventeen months' duration, and the amputation had for several months been deferred only because his friends had refused their consent. The operation was performed by the circular method. The stump is healed, and the boy's health already very greatly improved. Deaths. —*Case* 5.—A healthy child, aged 3, was admitted into the London Hospital, under the care of Mr. Adams, on account of laceration of the leg. Gangrene followed, and amputation became necessary on the third day, but the father of the child refused his consent. When, on the seventh day, permission to perform the operation was obtained, the child was in an extremely exhausted state. Death followed on the fourth day. There had been no attempt at union, and the thigh was greatly swollen. No autopsy.

Of the Foot.—Under Treatment.—*Case* 6.—A boy, aged 15, under the care of Mr. Cutler, in St. George's Hospital, on account of crushed foot. Primary amputation was performed a very little in front of the line in Lisfranc's operation. Doing well. *Case* 7.—A man, aged 34, under the care of Mr. Simon, in St. Thomas's Hospital, on account of encephaloid disease, connected with the metatarsal bone of the second toe of the left foot. Amputation at the ankle-joint, after Pirogoff's method, was performed. The patient had considerable constitutional disturbance during the week following the operation, but he is now doing well. There has been no sloughing of the flap, and the portion of the os calcis left has kept well in place.

Of the Upper Extremity.—Recoveries.—*Case* 8.—A man, aged 53, under the care of Mr. Lawrence in St. Bartholomew's Hospital, on account of disease in the right carpus consequent on injury. Thirteen weeks before he had received a punctured wound of the wrist-joint, and the inflammation which followed had rendered the hand useless. Amputation through the forearm. Recovered. *Case* 9.—A country woman, aged 42, in good health, under the care of Mr. Skey, in St. Bartholomew's Hospital. Her right hand and lower portion of forearm had been crushed by a thrashing machine. Primary amputation through the forearm was performed. The wound healed by the first intention, and the patient was well in ten days. *Case* 10.—On March 5 a man, aged 46, was admitted, under the care of Mr. Birkett, into Guy's Hospital, a cart-wheel having passed over his right elbow. There was so much swelling that an accurate diagnosis of the extent of injury was not practicable. It was, however, certain that the bones composing the joint had been much comminuted. The fracture was not compound. The case seemed to do well for some days, but subsequently sloughing of the soft parts took place, and the injury became converted into a compound fracture involving the joint. The external condyle of the humerus projected and was removed. Profuse suppuration followed, and the man's powers became greatly reduced. Amputation through the upper arm was performed on May 1st. On examination after amputation the joint was found entirely disorganized, but the processes of reparation were commencing. The man recovered well. *Case* 11.—A man, aged 43, had a tumour removed from the palmar aspect of his middle finger ten years ago. It subsequently reappeared, and on account of it the finger was removed at the metacarpal articulation. A growth now sprung up in the palm of the hand. For the latter the man was admitted into Guy's Hospital under the care of Mr. Birkett, the skin having ulcerated and the tumour being developed into a large fungating mass. Amputation through the lower third of the forearm was performed. The disease proved to be medullary cancer; it was attached to the metacarpal bone and the fibrous tissue about it. The man quickly recovered.—Death.—*Case* 12.—A man, aged 42, under the care of Mr. Pollock in St. George's Hospital, on account of diseased elbow-joint. He had bronchitis, and was in bad health. Amputation. Death from pyæmia.

AMPUTATION OF THE PENIS.

A gardener, aged 68, was admitted into St. Bartholomew's.

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under the care of Mr. Skey, on account of epithellal cancer of the penis, of four years' duration. The disease involved the entire glans, and the anterior third of the corpora cavernosa. The inguinal glands were enlarged and tender. Amputation was performed in the usual manner, and the man recovered without a bad symptom.

EXCISION OF BONES AND JOINTS.

The seven cases mentioned last month, and also several from preceding months, all remain under care.

Case 1.—A man, aged 34, under the care of Mr. Birkett, in Guy's Hospital, having suffered from chronic inflammation of the right knee-joint for three years. There was much enlargement about it, and some fluid in the articulation, but no sinuses existed, as there had never been any open abscess. Treatment had been exhausted upon it, and the question had come to be between amputation and excision of the joint. The man being in tolerable health, Mr. Birkett decided to perform the latter. The joint was opened by a curved incision crossing the ligament of the patella, the latter bone and the flap being dissected up together. The articular extremities of the femur and tibia were sawn off, and the patella was also removed. Four articular arteries required ligatures. The interarticular cartilages had been destroyed, and the cartilage covering the ends of the three bones was extensively ulcerated; the synovial membrane was converted into a pyrogenic tissue. The bones themselves were healthy. The parts having been adjusted, the limb was placed on a straight splint, and hitherto the case has progressed favourably. *Case* 2.——A girl, aged 20, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased elbow-joint. She was strumous, delicate, and excitable. The disease had existed, and was spontaneous. There had been profuse suppuration, and there was much pulpy thickening of the tissues about the joint. The articulation was laid open by a ⊢ shaped incision from behind, and the olecranon and extremity of the humerus were cut away. The entire coronoid process of the ulna with the lesser sigmoid notch, and the head of the radius were left. The case is doing well. *Case* 3.—A delicate woman, aged 38, under the care of Mr. Poland, in Guy's Hospital, on account of diseased elbow-joint, of eight months' duration. There had been profuse discharge, and she was worn down by intense pain and irritation. It was a doubt whether or not amputation ought to be preferred to excision, but the latter was at length decided upon. Mr. Poland laid open the joint by the ⊢ shaped incision, and cut away the olecranon. The cartilage from the humerus, and also that from the radius, was peeled off with the forceps, and the extremities of the bones, being sound beneath, were not excised. The woman appeared to be doing well for two or three days, but subsequently symptoms of acute or pneumonic phthisis appeared, and death followed in the third week. There had been hectic profuse sweatings, and diarrhœa, but Mr. Poland did not consider the condition as one of pyæmia. The elbow continued to suppurate healthily. No autopsy was permitted. Previous to the operation the patient had shown no symptoms of chest disease. *Case* 4.—A man, aged 45, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, and whose elbow-joint was excised in January last. As has been already reported, suppuration occurred in the wrist joint of the same arm, a few weeks after the operation, and also in several places over the shaft of the ulna. The disease of the wrist appeared chiefly connected with the ulna, the lower fourth of which, including the whole of its articular head, passed into a state of necrosis. The operation consisted in excising this diseased part. The wrist-joint was, of course, opened, but there did not appear to be any other exposed bone. The wound has since almost healed, and there seems a fair prospect of yet saving an arm of considerable usefulness. *Case* 5, a woman, aged 34, under the care of Mr. Hawkins, in St. George's Hospital, and whose case has been mentioned several times previously under the head "Amputations." Her thigh was amputated thirteen years ago, and since then three excisions of the end of the femor have been performed on account of continued oozing of blood from the extremity of that bone. The third operation was during the past month. The case remains under treatment.

EXCISION OF MALIGNANT TUMOURS.

Case 1.—A woman, aged 40, under the care of Mr. Birkett, in Guy's Hospital, on account of a pedunculated growth of soft cancer on the back. The disease had commenced on the site of a congenital mole, and had existed for fourteen months. It had been twice ligatured, but was, notwithstanding, increasing rapidly. Excision. Recovery. *Case* 2.—A pale delicate woman, aged 48, the mother of a large family, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of scirrhus of the breast. The tumour was the size of an egg, and had been growing for two years. The nipple was retracted, and there were some scattered tubercles in the skin. The whole gland was excised. Death from pleurisy twelve days after the operation. *Case* 3.—An Irish woman, of middle age, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of a large ulcerated and adherent carcinoma of the left breast. The excision involved the exposure of three or four ribs. The patient subsequently had an acute attack of pleurisy, from which, however, she recovered, and ultimately left the Hospital with the large wound quite healed. *Case* 4.—A woman, aged 34, under the care of Mr. Cock, in Guy's Hospital, on account of a recurrent fibro-plastic tumour growing from the right antrum. Her case has been frequently mentioned before; two previous operations having been performed. Mr. Cock dissected up the cheek, and scooped away the growth, which extended from the antrum into the nose, and also beneath the soft parts. The wound rapidly healed. *Case* 5.—A man, aged 34, under the care of Mr. Simon, in St. Thomas's Hospital, on account of an ulcerated epithelial cancer of the lower lip. The disease had existed eighteen months. Excision. Recovery *Case* 6.—A woman, aged 38, under the care of Mr. Clark, in St. Thomas's Hospital, on account of a scirrhous growth just below the mammary gland. The disease had existed four months. Excision. Recovery. *Case* 7.—A man, aged 24, under the care of Mr. Clark, in St. Thomas's Hospital, on account of a recurrent tumour (colloid?), the size of an orange, between the ramus of the lower jaw and the mastoid process. It was of five years' growth, and one of similar character had been excised from the same spot seven years ago. In its removal, the facial nerve was unavoidably divided. Under treatment. *Case* 8.—A woman, aged 44, under the care of Mr. Hawkins, in St. George's Hospital, on account of scirrhus of the breast. Excision. Recovery. *Case* 9.—A woman, aged 62, under the care of Mr. Johnson, in St. George's Hospital, on account of scirrhus of the breast. Excision. Recovery. *Case* 10.—A man, aged 48, under the care of Mr. Fergusson, in King's College Hospital, on account of a cancroid growth, involving the outer commissure of the right eye-lids, and extending deeply between the eye-ball and lid. The man was in good health, and the disease had existed for ten years. Mr. Fergusson excised the whole freely. The wound is nearly healed. *Case* 11.—A man, aged 41, under the care of Mr. Fergusson, in King's College Hospital, on account of a glandular development of epithelial cancer in the submaxillary region. The disease was secondary on a cancer of the lip, which had been excised two years ago. The mass had attained the size of a small orange, and was fast increasing; it did not involve the submaxillary gland itself. The man was in good health. Excision. Doing well. *Case* 12.—A woman, aged 53, under the care of Mr. Hillman, in the Westminster Hospital, on account of scirrhus of the breast. It had been noticed only three months. Excision. Recovery. *Case* 13.—A delicate woman, aged 35, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of ulcerated scirrhus of the left breast. She had suffered from pain in the part for about fourteen months. The whole gland was removed. Death from pleuro-pneumonia followed on the fourth day. At the autopsy no cancerous deposit was found in any organ. *Case* 14.—An unhealthy-looking man, aged 44, was admitted, on February 7th, into St. Bartholomew's, under Mr. Lawrence's care, having a tumour the size of an egg, over the left parietal eminence. It had been growing for twelve months, and was diagnosed as malignant, and only removed at the patient's urgent request. The wound healed rapidly and the man left the Hospital, but he has since returned with a recurrence of the disease beneath the cicatrix. *Case* 15.—A woman of middle age, under the care of Mr. Chance, in the Metropolitan Free Hospital, on account of a small schirrous tumour in the right breast. The whole gland was excised, as also an axillary lymphatic, which was enlarged and cancerous. Recovered. See, also, "Amputations of the Penis," and "Excision of the Testis."

(To be concluded next week.)

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Medical Times & Gazette.

SATURDAY, JUNE 23.

THE PREVALENCE OF SMALL-POX.

We lately adverted to the fact that Small-pox had appeared in the Baltic Fleet, and we might have added that this fatal disease has been more than usually prevalent in the Metropolis during the present Spring. We attributed the continued presence of this malady, in a great measure, to the neglect of Vaccination, and to the general inattention displayed by our legislators to this, and, indeed, to all matters relating to the sanitary condition of the people.

We propose, upon the present occasion, to continue our remarks upon the laws relating to Vaccination, and upon the encouragement offered to the performance of that operation by recent enactments.

Until the year 1853, the practice of Vaccination was placed under the control of the Poor-Law Board, the Vaccinators were appointed and paid by the local Board of Guardians, and a certain sum was fixed by Act of Parliament as the minimum of payment to the Vaccinators for each case of successful vaccination. We have already exposed the absurdity of intrusting the superintendence of a surgical operation to a Board consisting of placemen and lawyers; and the still greater absurdity, not to say iniquity, of committing the appointment of the operators to the ignorant cliques who usually constitute the local Boards of Guardians.

It was, of course, discovered that the Acts of Parliament were ineffectual in promoting Vaccination, and in repressing Small-pox; and some of our benevolent legislators, actuated, as we have always admitted, by the best motives, introduced some measures into the two Houses of Parliament, in 1853, for the purpose of rendering Vaccination more efficient. The plan then proposed was, to render the performance of the operation compulsory upon all persons; and parents neglecting or refusing to have their children vaccinated, were to be subject to a fine. Now, supposing this plan to have been fully and fairly carried out; supposing that the Profession had been consulted upon the subject; and supposing that a sweeping change had been made in the machinery of Vaccination, there can be little doubt that inestimable benefits would have been conferred upon the nation. But the miserable system was still pursued of ignoring the Profession in the details of the new measures; and thus, instead of enlisting the favour of this large and influential section of the community on behalf of the proposed enactments, the Medical Practitioners became either apathetic or positively hostile. All the worst parts of the old measures were retained: the practice of Vaccination was still controlled by the Poor-Law Board, and the prevention of Small-pox and the relief of the poor were necessarily associated together in the public mind; the appointment of the Vaccinators was still left in the hands of the Boards of Guardians, to the great disgust and indignation of the Profession; the same miserable scale of remuneration to the Vaccinators was retained, although their labours were increased by the addition of a great quantity of written forms which they were compelled to fill up, in addition to the cumbrous and clumsy forms already in existence; and although the Legislature had fixed a penalty upon persons neglecting or refusing to have their children vaccinated, it provided no efficient means by which the offenders could be prosecuted, and the fines enforced.

Hence it has happened that in less than two years the new laws have become almost a dead letter. Vaccination is openly neglected; Small-pox prevails as before; Medical men are insulted and cheated, as usual, by the Boards of Guardians, and appeal in vain to the Poor-Law Board; and a universal cry is now raised that the present experiment has been unsuccessful, and that new measures ought to be devised.

Our own views upon this subject are very decisive, and may be briefly explained. In the first place we would remove altogether the control of Vaccination from the hands of those who administer relief to the poor. Even if we could admit that the connexion of Vaccination with the Poor-Law Board was at one time a matter of necessity, such necessity can no longer be said to exist. There is now a Board of Health, to which are intrusted all matters relating to the sanitary condition of the people, and to this Board we would refer the management of Vaccination. We consider the propriety and expediency of this change to be so obvious as to require no argument; and we believe that not a single voice would be raised in favour of continuing the control of Vaccination in the present hands.

In the next place, we would advocate a thorough change in the mode of appointing Vaccinators. Under the present system, in some parishes, only the Union Surgeons are appointed Vaccinators, to the great dissatisfaction of the other Medical men in the district, and to the necessary confusion, in the minds of the ignorant, of Vaccination with Pauperism; in other parishes, every Medical Practitioner is appointed a Vaccinator, without any reference to his fitness for the post, and without any guarantee that he is able to maintain a supply of lymph; and in many cases, the appointments of Vaccinators are notoriously due to succesful intrigues with the Guardians.

Now we maintain, that as Vaccination is a Surgical operation, not only requiring skill in its performance, but experience in watching its progress, it should be placed under the control of Medical Men; and, as it is essential that a good and efficient supply of lymph should be maintained, we deem it necessary that central institutions, similar to the National Vaccine Establishment, should be organized in various localities. Under the present system it is a matter of the utmost difficulty for the Vaccinators to obtain effective lymph; and all Surgeons, practically conversant with vaccination, are aware that the success of the operation materially depends upon the maintenance of a constant supply of fresh fluid carried on from week to week; and this can only be effected in establishments frequented by a large number of persons. It is quite true that lymph may be dried on points, preserved on glass, and kept liquid in hermetically-sealed tubes, and hat such lymph may be successfully employed in vaccination; but there are innumerable circumstances of locality, climate, constitution, and other matters relating to the practical details of the operation itself, which may cause failures, and it is essential to recur to the fresh lymph to insure a successful result. Now it cannot be expected that the details to which we have alluded can be regulated by lawyers and placemen, any more than the proceedings of the Central Criminal Court can be arranged by Physicians; and therefore we again insist that the regulations of the details of Vaccination should be consigned to the members of the Medical Profession.

The plan we propose would, undoubtedly, require the appointment of Superintendent Vaccinators, whose duty it would be to provide an adequate supply of lymph to the ordinary Vaccinators, and also to receive reports from the latter, and to inspect, from time to time, the progress of the operation in the different districts. The number of Vaccinators, also, ought to be regulated in proportion to the population; not making them so few, and their residences so remote

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that obstacles are presented to parents bringing their children; but, on the other hand, not constituting every Medical Man a Vaccinator, and thus rendering the appointment worthless, by its indiscriminate bestowal.

Instead of the cumbrous and absurd formulæ which the Vaccinators are now required to fill up, some short and concise certificate should be substituted, the production of which document should be held sufficient evidence that the person whose name it contains has been successfully vaccinated, and the absence of which, except under special circumstances, should subject the negligent party to punishment by fine or otherwise. This certificate might be copied by the Registrar of the district, and would remain in evidence during the lifetime of the vaccinated person.

We trust that the present session of Parliament will not be allowed to elapse without the adoption of some measures to remedy the obvious evils of the present system, which has notoriously failed in its objects. The compulsory clauses we wish to be retained: because, if only a small section of the community be allowed to neglect or to refuse Vaccination, it cannot be expected that Small-pox will be exterminated, for a single case of Small-pox is sufficient to infect a whole neighbourhood. But it is to be hoped that, in future legislation, some efficient means may be taken to make the operation really compulsory, and to engage the members of the Medical Profession, by treating them fairly, to co-operate in the philanthropic and beneficent crusade against one of the most formidable diseases which afflict the human race.

LUNATIC ASYLUM OFFICERS IN IRELAND AND THE SUPERANNUATION FUNDS.

We notice, by the answer made some time since by the Chancellor of the Exchequer to Colonel Dunne, that Government have at last resolved to do something in favour of their Civil Servants in the shape of justice and common sense, and that the superannuation question is about to be finally settled. Let us advert for a moment to the grievances of a class of Civil servants exclusively nominated by the Lord Lieutenant of Ireland, and, to a great extent, under his lordship's immediate control. We allude to the Resident Medical and other officers of District Lunatic Asylums in that country. On this subject we think we cannot do better, in order to illustrate our position, than to extract a few sentences from some of the recent official reports of the Clonmel Asylum, written by its Resident Physician, Dr. Flynn, and who has put the painful condition of these officers in the event of illness, old age, or incapacity to discharge their laborious and responsible duties, in a clear and striking light. We recommend the following observations to the notice of such members of the Legislature as take an interest in the condition and care of the insane, being assured that nothing can tend so much to the development of their humane and enlightened treatment as the consideration bestowed by Government on those into whose immediate charge the insane are or may be intrusted.

In a report for 1852, Dr. Flynn says, after alluding to several matters of importance:—

"In making the foregoing remarks, I trust I have not exceeded those legitimate limits within which an honourable and independent-minded officer should ever confine himself, and that I have not departed from that faithful observance of profound respect which the various authorities that exercise and claim control over these great national institutions are fully entitled to, and which I have ever willingly and heartily given them. Let it, however, be not forgotten, that I am merely advocating the claims of a class of Medical officers, isolated, patronless, often defenceless, from whom promotion to higher professional appointments seldom, if ever, takes place; against whom, and I say it on good authority, the door leading to many valuable Medical offices is hermetically closed—whose duties, unlike that of almost any other public department, never end—who live in the midst of the most appalling sufferings that afflict the humblest portion of their afflicted countrymen—who in old age, infirmity, or casualty of any kind, have not one shilling per annum of retiring allowance to fall back upon, and whose salaries, in some instances at least, are just adequate, with rigid economy and prudence, to meet, with that promptitude and correctness which Government expects from its subordinates, all family and social obligations."

Again, in his official Report for 1854-5, this gentleman still more strongly puts the case, because in that document *Humanity* sets the law, as it stands, *at defiance*. Thus:—

"As your Board is aware, from my two former Annual Reports, the gardener became utterly unable to continue performing, or rather attempting to perform, the laborious duties of his situation. I was not only reluctant to discharge him, but resolved not to do so, without receiving peremptory orders on the subject, inasmuch as your Board had over and over again applied to the executive in Dublin, praying that some satisfactory steps might be adopted with reference to worn-down and helpless *employés* in the Government Asylums of this country, as is the case in every other branch of the Civil Service. Every appeal made was replied to courteously and officially, but nothing has been done; the sad and friendless condition of such parties excites little, if any attention, because—unlike the police, the law, and other commanding branches of the public service—there is nothing to be dreaded from their parliamentary annoyance, their helplessness, and isolation. Your Board, however, being left without hope of effecting any arrangement for, or notice of, this poor man's case, granted a monthly allowance to Thomas Moore, gardener and keeper in the Lunatic Asylum of Clonmel, borne down by disease and constant association for twenty years with madmen, in order to prevent him and family, after that long period of public service, from claiming the clemency of an Irish workhouse.

"This decided step taken by your Board, has brought the subject to an issue, as Government must disallow this and similar humane proceedings, or legalise the matter by immediate legislation."

Without entering into this subject more deeply at the present moment, we merely ask is this state of things *seemly*?—above all in Government establishments? and we beg to say, that all the authorities, beginning with Parliament and ending with Inspectors, are bound to put an end to so unsatisfactory a condition of things in a great department of the public service, which, to speak in the mildest terms, reflects credit upon no party whatsoever. We shall not, we trust, have occasion to recur to this matter, but hope that the Asylum Resident Officers may be included in the Civil Services arrangements now in progress of completion, inasmuch as their entire time is given, or supposed to be given, to the use of the public.

OPENING OF THE ROYAL MEDICAL BENEVOLENT COLLEGE.

We have to remind our readers and the public in general, that this great National Institution is now sufficiently advanced to enable the Council to announce its opening on Monday next, at half-past three o'clock, and that Prince Albert has graciously consented to be present on the occasion. It must be a source of the deepest and purest satisfaction to the founders of this benevolent work that their labours have been so far rewarded, and that notwithstanding the severe pressure of the times, the building is sufficiently advanced to admit the reception of twenty pensioners and twenty scholars at a very early period. To those who have already lent a helping hand to the good work, it is only necessary to recommend perseverance; and to those who have not yet subscribed, a stimulus will, it is hoped, be afforded by the present aspect of the edifice, ready to open its portals for the dissemination of knowledge and the dispensation of charity.

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All the members of the Profession are deeply concerned in the success of this noble undertaking; and the general public, who, in this great country, have never been backward in promoting the cause of education and relieving the distresses of the afflicted, must be stimulated to assist in lending their aid to the Medical section of the community, too often over-taxed and ill-paid in their hours of exertion, too often neglected and forgotten in their hours of need. We hope that the Prince Consort will find himself supported at the approaching ceremony by a large assemblage of all classes of the nation, and that the opening of the new Medical Benevolent College may prove the dawn of a bright day of future prosperity to the Institution.

THE WEEK.

The Profession will be glad to learn that the Guy's Hospital Reports are again to make their appearance. The necessary arrangements have at length been made; and under the able editorship of Dr. Wilks and Mr. Poland, we may fairly expect a volume which will sustain the reputation of the series. Apart from the intrinsic value of these Reports, we have another motive for congratulating our readers on the circumstance that they are not, as was recently announced, to be finally given up. They stand as an example, we had almost said as a reproach, to the other Medical Institutions of the Metropolis. Why, among our ten London Hospitals, should there be but one which furnishes a regular statement of its experience? Why should not St. Bartholomew's, with its enormous Hospital, its thousands of out-patients, its large and most talented staff, give us also a yearly volume of Reports! Some twenty years ago, St. Thomas's made a spasmodic effort, and produced, we believe, one book, and then gave up: why not now try again? We are met by two objections. The first is complimentary to ourselves, but we are obliged to deny its truth. It is said that our own weekly reports nearly exhaust all that occurs of interest in the various Hospitals, and leave only gleanings to those who follow. We frankly admit that we do our best to collect for our readers the most important of what is novel; but as to exhausting, in any degree, the resources of the Institutions from which we cull, the assertion is entirely erroneous. Our only difficulty is one of selection, or *embarras de richesse*, and, did other matters admit of it, it would be easy each week to fill the whole of the Journal with Hospital Reports of the greatest value. The second objection is one of a somewhat similar nature, though less personal to ourselves. It is to the effect that the Medical Press is already sufficiently prolific. This also is founded on an utter misconception. A book is not useless because it is not extensively read and does not at once become popular. Many, indeed, of our best works are those which have fewest readers. They are full of fact, of cautious deduction, and of carefully stated evidence—they avoid the dogmatic equally with the ornate; and, in a word, they are deemed by the majority to be "dry." Yet these are the very works by which knowledge is advanced, and are the very volumes of which we have most need in the Medical Library. That there is as yet no extravagant number of such we call any real student of his art to bear witness, and feel no doubt as to his reply.

Only a few weeks ago one of the most distinguished of the Internes of La Charité died, after a few days' illness, from the effects of a post-mortem wound. The Paris journals of this week inform us of the occurrence of another of these most melancholy events. M. Léon Provent, an Interne at the same Hospital, and who but just before is stated to have been in excellent health, scratched his finger on a portion of bone in the dead-house, and was two days afterwards attacked by the symptoms of pyæmia. His death occurred within a week of the accident. His funeral is stated to have been generally attended by Students, and a discourse suitable to the occasion was pronounced over his grave by M. Lefort. It is well that these accidents should be widely known and remembered. Apart from the important moral lesson which they teach to the thoughtful, it is to be desired that they should have their influence as impressing the necessity for great caution on all engaged in pathological pursuits. Medical Students are not, unfortunately, the best care-takers of themselves, and their disregard of risks of the kind alluded to often amounts to extreme rashness. We would not, of course, counsel timorousness, much less offer a plea for inaction to the idle. The wise, however, will never run into needless dangers; and in the case of even the slightest accident, will at once resort to suitable measures for the prevention of ill consequences.

We trust that none who care for the dignity of the Profession will neglect to fix their signatures to the Petition now preparing by the Naval Medical Reform Association. The value of the document will depend much upon whether or not it expresses the unanimous sense of the body from which it emanates. Let every one regard it as a matter of individual duty to attend to this matter. We may remind our readers further that, although moral support and sympathy are invaluable, yet, should they be inclined to show their honest zeal in a still more material way, the Committee would be glad to receive a more liberal supply of the *sinews of war*.

REVIEWS.

On Epidemic Diarrhœa and Cholera; their Pathology and Treatment, with a Record of Cases. By George Johnson, M.D. Lond., Fellow of the Royal College of Physicians, Assistant-Physician to King's College Hospital. London: J. W. Parker. 1855. Pp. 294.

This book consists of three parts: a record of cases, an account of the general pathology of epidemic diarrhœa and cholera, and general directions for treatment. The author requests his readers to begin with the pathological sections, as it is upon them that he relies for establishing a rational plan of treatment. We will comply with the author's wishes, and, in the short account of the work which we propose to give, will begin with the pathological portion; just stopping for one moment to quote this short passage from the preface, which gives the key-note to the whole book:—

"Every Medical Practitioner either is or ought to be a pathologist; for even those who believe themselves to be, of all men, the most practical, and the most entirely free from theory, are, of necessity, guided in the treatment of nearly every disease, by some theoretical opinion as to the nature of the malady, and the operation of the means by which they endeavour to remove it. Hence the great value of sound and scientific pathology, and the danger of an imperfect or an erroneous pathological theory."

On this it must be remarked, that the most "sound and scientific pathology" of any given epoch, even of 1855, may be very well so far as it goes, and may be the best that we can get, yet that it may not embrace the whole truth, even if it does part of it; and that, on the other hand, plain, unbiased observation, independent of every theory whatever, ought to have at least an equal share with pathology in guiding us to our treatment.

Passing over this point, however, let us give the reader a brief account of Dr. Johnson's pathology of cholera; which we may as well give numerically in the same order in which it is developed in the succeeding sections of the book.

1. He contends that there is no relation between the symptoms of collapse, or the real severity and mortality of the disease on the one hand, and the loss of fluid by vomiting and purging, and the pain and cramps on the other; and further, that in fatal cases in which there has been little discharge of

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liquid *from* the bowels, the amount of liquid exuded *into* them, and found in them after death, has no relation to the severity of the symptoms.

2. That the symptoms of collapse are not those produced by drain of liquid from the blood, whether of entire blood or of serum; that the collapse of cholera differs essentially from anæmia, in the absence of syncope, in the capacity for muscular exertion, and in the rapidity with which recovery may take place.

3. That the ill effects of brandy and stimulants, and the good effects of blood-letting and purgatives are irreconcilable with the theory that the collapse is caused by drain of fluid from the blood.

4. That the symptoms of cholera are occasioned by a morbid poison.

5. That the poison enters the blood and acts upon the nervous centres and other parts of the body.

6. That the symptoms of invasion, the oppression at the stomach, languor, tinnitus aurium, symptoms probably quite as common as premonitory diarrhœa, though less talked about in England, all indicate a morbid state of the blood.

7. That there is an analogy between the effects of the cholera poison and animal poisons generally, including the poison of snakes.

8. That the blood in cholera is altered in condition; more tenacious; darker in colour; its spec. grav. raised from about 1060-1062 to 1068-1081; the watery portion diminished, the solids increased; the globules raised to ·166-·171 from the healthy average of ·140; the fibrin either lost or rendered incoagulable; the serum raised in spec. grav. from 1028 to 1039-1041; *the albumen and salts relatively increased;* the reaction less alkaline; the urea increased during recovery; but that the amount of the blood-changes does not correspond with the amount of drain from the bowels.

9. That the cholera stools consist chiefly of water and salts, with a very small proportion indeed of albumen or organic matter, excepting in the case of the currant-jelly-coloured stools, which owe their colour most likely to an escape of blood constituents, and are highly coagulable.

10. In his explanation of the phenomena of collapse, Dr. Johnson states his belief that the function of respiration is that which is first and most seriously affected. That the circulation through the lungs is much impeded, as evidenced by the empty condition of the left and fulness of the right cavities of the heart after death. That there is an empty and collapsed state both of the air-cells and of the blood-vessels of the lungs. That the minute branches of the pulmonary artery resist the passage of the blood through them, being irritated and made to contract preternaturally by the qualities of the blood. That this obstruction to the flow of blood through the lungs, and the consequent short supply of arterial blood, is the cause of the smallness of the pulse, and sinking of the eyeballs. That the blood not being freely circulated through the lungs, the oxygenation of it is greatly reduced; hence the low temperature and the want of formation of bile and urinary constituents; so that, according to this theory, the functions of liver and kidneys are suspended because they have simply nothing to do; there being, through the want of oxygen, no materials prepared for them to excrete. That the collapse of cholera is almost identical in its first symptoms with the cold stage of ague. "The difficulty of breathing, the coldness, blueness, collapse of features and feebleness of pulse are common to the two diseases." "The scanty secretion of pale urine is an indication that the characteristic solids of the urine are as deficient during the cold stage of ague as in the collapse of cholera. The absence of the liquid portion during cholera is accounted for by the drain of fluid through the bowels."

11. In the Eleventh Section Dr. Johnson enlarges on the consequences of impeded flow of blood through the lungs, viz., diminished temperature and diminished combustion, and shows that the difference between cholera and what is commonly called asphyxia is this, that the formation of carbonic acid being very small, it does not accumulate in the blood and poison the brain as it does in common asphyxia; that increased oxygenation of the blood in the stage of collapse, and rise of temperature (as by inhalation of oxygen for instance) are causes of mischief and of drowsiness, unless at the same time the choleraic condition of the blood is removed, and the circulation through the lungs and escape of the carbonic acid are made free.

12. That during reaction a free circulation through the lungs and oxydation of blood are established; that if the elimination of carbonic acid be not free enough, the lungs become engorged, which engorgement is more liable to occur if the patient has been drugged by opium or alcohol, or if the lungs were previously unsound.

13. This section re-affirms the cause of suppression of bile and urine to be want of formation of these substances, through want of oxygen; although probably the morbid condition of blood impedes the circulation through the kidney and liver, and so retards the elimination of the minute quantity formed.

14. The dark colour and defective coagulability of the blood are also occasioned by want of oxygen.

15. This section contains a further comparison of cholera with the ague fit. The resemblance between the cold stage of the one and the collapse of the other has been already spoken of. "During the cold stage of ague, we must suppose that the morbid blood undergoes some change, which at length allows of free transmission through the lungs, and that the normal condition of blood is afterwards restored through the agency of the various excretions during the hot and sweating stages." That the absence of hot fit in cholera is owing to the elimination of the morbid poison by vomiting and purging, which does not occur in ague.

16. "The vomiting and purging which occur in epidemic diarrhœa, and in cholera, are salutary and curative efforts of nature to separate from the blood and cast out of the body the noxious materials which constitute the essential cause of the diseases in question." Epidemic diarrhœa, bilious diarrhœa, choleraic diarrhœa, and cholera are the same malady, arising from the same cause in various degrees. The fact that large quantities of epithelium constitute the flocculi of the watery stools, corroborates the idea that these stools are a genuine eliminative secretion; that the checking this secretion in any case is mischievous; that if opium is harmless it is because diarrhœa persists in spite of it; that the more solid portion of the intestinal discharges often remains, whilst the water drains away and is discharged, and hence that purgatives are of service in sweeping it away.

Having elaborately argued in favour of the foregoing propositions, Dr. Johnson proceeds to say, that the eliminative efforts of nature ought not to be checked; nay, rather, considering that the stomach and intestines may be unable to get rid of the liquids poured into them, and so as to render the acts of elimination complete, these acts should be promoted by emetics and purgatives. Dr. Johnson believes that no purgative is so well adapted as castor oil to prevent the accumulation of morbid secretions, and to evacuate them speedily and without irritation, and without increasing to an injurious extent the amount of secretion from the blood. He would begin treatment in the stage of collapse, by a good washing with soap and water; and friction by the flesh-brush; and by heat to the feet, to relieve cramp; and mustard poultices to the epigastrium, to relieve the sense of burning there. Then the patient, if not vomiting freely, should have a scruple of ipecacuanha and plenty of warm water, to eject not only any morbid secretions, but also "any opiate or other noxious drug" which may have been administered. Then castor oil should be given, on pure cold water, in such a way as to insure from time to time the evacuation of the stomach and intestines; about half an ounce of oil every hour during the first twelve hours, and afterwards every two hours; so that on an average nine ounces of the oil will be taken during the first twenty-four hours; and of this two-thirds will be rejected by vomiting. If vomiting is excessive an enema of salt and water should be given, and the oil be administered with iced water, so as to check vomiting, and allow it to pass into the bowel. Cold water may be allowed as a drink, but not iced, as a general rule, lest it check the vomiting prematurely. Nourishment is proscribed during the stage of collapse; so are baths of all sorts. Many details are given as to the possible uses of venesection and ammonia, for which we have no space.

We have thus given a close and accurate analysis of a book which is the production of one of the most acute and able physicians of the modern school; one whose labours in pathology entitle him to a full and fair hearing. Nothing, we believe, can be more unjust than the attempt to throw obloquy on Dr. Johnson because of any imaginary support his opinions afford to the homœopathists on one side, or Morrison's pill-makers on the other. The quack is a parasite who will

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fasten on anything which falls from a physician of eminence, and which even seems to give the slightest support to his own imposture, though it may equally support a contrary one. But this is no fault of Dr. Johnson. Neither is it his fault that his doctrines may be unpopular with certain members of the Profession, from the manner in which they were taken up at an unfortunate moment by a portion of the public press.

Our own sentiments on the merits of the book are, that the author seems always too eager to prove his case. His very profound knowledge of modern physiology and pathology seems to betray him into too elaborate and plausible chains of argument. His dexterity in explaining away whatever opposes his views is remarkable, no less than his eagerness at seizing on any incident, however trivial, that supports them. His assertion that the beneficial effects of sulphuric acid are due to its purgative virtues, is one instance; cases in which death is ascribed to "twopennyworth of brandy," or to the neglect of the nurses in not giving enough of the oil; and such a heading as this: "*Case* 21.—*Choleraic diarrhœa, and fever after a chalk mixture,*"—just as if no cases had feverish symptoms unless chalk and opium were given—are illustrations. We feel that if we were to grant all Dr. Johnson's premises, we might yet demur to the conclusions. For instance, if it were granted that a poisoned condition of blood were present, the true eliminative character of the discharges in every case and in all stages, would require further confirmation; and supposing it agreed that an emetic and purgative plan was the right one, we should object that, on Dr. Johnson's own showing, the castor-oil is a clumsy, uncertain, possibly inefficient, possibly hazardous instrument for carrying out that plan. For instance, "*One patient took no less than thirty-three ounces of castor-oil, of which probably less than a sixth part passed into the intestines.*" To use castor-oil as an emetic; to give a poor patient thirty or forty doses of it, and let him vomit them, would seem to us, if we were the patient, "worse than death indeed." If vomiting is needed, why not give a clean emetic? Then the practitioner must be quite uncertain as to the quantity of oil retained and passing into the bowels, where it might, as Dr. Johnson confesses, excite, if in excess, dangerous or fatal purging. How it can be safe to give a purgative of uncertain dose and operation in a case where blood-constituents are freely passing, as in one of the currant-jelly-stool cases, or liable to pass at any moment, we cannot divine. Then again, on the other hand, if a purgative is really the right thing to give, and the evacuation of the bowels necessary for the patient's safety, what are we to say to the fact that in the worst cases the oil excites neither vomiting nor purging; the small intestines being full of fluid which they cannot propel? In this case the oil is manifestly inert; croton and not castor-oil would be the remedy on Dr. Johnson's own showing.

The chapter on the treatment of diarrhœa is meagre and unsatisfactory in the extreme; and the author seems to assume that the castor oil and emetic treatment will be uniformly successful. The curious faculty which he has, when using an argument which *cuts both ways*, of ignoring the edge which cuts him, and noticing only that which cuts his opponents, is evident in his notice of Mr. Wakefield's plan of treating all cases of diarrhœa with carbonate of soda and mint-water. "It is evident from observations of this kind," says our author, "that opiates and astringents are not *necessary* for the cure of diarrhœa." May it not be said, that therefore purgatives are not *necessary*? When he says, that if opiates are harmless it is because the diarrhœa carries them off, does he not see that similar language may be used respecting castor oil? In his comparison of cholera with the effects of other blood-poisons, he seems to forget the room that there is, in such cases, for other remedies besides eliminatives; and, in particular, in his comparison of the collapse of cholera with the cold stage of ague, he omits altogether the use of stimulants and opiates in *preventing* the latter; from which fact it certainly would be fair to argue that such remedies, administered in the right case at the right time, might *prevent* the collapse of cholera;—and this without any prejudice to the use of eliminatives in their proper place.

We find throughout the work no directions for varying the treatment of diarrhœa according to the character of the stools; whereas we hold that the practitioner is guilty of culpable neglect who does not in every case examine them, and treat his patient accordingly. Surely, it is absurd to speak of diarrhœa as a simple uniform phenomenon, and as if the same remedies were applicable when the stools are dark, or offensive, or bilious, or feculent, as when they are a mere draining of inodorous matter. But Dr. Johnson, in his zeal for purifying the blood, seems to overlook the condition of the unfortunate mucous membrane. He seems to ignore the circumstance that a diarrhœa may prevail in certain districts, which does not require eliminatives, and in which either chalk and opium, or sulphuric acid is found by abundant experience to be *the* remedy, suited to the genius of the epidemic. But any amount of experience which opposes the eliminative plan, is either ignored, or is dexterously argued away. Calomel is repudiated, on the hypothesis that the want of action of liver and kidneys is due to a want of oxygen; an hypothesis which we confess is at least unnecessary. We must add, that careful perusal of the cases does not enable us to connect the recoveries from collapse with the oil, as effect and cause.

We have thus frankly stated our objections to this very ingenious and able work, which we advise our readers to peruse carefully for themselves, with the assurance that they will find it abundantly instructive; and even if they are not converts to the eliminative plan of treatment (for we must observe that Dr. Johnson nowhere says that castor oil is *the* specific) yet they will respect the author for the courage and zeal with which he enunciates doctrines which he knows to be unpopular, no less than for the extensive information which supplies him with arguments from every department of physiology and pathology. For our own parts, we do not hesitate to express our belief that there are cases, and certain stages of cases, in which an emetic and purgative may be of use, as there are others in which brandy and opiates are of use. We ourselves repudiate the last-named remedies in collapse, equally with our author; in parting from whom we can only express our regret that, in working out the analogy between ague and cholera, he did not allow of the occurrence in the latter, as well as in the former, of some spontaneous change in the blood, by which, if life is vigorous enough to stand the first brunt of the disease, it recovers its powers of free circulation; and which spontaneous changes, in the present state of our knowledge, should be watched and aided, rather than interfered with.

On Excision of the Knee-joint. By Richard Butcher, Esq., M.R.I.A., Surgeon to Mercers' Hospital. Pp. 60. Dublin: Hodges and Smith.

When the operation of excision of the knee-joint, in the place of amputation of the limb through the thigh, was revived some few years since, the proceeding found little favour here or elsewhere, and, indeed, the success attending the cases first operated upon was so slight, that some were not wanting ready to denounce the eminent Surgeon who chose to step out of the ordinary path, as recommending both by precept and example a rash and unjustifiable mode of treatment; and the opponents of progress in Surgery had for a short season the upper hand in the argument; but only for a time; for the operation was repeated by some of the London and Edinburgh and by several of the Provincial Surgeons, and the cases published in the various journals from time to time have shown that the results have been attended in the majority with signal success.

The Dublin Surgeons have ever been among us in the van of improvement, and therefore we are not surprised to find that this method of treating incurable disease of the knee-joint has been put in force there. The author of this work has been the first to perform the operation since its revival, and his case succeeded admirably. It was published at length in the *Dublin Quarterly Journal of Medical Science*, together with an accurate history and brief detail of every case hitherto known to have been performed; and of this the work under notice is a reprint.

It appears that *thirty-one* operations for excision of the knee-joint had been performed up to the time when the paper was published, and of this number there were five deaths, about one in six; many of those patients who recovered, including the one treated by the author, are enabled to move about with freedom, and have very useful limbs, some of them not even requiring a high-heeled boot.

Mr. Butcher's statistics, drawn up, we must say, with remarkable care and fidelity, prove incontestably the comparative safety of the operation, and show that the deaths are

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not so frequent as after amputation through the thigh; and, with regard to the superiority of the natural over an artificial limb, it would be a waste of time to discuss that question.

There are, however, objections to this operation, which the author has not overlooked. It is a severe proceeding, and liable to be followed by excessive constitutional disturbance and death. The convalescence is generally protracted. In growing persons and young children the limb, after excision, may not keep pace with its fellow. Mr. Butcher has discussed these objections, and has come to the conclusion that none of them are sufficiently weighty to cause the rejection of the operation.

As in the treatment of aneurism by compression, and in the destruction of a stone in the bladder by lithotrity, so likewise in the cure of disease of the knee by excision of the joint, the cases must be selected. "In order," says the author, "that excision of the knee-joint may prove successful, it becomes imperative that the cases be carefully selected; by 'successful,' I imply not only the preservation of life, but also the saving of a limb, better than any artificial substitute, no matter how beautifully contrived."—P. 48.

The operation may now be said to be established in Britain, and there is no reason why its performance should not be attended with as favourable results as follow any other procedure of a like nature, if surgeons will take due care in selecting their cases as the author advises, and in looking well to the after-treatment.

The author deserves great credit for this little monograph; he has evidently bestowed great care in getting accurate details of each case, and has consequently laid before the Profession a large amount of valuable information upon a subject which—considering the number of individuals who lose their limbs from disease of the knee-joint—is of very considerable importance.

Some graphic drawings illustrate the work, and we are sure no one will overlook the appropriate and graceful compliment paid to the memory of the late Dr. Mackenzie, to whom the author has dedicated his book, in terms and in a manner which do honour to himself.

Observations on the Diseases of the Rectum. By T. B. CURLING, F.R.S. Second Edition, Revised and Enlarged. Pp. 129. London. 1855.

CURLING on "Diseases of the Rectum" is a work of great value to practical Surgeons. Mr. Curling's ample experience in public and private practice stamps his views with the impress of authority, and he has carefully tested his own previous opinions by the standard of recent observation of disease. The important subjects of hæmorrhoids, fistula in ano, and stricture of the rectum, are carefully considered in this little volume, the present edition of which we can conscientiously recommend to the Profession.

The British Flora: comprising the Phœnogamous or Flowering Plants, and the Ferns. Seventh Edition. By Sir W. J. HOOKER and G. A. W. ARNOTT, LL.D. Pp. 618. London. 1855.

THIS well-known compendium of British botany is now published under the joint auspices of the accomplished Director of the Royal Botanic Gardens at Kew and of the Professor of Botany in the University of Glasgow. It would be almost a waste of words to do more than announce the seventh edition of so excellent a work as Hooker's "British Flora;" and we can only advise any student of Botany who does not possess it already, to procure it forthwith.

METEOROLOGY.—The mean height of the barometer in the week was 29·619 in. On Sunday and Monday it was above 30 in. The highest reading in the week was 30·11 in., and occurred on the former day. The mean temperature of the week was 55·5°, which is 3·4° below the average of the same week in 38 years. The mean temperature fell on Saturday to 49·5°, which is about 10° below the average. The temperature rose to 72·5° on Monday, the *highest* in the week, and it was near the same point on Sunday and Wednesday. The *lowest* temperature occurred on Saturday, and was 44·8°. The mean dew point temperature was 48·9°, and the difference between this and the mean air temperature was 6·6°. The temperature of the water of the Thames on the last five days was 61·4°. Wind south-west. Rain 0·55 in.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE PROGNOSIS IN EFFUSION OF BLOOD INTO THE EYE.

By M. VELPEAU.

In a clinical point of view there are three principal forms of hæmatic effusion which call for attention.

I. The blood may be situated in the chambers of the eye occupying the lower portion, if the effusion be not abundant enough to fill all the anterior chamber. We then observe a reddish liquid, having the same disposition as in hypopium, vision being preserved, as a certain number of rays still reach the retina.

II. The membranes of the eye may be the seat of the effusion, which will present varieties accordingly as the blood is situated between the retina and choroid, the choroid and sclerotica, or the sclerotica and conjunctiva. The effusion due to the rupture of the numerous vessels of the choroid, may not exhibit any physical symptom when it takes place between the choroid and retina, but the sensibility of the latter membrane is more or less modified. When it occurs between the choroid and sclerotica, the latter assumes a deeper blue than normal. When it is sub-conjunctival, a diffused ecchymosis, like that seen in fracture of the cranium, is observed.

III. When the vitreous humour and the hyaloid membrane are the seat of effusion, immediate loss of vision is the consequence. It is obvious that in these different varieties the prognosis must differ, and must also much depend upon the amount of injury causing or complicating the effusion. Supposing, however, that the eyeball has not been wounded, the importance of the effusion may still depend upon various circumstances.

1. It is less to be feared in young subjects, owing to the active resorbing power their tissues possess. 2. When the effusion takes place into the chambers of the eye, resorption is a very probable event. The effused blood being in constant contact with the aqueous humour becomes, so to say, diluted by it, and may be more readily taken up by the absorbent vessels of the ocular serous membrane. 3. When the effusion takes place between the membranes of the eye, the prognosis is still more favourable, as the numerous vessels upon the surface of and in the tissue of these membranes present the chances of a pretty rapid absorption. 4. Within the vitreous body, on the contrary, absorption takes place with extreme difficulty. A lens depressed into it may remain there during the whole of life, owing to the low vitality of this medium, and the hyaloid membrane, which is almost devoid of vessels. Blood, therefore, effused into the vitreous body, is only very rarely resorbed, even when it exists there in the state of diffuse infiltration. But the importance of such effusion does not cease here, for M. Velpeau is of opinion that unabsorbed hæmatic clots may sometimes become the point of departure of organic diseases of the eye. He has met with several cases in which the patients referred the origin of cancer of the eye to blows received upon the globe. In these cases the vitreous humour was the seat of the hæmophthalmia, and the loss of vision was immediate and persistent. During the first month after the accident absorption may, however, sometimes occur, especially if we employ topical resolvents, together with purgatives and blood-letting, in order to moderate any inflammatory action that may accompany the effusion. But if the month passes without sensible melioration, there is no hopes of resorption taking place.—*L' Union Médicale*, No. 45.

ON THE CONDITION OF THE UTERUS DURING MENSTRUATION.

By M. JUDEE.

FROM the examination of the uterus in three women who died during menstruation, M. Judée concludes that the fluid is not discharged from its body or the cervix uteri, but issues solely from the highly congested os uteri. The body of the organ was found somewhat enlarged; its walls being thickened and its interior lined by a reddish gelatinous layer, about two millimetres thick, consisting of a beautiful capillary network enclosed in a mucous-like membrane. This was easily scraped off, and below it the uterus was found white and firm. It terminated at the level of the upper orifice of the cervix. The

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interior of the cervix was of a yellowish or greyish coolour, and seemed to have undergone no alteration. The lips of the os uteri were swollen, and of a dull red, deep blue, or even blackish colour, and in one case they assumed almost a fungoid appearance. On compressing this, droplets of blood oozed out from its entire surface, which was not the case with either the cervix or body of the organ. On making a section of the uterus, the body and cervix presented the normal fibrous, lardaceous tissue; but at the level of the os this was replaced by a kind of magma, containing some fibres, and much resembling a portion of apoplectic lung.

Gazette des Hôpitaux. No. 39.

CHLOROFORM IN COLIC.

By M. ARAN.

M. Aran states that repeated experience convinces him of the great value of chloroform given internally, as a curative agent in colic, employing it also externally until the acuteness of the pain is somewhat subdued. No absolute dose can be laid down; for, while cases of medium intensity may require but 60 drops per diem, severe ones may require from 100 to 300 drops. A portion is given in water, suspended by mucilage, and about a third of the quantity in one or two lavements. The entire quantity should be given in divided doses, as the effects are soon dissipated. From the second, or more rarely the fourth or fifth day, the colic is relieved, but a less quantity of the chloroform must be continued until stools are re-established, which will usually be the case spontaneously when food is given. In 21 cases only 8 required the use of purgatives. Still, in severe cases, the duration of treatment is abridged, and relapse rendered less probable, if the first success of the chloroform be followed by a dose of castor oil or seidlitz water. In chronic colic, occurring in persons who have often had the disease, and where obstinate constipation is accompanied by moderate pain, chloroform is of no avail, active purging alone succeeding.—*L'Union Médicale.* No. 34.

EXCERPTA MINORA.

Effects of Treating Pneumonia by Expectation.—M. Saucerotte observes, that having been at the head of an important hospital for eighteen years, and having during that time had to treat several hundred young soldiers for pneumonia, he has had excellent opportunities of judging of the disastrous results of expectation in a very large number of those who remained several days indoors without treatment. When these men came to the hospital they all exhibited a more or less advanced hepatization of the lungs, usually complicated with pleuritic effusion, and under the most favourable circumstances they had to remain in hospital five or six months; on the other hand, it is very rare when the cure of patients sent to the hospital a day or two after the invasion of the disease, occupies more than one or two weeks. *Bulletin de Thérap.* Tome XLVIII. p. 437.

Iron in the Urine and Sweat.—MM. Viale and Latini, two Professors of the University of Rome, as the result of numerous analyses, state that iron is one of the normal constituents of urine, and, in a lesser degree, of sweat. Very evident traces are also discoverable in the ashes of the muscular substance of the heart, the liver, spleen, bones, and especially of ivory. The urine also contains traces of manganese, which has not as yet been found in the sweat. They also found more ammonia in this fluid than Liebig and others.—*L'Union Médicale.* No. 46.

On Feeding Young Infants when Feeble.—M. Marchant observes that when young infants are born so feeble that life seems almost extinct, we must not only keep them warm but carefully feed them, a tube being used when the child cannot swallow. The same observation applies to very young infants, who refuse food when suffering from exhausting diseases. The following is the simple manœuvre employed by M. Marchant, and by the aid of which he has saved many lives. The head of the infant is so laid on the left thigh of the person who is to feed it, that both it and the rest of the body may be kept quite horizontal. The mouth of the infant is opened by pressing on its cheeks, and a spoon not quite filled with breast milk is poured out at the back of the mouth. The child does not swallow at once; but after the milk has fallen into the pharynx, if any life remains, a slight motion is perceived, and the fluid reaches the stomach. This is repeated five or six times until the milk remains in the mouth without advancing. For the first two or three days the child must be thus fed every two or three hours, night and day, and from the third to the fifth day the infant is able to suck. We must continue to watch it and offer the breast even when it does not cry; for feeble infants do not cry when hungry, and yet soon die if not supplied.—*Ibid.* No. 51.

GENERAL CORRESPONDENCE.

MILITARY SURGERY, AND ITS REQUIREMENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your leading article of last week, though dissenting from my opinion, as to the value or necessity of improved and special teaching on the subject of Military Medical and Surgical diseases, you have at least dealt with the question in a spirit, I may hope, of candour and conviction; but, while the denizens of the press can settle such matters to their entire satisfaction, by a stroke of their pen, you will, I hope, allow me, in justice to a subject of much importance, to correct several wrong assumptions which you have taken as the basis of your argument. First, your inference, that "the principles and practice of Military Surgery," as printed in the "plan of the course," for this year, are to form the staple of instruction for future years, is at once unfounded and unjust. A reference to the pages of my introductory lecture will show you that, in a young school, formed chiefly of first year's men, it would have been neither prudent nor profitable to have gone beyond the abstract and elemental principles of Military Medicine and Surgery, proposed for this course. Such are, I may add, only intended as a text book, not of mere Medical and Surgical diseases, as usually met with in civil life and temperate climates; but, as they are aggravated by climates of an altogether opposite character, and by the unusual and combined contingencies of military life. The collective Military Medical experience of the British and Indian Army Surgeons, during the Indian campaigns, from 1817 to their termination with the battles on the Sutlej, in 1846, will be embodied in this work, which is already in the press; and along with those general subjects that belong to Military Surgery and Military diseases; and this will, I trust, embrace all that should be known regarding their pathology. Secondly. You ask me how can "inflammation differ in the soldier and in the civilian?" And is "granulation and cicatrisation one thing in shoemaker Jones and another in corporal Jones." Certainly not, I answer, when exposed, as in this temperate climate, to precisely similar physical agents acting on the animal economy; but the very reverse of this is experienced by the fresh English soldier, removed suddenly from his home, and the nutrition of good English beef, to the less healthy habitation of tents in a malarious camp, and the less nutritive *ingesta* of salt provisions, along with a change to a foreign or tropical climate, for which his system is in no way prepared, or has not acquired the power of adaptation. Such modifiers as these, of vital action and of the "organic processes of granulation and cicatrisation," —as constantly presented for observation under the usual contingencies of military life, in the various forms of erysipelatous inflammation, hospital gangrene, sloughing wounds, and dysentery, with like aggravated diseases, not of common occurrence in civil life, must naturally constitute a difference between the ordinary diseases of military and civil life. Such subjects, in reference to the military contingencies, which produce these aggravated forms of disease, are in no way discussed, I believe, in ordinary courses of Civil Surgery; nor do they form, except in Sir George Ballingall's work, any part of "First Lines of Surgery" now in use. You do not, surely, question that specific physical agents can produce special results, both in health and disease; or that such results are of importance, and require particular consideration in regard to their preventive and remedial treatment: but if you do question this, then have Sir John Pringle's book on the "Army Diseases," and like works on Military Medicine and Surgery, been written in vain. Physiology stops short of this assertion, that the distinctions of the human race are aboriginal; but admits that they are modified types of the same original, produced by varieties of atmosphere and climate, differences of locality and social conditions, associated with different mental and cor-

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poreal peculiarities. This was the ultimate conviction of the great author of "Kosmos," and the deliberate opinion of our learned and truly philosophic Prichard. If the distinctive anatomical characters of human and brute races are not permanent, but are subject to various moral and physical influences, by which they become altered in the course of time, such as the hogs of the South American Continent, which now resemble the wild boar, but were produced from the domestic Spanish hog, originally introduced into St. Domingo by Columbus; as well as the hornless cattle of Paraguay, of which the horned bullocks of St. Domingo were also the progenitors, — if such changes take place in health, what may not like physical agents effect in disease? Quite enough, certainly, to establish a very considerable difference between Military and Civil Surgery or Medicine, requiring distinct and special consideration, if ever the real welfare of our soldiers and sailors be worthy of national care and attention, or the character and Professional knowledge of Army and Naval Medical Officers be matters of importance. Thirdly, granting for the sake of argument, that the diseases of soldiers and sailors are in no way different from the ordinary diseases every day met with among men in civil life, I am prepared to maintain that, on political and economical grounds alone, it is desirable to bring "Military Medicine and Surgery," as in France, in friendly union and competition with "Civil Medicine and Surgery," in the several metropolitan cities of the kingdom, instead of extinguishing, by a routine, professional life at Fort Pitt, as you propose, the occasional lights of professional zeal and knowledge, that might shine forth from a London, Dublin, or Edinburgh horizon, under better auspices, and a more rational system of supplementary Medical instruction, than that usually within the grasp of Army and Naval Medical Officers, who however, — notwithstanding the many Medical monopolies of the kingdom opposed to the best interests of the Army and Naval Medical Services, and the internal discouragements met with in these services, are men nobly supporting their characters as Professional men and gentlemen, while unjustly aspersed and insulted from various quarters. I am, etc.

27, Hyde-park-square, 19th June. JAMES BIRD.

SPASMODIC STRICTURE OF THE BOWELS, ETC.

[To the Editor of the Medical Times and Gazette.]

SIR,—I would beg, through the medium of your Journal, to suggest to Members of the Profession the trial of a simple plan of treatment in the above disorders, which I have found most successful in several instances. It is nothing more than a vibratory or stimulating application to the sphincter ani, with a blunt wooden instrument. It will be found to relieve the severe "bearing down," and other pains endured by patients when the bowels have been long confined, and in cases where there appears to be stricture either of the rectum, or lower portion of the sigmoid flexure of the colon. The operator should begin gently at first, increasing the strength as the pain subsides, and must place the point of the wooden instrument (a common ruler would do) on the front margin of the sphincter, just at its juncture with the perinæum.

I need not attempt to offer an explanation of how it acts on the parts or system, as the fact remains. I know it does act more powerfully than almost any other means, while it is so perfectly harmless, that the patient, before unable to rest in one position, and labouring under unremitting distress, is relieved in a few minutes, and enabled to procure sleep until the medicines previously given begin to act.

I can only add, that I hope so small a thing as this may not prove too simple to claim scientific attention. I am, etc.

J. W. F. BLUNDELL, M.D.

32, Finsbury-circus, June 19, 1855.

APPARATUS FOR INJECTING THE BLADDER, ETC.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last week's number you noticed my little apparatus for injecting the bladder, uterus, etc., describing it as composed of about four feet of elastic tubing, funnel, etc. I think you will find by measuring, the tubing is only three feet long, and, as one of its principal features is its portability, perhaps it will be well to correct this. The one I made for Mr. Cock, as also the one I use myself, is rather less than three feet, and they have been found to answer all purposes. I usually attach the apparatus to the catheter before passing it. Trusting you will excuse my trouble. I am, etc.

W. COLLINGWOOD, M.R.C.S.

Camberwell-green, June 19, 1855.

VACCINATION FEES.

[To the Editor of the Medical Times and Gazette.]

SIR,—Is the Board of Guardians justified in deducting 1s. from the 2s. 6d. allowed by the Act to Vaccinators for Vaccinating beyond the two miles because they have established a station within the two miles, to which the people will not come? In fact so great is the indifference of the inhabitants that very few would be vaccinated were I not to follow them to their homes. It is rather hard, then, after spending time and labour to carry the Act out, that I should be mulcted of a shilling, especially as both would be materially saved if the station were regularly frequented. I think there was a letter to Lord Lyttelton, and his answer, in one of your numbers, but I am unable to find them. An answer will oblige.

June 16th, 1855. I am, etc. INQUIRER.

[The Guardians, no doubt, have the power to establish the station, but we should recommend our correspondent to forward the particulars to the Poor-Law Board. Neither that Board nor the Local Boards of Guardians ought to have the power of regulating the practice of Vaccination. See our leading article of to-day.]

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 12TH, 1855.

CÆSAR HAWKINS, Esq., President, in the Chair.

CASE OF IMPERFORATE ANUS, THE BOWEL TERMINATING IN THE URINARY APPARATUS.

By JOHN PUGHE, F.R.C.S., of Aberdovey, N.W.

THIS was the description of a most successful case of establishment of a new outlet. The operation, the author states, was that proposed and performed by Amussat; the termination of the bowel being cautiously sought for by dissection, and, when discovered at the unusual height of two inches and a half from the coccyx, was gradually drawn down and secured by sutures to the integument. Some retraction of the intestine took place; but the result described was most satisfactory, and was chiefly ascribable, as the author thought, to the constant dilatation of the parts, which was maintained for a long period after the operation by the use of bougies. The author recommended for such purposes the use of the long, round stems of the laminaria digitata, which become flexible, and increase in bulk when immersed for a short time in warm water.

ACCOUNT OF A GROWTH OF CARTILAGE IN A TESTICLE AND ITS LYMPHATICS, AND IN OTHER PARTS.

By JAMES PAGET, F.R.S.

Assistant-Surgeon and Lecturer on Physiology at St. Bartholomew's Hospital.

A case is related, in which a man, thirty-seven years old, had a large tumour in the right testicle, and a series of tumours, like diseased lymphatic glands, thence extending through the whole length of the spermatic cord. On removal by Mr. Skey, the tumour in the testicle was found to be formed of cartilage, growing, apparently, in tubes, and, probably, in the lymphatics of the testicle. The tumours above the testicle proved to be minute growths of cartilage, clustered, in many instances, with filamentous and nucleated structures, within the lymphatic vessels in the spermatic cord. The lymphatics, thus filled, were greatly enlarged and lengthened; and in their tortuosity were collected into nearly isolated swelling. The patient recovered, apparently, from the operation, but soon after lost health, became embarrassed in his breathing, and gradually died. It was then found that similar growths of cartilage

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and of nucleated and filamentous structures extended along the spermatic lymphatic trunks to a large lumbar gland. Here, one of the growths penetrated into the vena cava inferior, penetrating its coats. Beyond this point no disease was found in any lymphatic vessel, but in the lungs, and apparently within the branches of the pulmonary artery, there was an immense number of nodular growths of cartilage and other structure, similar to those in the lymphatics. The total weight of the growths in the lungs was about nine pounds. No other part was diseased. The microscopic structures of the growths are fully described, and, as well as the other principal facts of the case, were illustrated by drawings and specimens. In comments on the case, the author suggests that the cartilaginous growths in testicles are probably generally seated in the lymphatics of the organ. He remarks on the dendritic mode of growth of morbid structures, here noticed in the confined spaces of minute vessels; and on the imitation of the construction of synovial fringes, and of glands, which the microscopic examination of these specimens displayed. He observes, also, that in this case, although all the morbid growths imitated in their structures, the natural components of the body, yet, in their multiplicity, seats, and distribution, they resembled cancers. Their increase appears to have been due to their extension into the lymphatic vessels and into the vena cava inferior. From the growth into this vein, germs (if they may be so called) seem to have been carried with the venous blood into the lungs, and to have been developed in the minute and other branches of the pulmonary arteries. The case thus illustrates the enormous power of increase of such structures when in free contact with the blood—nine pounds of cartilage being formed in less than three months. The immunity of all the organs beyond the lungs, while no cartilage cells or other visible germs of the disease could be found in the blood, and the minuter elements of the morbid growths might have traversed the pulmonary capillaries, is explained on the supposition that, in such cases, the morbid materials carried through the lungs are changed, or their nutritive material is destroyed by the influence of oxygen.

DIVISION OF THE BANDS IN FALSE ANCHYLOSIS, INSTEAD OF THE EMPLOYMENT OF FORCIBLE FLEXION OR EXTENSION.

By F. S. STATHAM,

Assistant-Surgeon to University College Hospital.

The author described a case in which he had divided the fibrous bands formed between the cartilaginous surfaces as the sequel of acute inflammation of a knee-joint, and which had left the joint in a state of permanent extension. He made use of a long tenotomy-knife, carefully selected and tried; the bands (previously detected by the aid of a probe) were felt to give way before the knife in its passage through the joint, which after the operation could be bent to a right angle with little effort, though previously immovable. The author advocated this procedure in preference to forcible flexion or extension, which so commonly results in serious injury to the natural structures of the joint.

REPORT OF THE COMMITTEE OF INQUIRY.

"THE MEDICAL DEPARTMENT AT HOME.

"The Medical department of the Army and Ordnance is under a Director-General, who has an assistant to aid him in his multifarious duties. Dr. Smith, the Director-General, states that he was under the immediate authority of five different superiors—the Commander-in-Chief, the Secretary of State for War, the Secretary-at-War, the Master-General of the Ordnance, and the Board of Ordnance. He further states that, upon the separation of the two departments of War and Colonies, he received no communication ordering him to correspond directly with the Secretary for War. The Duke of Newcastle says that in August last he himself told Dr. Smith that the Secretary of State for War was his real and only master. Had such an arrangement been earlier adopted, Dr. Smith says it would have saved labour, while the service would have been more efficiently conducted. The Director-General states that when he first heard of the probability that a force would be sent to Turkey he proposed that three Medical officers should be sent to make inquiries which might be beneficial to the troops. This suggestion wa adopted. He also selected surgeons to be attached to regi ments, and gave them directions for their guidance. He recommended that ambulances should be prepared, and an ambulance corps appointed. For this purpose he advised that able-bodied soldiers should be selected. Lord Raglan and Lord Hardinge objected to taking from the ranks effective fighting men, and pensioners were employed instead. Dr. Smith remonstrated in vain.

"The entire failure of this corps and the consequent sufferings of the Army are abundantly proved.

"In May, 1854, Dr. Smith addressed a letter to the Military Secretary of the Commander-in-Chief, recommending that, 'in the event of the hospitals being established at a distance from the army, ships should be fitted for the transport of the sick and wounded.' This application was not attended to.

"Before the army left England the most experienced purveyors were assembled by the order of the Secretary-at-War, and, after consultation with the Director-General of the Medical Department, they drew up a report in regard to the stores required for the medical treatment of the troops.

"Dr. Smith states that he issued orders to the druggists for a supply of medicines; he made requisitions on the Ordnance for the hospital stores, and through the Ordnance to the Admiralty, for the supply of medical comforts. The system pursued as to medical comforts was altered after September, when Dr. Smith provided this supply. Respecting the hospital stores, Dr. Smith says that when he had made his requisition on the Ordnance, his duty ended; his office had no further information on the subject: that he occasionally applied or sent to ascertain what had been done, but that this was outstepping the functions of his department.

"The strict economy enforced during a long period of peace, by means of a rigid system of audit and account, may doubtless, at the first outbreak of war, have still fettered Dr. Smith, as well as other public servants, who dreaded to incur responsibility for any expenditure, however urgent, which was not guarded by all the forms and documents usually required. An excess of caution, in the first instance, led probably to some evils, which a lavish outlay could not afterwards repair. The letters of the Secretary-at-War, read by him in his evidence, forcibly illustrate this observation. In many cases instructions on this matter might have been useful to public servants whose experience was wholly founded on the methods rightly insisted upon during peace.

"THE MEDICAL DEPARTMENT IN THE EAST.

"The army, when sent to the East, had a greater number of Medical men, in proportion to the number of the troops, than ever before accompanied a British army, and the witnesses generally concur in testifying to their zeal and efficiency; many of these were, however, disabled by sickness before the descent on the Crimea, so that after each of the actions at Alma and Inkermann some regiments had not the requisite number of Medical men. The ambulances for the conveyance of the sick and wounded were too heavy, and ill adapted for their purpose.

"The treatment of the sick and wounded in the camp at Balaklava and at Scutari has already formed the subject of a lengthened report by commissioners specially appointed for this purpose; further information upon this point will be found in the evidence already presented to the House. The condition of the tent-hospitals, as described by Mr. Parker, chaplain to the First Division, was, from the 28th of November to the 23rd of January, the period of his stay in the Crimea, so wretched and painful to hear, that your committee gladly avoid repeating these deplorable details. The Medical men, it is said, were indefatigable in their attention; but so great was the want of the commonest necessaries, even of bedding, as well as of medicines and medical comforts, that they sorrowfully admitted their services to be of little avail.

"The hospital at Balaklava had an advantage, inasmuch as it was nearer to the limited supplies which were on board ship; but the uncertainty whether or not Balaklava could be retained, disconcerted the arrangements of this hospital, and upon one occasion the patients were removed. In regard to its subsequent condition, there is a difference of opinion, depending probably upon the dates of the several visits; but

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the prevailing testimony is to the effect that this hospital was for many weeks in a discreditable state.

Allowance must be made for the circumstances in which the continued possession of Balaklava was held, and for the difficulty of establishing a hospital in such buildings as were found there. The want of proper orderlies; the insufficiency of medicines, especially of opium; of medical comforts, some of which were essential to the health of the men; and the great want of purveyor's stores, have been so fully set forth in the report of the commissioners, that your committee deem it superfluous to adduce further evidence in corroboration of their statements.

THE EAST INDIA COMPANY'S SERVICE.

The following notice has been forwarded to each of the Medical Schools of the United Kingdom.

The Board of Examiners for Assistant-Surgeons in the Honourable East India Company's Service, having received many inquiries as to the object and extent of the Examination in Comparative Anatomy, Zoology, and Botany, have considered it desirable to announce that its objects are,—

1. To ascertain who of the Candidates have devoted especial attention to any of these sciences, and are hence qualified to undertake duties requiring a knowledge of them, as well as the general duties of their profession. Proficiency in these sciences will, in classifying the Candidates by merit, be entitled to great consideration.

2. To encourage all Candidates to acquire an elementary knowledge of the structure and affinities of the principal natural families of Animals and of Plants, with the general plan upon which these are constructed, and the functions and relations of their most important organs.

3. To promote the study of Natural History as a most important adjunct or preliminary to a liberal medical education; that of Comparative Anatomy, Zoology, or Botany, if properly cultivated, by means of specimens, for even a short period, being eminently calculated to develope habits of close observation, and to strengthen those powers of reasoning upon observed facts, which must be habitually exercised by Medical men everywhere with the greatest energy and promptitude by those who practise in a tropical climate, and who are often thrown wholly upon there own resources.

The general examination in these sciences will be elementary, and will embrace a very limited range of technical terms. At the written examination, a considerable number of questions will be put, with the view of allowing each Candidate to select such subjects as he has attended to, and, thereby, of enabling the Examiners to ascertain the particular departments of science in which the verbal examinations should be conducted.

With those Candidates who have attained proficiency in any branch of these sciences, the verbal examination will be pursued in the branch selected, so as to ascertain the full extent of their knowledge.

MEDICAL REPORT FROM THE CRIMEA.

During the week ending 19th May, the ratio of admissions to strength was . .	4·53	per cent.
Deaths to strength was	0·47	,,
26th May, the ratio of admissions to strength was	4·20	,,
Deaths to strength was	0·27	,,
2nd June, (exclusive of Kertch expeditionary force,) the ratio of admissions to strength was	3·97	,,
Deaths to strength	0·25	,,

Fevers and bowel complaints continued to be the most prevalent diseases. The number of cases of cholera had decreased very considerably in the divisions in front of Sebastopol, in which the disease first broke out. During the week last reported the greatest amount of mortality had taken place in the first division, encamped near Balaklava. The attacks of the disease, as was the case in the front divisions, had been confined principally to persons lately arrived in the Crimea. Six cases of the disease had occurred in the cavalry division, five of which had terminated fatally.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 8th inst:—Messrs.

Muller, Charles, Sydney, New South Wales.
Swinson, George Newton, Solihull, Warwickshire.
Walker, James, North Fradingham, Yorkshire.
Wheeler, Charles, Brighton-place, New Kent-road.
Wyman, W. Sanderson, Kettering, Northamptonshire.

The following gentlemen were admitted members on the 15th inst.:—Messrs.

Abraham, J., Barton-on-Humber, Lincolnshire.
Bowman, W. F., Mecklenburgh-square.
Broster, E. B., Southampton.
Copland, J. C., Old Burlington-street.
Corbauld, G. G., Newbury, Berkshire.
Footman, J., Ipswich.
Fry, J. W., Forest Hill.
Goodhall, W. P., Market Drayton, Shropshire.
Greenwood, J. W., Assett, near Wakefield, Yorkshire.
Hadfield, J., Newcastle-upon-Tyne.
Harries, C. A., Bath.
M'Dermott, P. A., Killarney.
Ryding, G., Allesley, Warwickshire.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 14th June, 1855:—

Braund, James Montague, Martock, Somerset.
Stephens, Edward Baker, Exeter.
McNicoll, Robert, St. Helen's, Lancashire.
Davies, William Henry Phelip, Herne Bay, Kent.

APPOINTMENTS.

Dr. Waller Lewis, one of the Metropolitan Commissioners of Sewers, has been appointed Medical Officer to the General Post Office.

Trinidad.—The Queen has appointed Dr. Kirkman Finlay to be Medical Superintendent of the Colonial Hospital at San Fernando, Trinidad.

DEATHS.

Easton.—June 6, off Hango, shot by the enemy under a flag of truce, R. T. Easton, Esq., Surgeon, aged 39. It appears that Mr. Easton went, at his own request, in a boat of the Cossack steam-ship, which was about to land some prisoners at Hango. Although displaying a flag of truce, it was disregarded, and a murderous volley was poured into the boat, only one man of the whole crew surviving. Mr. Easton was the first officer who fell. A friend thus writes of him:—"Dr. Easton was one of my dearest friends, and as gallant and energetic an officer as Her Majesty had in her service. Had he fallen in fair fight with a gallant enemy I could not have complained; I should have felt that it was a decree of Providence. How different is the feeling when I find that he was shot under the very flag of peace!"

Moore.—June 17, suddenly, at Burch House, Roaherville, of disease of the heart, Joseph Moore, Esq., M.D., late of Savile-row, London. A.M., M.D. Glasgow, 1814; L.R.C.P. Lond.; Consulting Physician to Queen Charlotte's Lying-in Hospital.

Skrimshire.—June 11, at Paston Hall, Peterborough, Fenwick Skrimshire, Esq., M.D., aged 80. M.D. Edin. 1798. (Retired.)

University of Oxford.—The degree of D.C.L. has been conferred on Professor Graham, Master of the Mint, and on Sir Charles Lyell.

The Royal Medical Benevolent College Bill was read a third time in the House of Commons on Monday.

The City Hospital for Chest Diseases.—Mr. John Hilton has just been elected Consulting Surgeon to this Hospital.

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ST. BARTHOLOMEW'S HOSPITAL.—A new wing has just been erected to the museum of this Hospital. The specimens are now being arranged in it, and very shortly all will be complete. The want of space in the old erection has long been observable, and many specimens of great interest have, on that account, not had so prominent positions as they deserve. The value of this most excellent collection will be much enhanced by this addition.

THE WEST LONDON DISPENSARY.—The foundation festival of the West London Dispensary was on Wednesday evening celebrated by a dinner at the Thatched-house Tavern, St. James's-street. The Right Hon. the Earl Fitzwilliam, K.G., took the chair. The Dispensary was founded in August, 1854, and opened in March last, since which date 252 patients have been admitted, of whom 81 have been cured and 6 relieved, 164 at present remaining under treatment. The noble chairman advocated the claims of the Institution at great length, and the result was a subscription of £750, including a liberal donation and a regular annual subscription from his lordship.

THE HOSPITAL FOR WOMEN, we hear, will be a considerable loser by the failure of the bank of Messrs. Strahan, Paul, and Bates.

NEW SANITARY ACT.—On Tuesday the important act on House Drainage, which received the Royal assent on Friday, was printed. The Metropolitan Commissioners are empowered to carry on works of house drainage, cleansing, and improvement, and to expend a sum not exceeding £25,000, charging the costs of such works in each case upon the owner or occupier. Further, the Commissioners are authorized simultaneously to execute works of improvement, common to several messuages, and to divide the expense among the owners or occupiers.

HOUSE OF COMMONS, THURSDAY, JUNE 14.—Petitions were presented by Mr. Ewart, for Amending the Regulations respecting Naval Surgeons; and from the members of the Medical Profession of Dumfries, to the same effect.

HEALTH OF TOWNS BILL.—The following three clauses of the amended Bill relating more particularly to the Medical Service:—Clause VIII. "The General Board may appoint a Medical Council consisting of such numbers of Medical Practitioners as the General Board, with the consent of the Treasury, may deem expedient. The General Board may assign to such Council such duties as they think fit; they may remove any member of such Council, and appoint another qualified person in his stead; and they may from time to time diminish, or, with the consent of the Treasury, increase the number of the Medical Council." Clause IX. "The General Board may appoint from time to time a Medical officer, a secretary, and assistant-secretary, and such clerks and officers of the said Board, and also so many superintending inspectors under such Board as the Treasury may think fit; they may assign to such Medical officer, secretary, assistant-secretary, clerk, or officers, and to any such superintending inspector, such duties as they may think fit, and they may remove from his office any person mentioned in this section, and appoint another officer in his place."

COLLEGE OF FRANCE.—M. Flourens has been appointed Professor of Natural History, in the room of M. Duvernoy, lately deceased. The death of this *savant* also caused a vacancy in the chair of Comparative Anatomy at the Museum of Natural History, which has been filled up by the appointment of M. Serres, already Professor of Anthropology in that establishment.

HYDROPHOBIA IN FRANCE.—From an inquiry instituted by the French Government it appears that, in 1852, no less than forty-eight cases of hydrophobia occurred in France, these being distributed over fourteen departments. Returns are now ordered to be made every year; and one consequence of drawing attention to the subject has been the inundation of the Government with infallible specifics. These have been handed over to the *Académie de Médecine* for examination, and M. Bouchardat, in a recent report, exposes their ridiculous pretensions. He observes that there is not one of these recipes which has not at some former epoch been brought forward, and allowed to fall into deserved oblivion. The authors of these communications must also be edified at learning that the *arcana*, which they flattered themselves they alone possessed, reach the Government by different channels, and are, indeed, traceable to quite the infancy of art.

A PARIS PHYSICIAN has just published a Pamphlet with the title of "The Physical and Moral Degeneration of the Human Race caused by Vaccination." The Imperial Academy of Medicine has placed the subject on their paper for discussion.

THE COMMUNAL COUNCIL of LIEGE has unanimously voted a sum of 50,000 francs towards the erection in that city of an hospital for lunatics.

THE FRENCH ARMY OF THE EAST.—The *Gazette Médicale* states that, to the present date, the loss of Medical men in the French army has been very much less than in the English; especially when the relative size of the two forces is considered. While the latter has lost more than 50, the whole number of French Medical officers who have died at Gallipoli, Varna, Constantinople, and in the Crimea, amounts but to 28.

HEALTH OF THE ARMY BEFORE SEBASTOPOL.—The cholera has sensibly diminished in the camps before Sebastopol, but it has attacked the Guards and the 31st Regiment, near Balaklava, and some of the new batteries, as well as the followers of the army in that town. It is hoped that the disease will pass from them, as it has from the stations where it first appeared.

INOCULATION FOR YELLOW FEVER.—A nephew of Humboldt has established a Hospital at Havanna to test a theory of inoculation for Yellow Fever.

THE SANITARIUM, in huts on the Genoese heights at Balaklava, is now in full action, and will accommodate about 600, at the elevation of 700 feet above the sea. The wounded are doing well there, and the kitchen has been perfected by M. Soyer. the whole staff of Medical men, purveyors, chaplain, sisters, and nurses, are well chosen, and practically zealous. A second Sanitarium, on St. George's Monastery Heights, is preparing for 150, and rapidly progressing. Good water is found in both situations. In the general hospital, above the head of the harbour, with its huts adjacent to the main building, about 250 patients (chiefly sick) are attended; two huts being given up for cholera. The Medical men are especially active there, the orderlies have been much improved in number and quality by recent regulation, the kitchen and chief cook have been commended by M. Soyer, and the chief purveyor has shown anxiety to make ample provision of requisites, now, happily, to be found in abundance; but the situation is not a good one; the heat is great, and the crowds frequenting the purveyor's stores are inconveniently near to the sick wards.

THE BRITANNIA, 120, fitted as a floating hospital for military invalids, was officially inspected by a board of Medical officers on Saturday at Portsmouth, and will be ready for the reception of inmates in a few days. She will accommodate 300 patients very comfortably.

SMALL-POX AND VACCINATION.—A Deputation on this subject had an interview on Saturday with Sir George Grey. It consisted of Dr. Babington, Dr. McWilliam, Dr. W. Lewis, Mr. Marson, Mr. Tucker, Dr. Seaton, and Mr. Brady, M.P.

A NEW NAVAL HOSPITAL, it is said, is about to be established in the Isle of Wight.

MORTALITY NOTABILIA.—In the week that ended on Saturday the deaths of 999 persons, viz., 529 males and 470 females, were registered. In the corresponding weeks of ten years 1845—54 the average number, raised in proportion to increase of population, is 1006. The number of deaths returned last week is, therefore, rather less than the estimated number. Last week the deaths caused by diseases of the respiratory organs (exclusive of phthisis and hooping-cough) declined to 132, which is nearly the same as the corrected average of corresponding weeks. During the first quarter of this year the deaths from this class of diseases were, on an average, to those from all causes, in the proportion of 1 to 4. Last week they were as 1 to 7. During the same quarter the deaths from the zymotic class of diseases were to the whole number as 1 to 5; last week, when 207 died from zymotic complaints, they were in the proportion nearly of 1 to 4.

BIRTHS.—Last week the births of 718 boys and 756 girls, 1474 children, were registered. Average 1345.

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DEATHS IN PUBLIC INSTITUTIONS for the Week ending June 16 :—

	Males.	Females.	Total.
Workhouses	57	44	101
Prisons	3	..	3
Military and Naval Asylums ..	5	..	5
General Hospitals	25	17	42
Hospitals for Special Diseases ..	4	2	6
Lying-in Hospitals	..	..	..
Military and Naval Hospitals ..	11	..	11
Hospitals for Foreigners, etc. ..	1	..	1
Lunatic Asylums	4	6	10
Total	110	69	179

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	3	..	5	5	3	6
North	490,896	3	4	8	3	3	4
Central ..	393,256	4	3	7	4	1	5
East.....	485,522	5	7	10	3	2	11
South	616,635	7	4	15	6	3	7
Total..	2,362,236	27	18	45	26	17	33

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, June 16, 1855.*

CAUSES OF DEATH.	In the Week ending Saturday, June 16, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
	Mean temp. °						°
Mean Temperature.....	55·5						58·3
ALL CAUSES	999	485	170	162	155	27	914·8
SPECIFIED CAUSES	998	484	170	162	155	27	908·7
DISEASES:—							
1. Zymotic Class	207	158	25	15	9	..	205·2
2. Dropsy, Cancer, and others of uncertain seat	38	6	5	13	12	2	43·0
3. Tubercular Class	214	85	72	47	9	1	186·0
4. Of Brain, Nerves, etc. ..	104	42	9	20	30	3	110·6
5. Of Heart, etc.	33	2	11	10	10	..	34·5
6. Of Respiratory Organs ..	132	63	17	25	22	5	113·7
7. Of Digestive Organs ..	63	24	7	15	16	1	56·7
8. Of Kidneys, etc.	11	1	2	3	5	..	12·1
9. Of Uterus; viz. — Puerperal Disease, etc. ..	4	..	4	..	..	..	3·3
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	7	3	2	2	..	..	6·6
11. Of Skin, etc.	2	..	..	..	1	1	1·2
12. Malformations	7	6	1	..	..	..	3·5
13. Debility from Premature Birth, etc.	33	32	..	..	1	..	22·4
14. Atrophy	34	26	..	..	7	1	22·3
15. Age	35	..	..	..	22	13	33·2
16. Sudden	15	7	..	3	5	..	10·4
17. Violence, Privation, etc...	59	29	15	9	6	..	33·4
CAUSES NOT SPECIFIED.. ..	1	1	..	..	..	..	6·1

BOOKS RECEIVED.

Hooker and Arnott's British Flora. Seventh Edition. London: Longman and Co. 1855.

Annual Report of the Royal Edinburgh Asylum for the Insane, for the Year 1854. Edinburgh. 1855.

Actstykker angaaende Cholera-Epidemien i Norge i 1853. Christiania. 1854.

The Medical Profession in its Relations to Society and the State. An Oration delivered before the Medical Society of London for the Present Year. By J. F. Clarke, Esq. London: Churchill. 1855.

Riadore on Local Treatment in Cough and Bronchitis. London: Churchill, 1855

TO CORRESPONDENTS.

No communication can receive any attention which is not authenticated by the signature of the writer. In no case will the name be made public, except with the writer's permission, but we require the guarantee alluded to for our own information, and as an evidence of the good faith and respectability of the parties addressing us.

Mr. Yearsley.—Our columns are so full that we cannot find room for this gentleman's lengthy communication, recording a correspondence with a respected author, who protests against being placed in the pillory of the "Guide to Living Medical Authors." We hear but one opinion expressed as to the derogatory character of the new advertising scheme, and while regretting that any members of the Profession should have lent themselves to it, we yet feel some consolation in the reflection that the number is very small, and that nearly all the respectable names in our ranks are still undegraded by participation in a scheme which might suit the Lamerts and the Curtises, but which is quite unworthy of gentlemen belonging to an honourable Profession.

A Voice from Malvern.—In reply to some questions contained in our Journal of the 9th inst., concerning the method of obtaining a Medical degree from the Archbishop of Canterbury, and asking upon whom the degree has been recently conferred, we have now to state (as the result of inquiries) that the degree in question is of no value whatever as a Medical qualification; that a fee of £75 is paid for it; that it is not frequently given; that it is not recognised as a Medical degree by the Royal College of Physicians, nor, as far as we know, by any other Medical body; and that it has recently been granted to a Mr. Grindrod, of Malvern, of whom we had not previously heard, but whose name we find in the Supplemental List of the London and Provincial Medical Directory for 1855. The names which appear in the Supplemental List are those of persons who have not made any return of the nature of their qualifications, in reply to repeated applications; and it is generally assumed, though sometimes erroneously, that it is because they possess none. If Mr. Grindrod possesses any Medical qualification except the degree of the Archbishop of Canterbury, he can easily set himself right with the Profession and the public by affording the information.

S. E. M.—We believe that Carpenter's "Manual of Physiology" would suit your purpose.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your "Notices of Hospital Therapeutics" you notice "An ingenious plan to facilitate the injection of the bladder," of Mr. Wormald's, by connecting the syringe and catheter by means of a piece of india-rubber tubing. This method of avoiding the jarring of the catheter in the bladder will be found in Samuel Sharpe's Surgery (2nd ed. p. 90) published in the year 1739. He there states, "For easier doing this (viz. injecting the bladder) an ox's ureter may be tied to the extremity of the syringe and handle of the catheter, which being pliable will prevent any painful motion of the instrument in the bladder."

A perusal of the works of the old surgeons has more than once disclosed to me that it is not unusual to find in them the "inventions" of modern times. The method of opening buboes by multiple small punctures is stated by Vidal in his "Maladies Vénériennes" to be the "procédé de l'auteur;" turn to Benjamin Bell's Surgery (vol. i. p. 154, published in 1801) and you will find the very same practice advocated.

June 15th. I am, etc. J. ZACHARIAH LAWRENCE, F.R.C.S.

Student.—We will supply the information in our next.

ERRATUM.—In Dr. Moriarty's letter last week on "Tubercles in the Brain," p. 608, col. 1, line 29 from top, for "marked," read, "masked."

COMMUNICATIONS have been received from—

Dr. WALSHE; Mr. H. W. REED; THE NAVAL MEDICAL REFORM ASSOCIATION; Mr. HENRY SMITH; Mr. E. SERCOMBE; S. E. M.; INQUIRER; Dr. MORIARTY; Mr. I. Z. LAWRENCE; Dr. ACLAND; Dr. JAMES BIRD; Dr. WALLER LEWIS; Dr. ANDREW SMITH; Dr. J. W. F. BLUNDELL; STUDENS; THE ROYAL MEDICAL BENEVOLENT COLLEGE; Mr. MORETON; THE STAFFORDSHIRE INFIRMARY (with enclosure); Mr. SHELTON; Mr. MORRIS; Mr. ASSLIN, Guy's Hospital; Mr. SANG, Newcastle-on-Tyne; Mr. WILDE, Dublin.

APPOINTMENTS FOR THE WEEK.

JUNE.	MISCELLANEOUS REGISTER.
23. SATURDAY....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
24. MONDAY.....	
25. TUESDAY	Operations at Guy's, 1 p.m.
26. WEDNESDAY..	Operations at University College Hospital, 2 p.m. (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
27. THURSDAY....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
28. FRIDAY	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.

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ROYAL MEDICAL BENEVOLENT COLLEGE.

The Council have much pleasure in informing the Governors and other Friends of the INSTITUTION, that His Royal Highness Prince ALBERT has graciously consented to OPEN the COLLEGE on MONDAY, the 25th of JUNE INSTANT, at Half-past Three o'Clock (instead of One o'clock, as previously stated), on which occasion it is hoped that a large number of its supporters will be present to receive His Royal Highness.

The Council desire to call particular attention to the following Resolution ;—

"That Ladies presenting a Donation of Five Guineas, on or before the opening of the College, on the 25th of June instant, be constituted Life Governors."

The COUNCIL deeming the opening of the Institution a suitable occasion on which to secure the moral and pecuniary support of a large body of persons friendly to the cause, with a view of facilitating their accession, it has been determined that LADIES presenting FIVE GUINEAS on or before the time specified, shall be constituted LIFE GOVERNORS. It is not probable that another occasion of sufficient importance to justify a similar step will occur ; the Council therefore hope, that this exceptional Resolution will bring a numerous body of supporters and contributors, whose interest in the Institution they are most anxious to conciliate.

LADIES availing themselves of this privilege, will be entitled to a VOTE at the ELECTION of PENSIONERS and FOUNDATION SCHOLARS, which is appointed to take place on the 19th of JULY NEXT.

LADIES who intend to present a DONATION in the presence of his Royal Highness Prince Albert, are earnestly requested to place their card only in an envelope, addressed to the Treasurer of the Royal Medical Benevolent College, as it is most desirable that all monies be forwarded to John Propert, Esq., New Cavendish-street.

A COLLATION will be provided in a Tent on the grounds. The price of each Ticket for the Collation, including Wines, Tea, and Coffee, is 13s. 6d. Those who may desire Tickets are requested to forward their names to the Secretaries, on or before the 19th of June, in order that arrangements may be made accordingly.

A MILITARY BAND will be in attendance. As a very large number may be expected to be present, a SPECIAL TRAIN will leave the London-bridge Station, at Two and at Half-past Two o'Clock. It is hoped that those who purpose travelling by these trains will be at the Station early, in order to avoid confusion and disappointment. Tickets are available to return by any of the Ordinary Trains, which leave Epsom at 4.50, 6.50, and 8.45. The Special Train will return from Epsom at Nine o'clock p.m.

Tickets of admission to the Grounds may be had on application at the Office.

By order of the Council,

HENRY HANCOCK, F.R.C.S., HON. SEC.
HERBERT WILLIAMS, ASSISTANT SEC.

Office, 37, Soho-square, June 21, 1855.

Dr. Kahn's Museum at 4, Coventry-street, Leicester-square, consisting now of One Thousand highly-finished Wax Models, illustrating every part of the human frame, in health and disease. Open (for gentlemen only) daily from half-past 11 till 5, and from 7 till 10. A New Series of Lectures by Dr. Sexton, F.R.G.S., etc., at 12, 2, 4, and half-past 7 in the evening. Admission, One Shilling. A new Catalogue, containing Lectures on the most interesting branches of Physiology, by Dr. Kahn, illustrated. Price 6d.

Maldon Union.—Appointment of MEDICAL OFFICER.—Notice is hereby given, that the Board of Guardians of the above Union will, at their Meeting to be held on Thursday, the 12th day of July next, proceed to the appointment of a MEDICAL OFFICER for the District of Burnham, comprising the parishes of Althorne, Burnham, and Crixea, with an area of 7578 statute acres, and a population of 2466.

Salary £45 per annum, together with the remuneration for extra services specified in Art. 177 of the General Order of the Poor Law Board of the 24th July, 1847, and also 15s. for each case of midwifery, and 1s. 6d. for each case of successful vaccination; which said several extras amounted together upon the average of three years ended at Lady-day last, to the sum of £27 2s.

Applications for the Appointment, with Testimonials, to be sent in to the Clerk, on or before the 11th day of July next, and Candidates are requested to attend the Board on the following day, at One o'clock.

By order of the Board of Guardians,

Maldon, 18th June, 1855. WILLIAM CODD, Clerk.

Struve's Seltzer, Fachingen, Vichy, and other MINERAL WATERS.—Under Her Majesty's especial patronage.—ROYAL GERMAN SPA, Brighton.

STRUVE'S PUMP-ROOM AND PROMENADES, affording every facility for a course of Mineral Waters, as perfect and beneficial as at the natural springs, are now open for the 31st Season. Orders for Struve's Bottled Mineral Waters continue to be executed by George Waugh and Co., Chemists to the Queen, 177, Regent-street (West side), London, and by numerous other respectable houses in London and the provincial towns, where a prospectus may be obtained gratis.

CAUTION.—Struve and Co. are compelled, in justice to the public and themselves, to disclaim any connexion with Waters advertised under the general designation of "Brighton Seltzer," "Brighton Fachingen," etc., by various parties, and respectfully request the public, especially consumers at clubs, hotels, etc., to observe carefully that the name of Struve is on the label as well as on both sides of the red ink stamp over the cork, having the words "Royal German Spa, Brighton," beneath the royal arms.

Leicester Infirmary and Fever House.—A Vacancy having occurred in the Office of HOUSE-SURGEON and APOTHECARY to this Institution, by the resignation of Mr. Makin in consequence of ill-health, any person qualified, and desirous of offering himself as a Candidate, is requested to send his Testimonials, directed to the Secretary, eight days prior to the Election, which will take place at a Special General Board, to be held at the County Assembly Rooms, on Wednesday, the 11th day of July next, at Twelve o'clock at noon.

The Salary will be £120 for the first year, rising at the rate of £10 per annum until the fourth year, when it will be £150 per annum, with board, lodging, and washing provided by the Institution.

The Candidate must be a Member of the College of Surgeons of London, Edinburgh, or Dublin; also a Licentiate of the Apothecaries' Company of London; and have attained the age of twenty-three years.

By order of the Board,

Infirmary, June 12th, 1855. WILLIAM JACKSON, Secretary.

Gresham Life Assurance Society, Head Office, 37, Old Jewry, London. Instituted A.D. MDCCCXLVIII.

TRUSTEES.

Matthew Marshall, Esq., Bank of England.
Stephen Olding, Esq., Lombard-street.
William Smee, Esq., Bank of England.
William Tabor, Esq., Chairman.

This Office will be found highly eligible for every description of Life Assurance, its main features are the publicity of its accounts, and the systematic readiness of its transactions.

Perfect security is guaranteed by an ample paid-up capital, subscribed by persons of the highest character and respectability.

Policies may be effected without loss of time, formalities being carried through at the office every day.

Although the principal portion of the Society's Policies are upon first-class lives, its peculiar feature consists in the Assurance, at equitable rates, of the lives of individuals of regular and temperate habits, but in whom health may be more or less impaired.

Policy-holders may obtain loans on real or good personal security. The Directors have advanced upwards of £175,000 to the members since July, 1848.

N.B.—Active and influential persons will be appointed as Agents on liberal terms, in districts where the Society is not already represented.

EDWIN JAMES FARREN, Secretary.

University and King's College, ABERDEEN.—The Examination of Candidates for the degree of M.D. will be commenced on Tuesday, the 31st of July, and will be continued daily till finished; immediately after which the Graduation will take place. Those intending to become Candidates are requested to forward the necessary documents, on or before Monday, the 23rd of July, to the Professor of Medicine.

N.B. The attention of Candidates is particularly drawn to this intimation, as no documents will be received, and, consequently, no names will be put on the List after the 24th of July.

REGULATIONS.

Practitioners who possess a License or Diploma from any of the Royal Colleges of Physicians or Surgeons, or from the Apothecaries' Company, and who have been engaged for at least Five Years in the practice of Medicine, will be admitted to examination on producing their License or Diploma, along with satisfactory evidence of good moral character, and of having studied the Classics at a University, or at an Academy of acknowledged reputation.

Practitioners who commenced their Medical Studies before October, 1840, and who have not been in practice for Five Years, will be admitted to Examination on producing, along with their Diploma, evidence of attendance at the Classics, of moral character, and of having been engaged in the study of Medicine for four years, during which time they must have attended the following Courses of Lectures in a recognized School of Medicine.

SIX MONTHS' COURSES.		THREE MONTHS' COURSES.	
Anatomy,	2 courses.	Dissections,	2 courses.
Chemistry,	1 course.	Practical Chemistry,	1 course.
Materia Medica,	1 course.	Medical Jurisprudence,	1 course.
Surgery,	1 course.	Clinical Surgery,	1 course.
Institutes of Medicine and Physiology,	1 course.	Botany,	1 course.
Practice of Medicine,	1 course.	Clinical Medicine,	2 courses.
Midwifery,	1 course.		

In addition to the above, every candidate must have attended for two years the Wards of an Hospital containing 100 beds; and during three months, a Shop or Dispensary for the compounding of Medicines.

H. FYFE, M.D., Professor of Medicine.

N.B. Degrees are not conferred by this University unless candidate submit to Examination before the Board of Examiners at Aberdeen.

Aberdeen, June, 1855.

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DR. DE JONGH'S
LIGHT-BROWN COD-LIVER OIL.

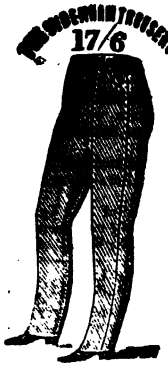
This pure transparent LIGHT-BROWN COD-LIVER OIL is invariably and carefully submitted to Chemical Analysis, and, to preclude any subsequent admixture or adulteration, is supplied ONLY in Bottles, capsuled and labelled with Dr. DE JONGH'S Stamp and Signature, so that the Faculty may rely upon a genuine Medicine, and, so far as is possible, anticipate a uniform, regular, and certain result.

Sole Consignees and Agents for the United Kingdom and the British Possessions,

Ansar, Harford, and Co., 77, Strand, London.

HALF-PINTS (10 ounces) 2s. 6d. | PINTS (20 ounces) 4s. 9d. | QUARTS (40 ounces) 9s
IMPERIAL MEASURE.

At Goodrich's, 416, Oxford-street, LONDON, nearly opposite Hanway-street. Box, containing 14 Cigars, for 1s. 9d.; post-free, 27 stamps. Acknowledged by connoisseurs to be the finest and cheapest ever imported. CAUTION—None are genuine unless signed "H. N. GOODRICH."



Samuel Brothers' Stock for the present Season is worthy of your Inspection, combining the three requisites—Quality, Style, and Moderate Price.

READY MADE CLOTHES EQUAL to BESPOKE—an advantage not to be obtained at any other establishment. Dress Coats, 21s. to 42s.; Frock ditto, 25s. to 46s.: Paletots, 21s.; Oxonian Coats, 16s. to 24s.; Albion Over Coats, 21s. to 42s. 9d.; Toga, 25s. to 50s.; Talma, 25s. to 50s.; Poncho, 21s. to 42s.; Fancy Vests, 5s. to 10s.; Hussar Suits, 25s. to 28s.; the new Circular Coat, with Belt, 13s. 6d.

A FOUR-POUND SUIT Samuel Brothers strongly recommend—made from Saxony cloth, manufactured by an eminent West of England house, the wear of which they warrant.—Patterns etc., sent free.—No. 29, Ludgate Hill.—SAMUEL BROTHERS, MERCHANT TAILORS, OUTFITTERS, HATTERS, etc., 29, Ludgate-hill, London.

Adnam's Improved Patent Groats and BARLEY.—THE ONLY EXISTING PATENT, and STRONGLY RECOMMENDED BY THE MEDICAL PROFESSION.

TO INVALIDS, MOTHERS, and FAMILIES.—The important object so desirable to be obtained, has at length been secured to the Public by J. and J. C. ADNAM, Patentees, who, after much time and attention, have succeeded by their IMPROVED PROCESS, in producing preparations of the purest and finest quality ever manufactured from the Oat and Barley.

The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged.

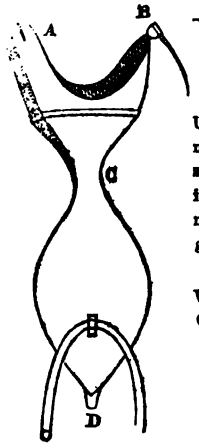
A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined:—

"Chemical Laboratory, Guy's Hospital,
"February 19, 1855.

"I have submitted to a microscopical and chemical examination the samples of Barley-meal and Groats which you have forwarded to me, and I beg to inform you, that I find in them only those principles which are found in good Barley; there is no mineral or other impurity present, and from the result of my investigation, I believe them to be genuine, and to possess those nutritive properties assigned by the late Dr. Pereira to this description of food. (Signed) "A. S. TAYLOR.

"Messrs. J. and J. C. Adnam and Co."

To be obtained Wholesale at the Manufactory, Maiden-lane, Queen-street, London; Messrs. Barclay and Sons, Farringdon-street; and Edwards, St. Paul's-churchyard; Sutton and Co., Bow-churchyard; and other Wholesale Houses. Retail in Packets and Canisters at 6d. and 1s. each, and in Canisters for Families at 2s., 5s., and 10s. each, of all respectable Grocers, Druggists, etc., in Town and Country.



Walters' India-rubber URINALS.

F. WALTERS having originally invented these Urinals, begs to warn the Profession of the many bad and useless imitations which are now sold, and he would advise them, before purchasing, to look that they are stamped with his name; as, unless that be the case, he cannot guarantee them.

Made of Solid India-rubber, with Patent Valve, and adapted for Ladies, Gentlemen, and Children.

F. WALTERS,
16, MOORGATE STREET,
LONDON.

BONUS.

POLICIES EFFECTED ON THE PARTICIPATING SCALE BEFORE THE 31ST OF DECEMBER NEXT WILL BE ENTITLED TO SHARE IN FOUR-FIFTHS OF THE PROFITS, TO BE DIVIDED AT THE CLOSE OF THE PRESENT YEAR.

New Equitable Assurance Company.

(Incorporated by Act of Parliament, 7 and 8 Vict. cap. 110.)

CHIEF OFFICES—449, STRAND, LONDON.

BRANCH OFFICES { SAVINGS BANK, WORCESTER. / 4, ST. ANDREW'S-SQUARE, EDINBURGH.

CAPITAL, £100,000.

TRUSTEES.

SIR JAMES DUKE, Bart., Ald., M.P. | SIR C. HASTINGS, M.D., D.C.L.
WM. FERGUSSON, Esq., F.R.S. | GEO. JAS. GUTHRIE, Esq., F.R.S.

DIRECTORS.

SIR CHARLES HASTINGS, M.D., D.C.L., Chairman of the Board.
GEORGE BEAMAN, Esq., M.D., F.R.C.S., Deputy-Chairman.

The aggregate amount of Business transacted by the Company, up to the end of each year, from its commencement to the end of the year 1854, is as follows:—

	Number of Policies issued.	Sums Assured.	Annual Premiums.
1851	301	£66,500	£3,439 0 1
1852	677	278,885	10,008 12 2
1853	1,025	413,755	15,836 3 6
1854	1,282	500,165	18,750 13 3

MEDICAL PRACTITIONERS.

The Directors acknowledge and consult all duly-qualified Medical Practitioners as the Medical Advisers of the Company, and uniformly pay a Fee of Two Guineas for every Medical Report when the Proposal for Assurance is for £200 and upwards, and a proportionate Fee for a smaller amount.

Medical Practitioners are also entitled to Ten per Cent. Commission on First-Year's Premiums, and Five per Cent. on all subsequent Payments for Assurances effected through their Introduction.

EVERY DESCRIPTION OF LIFE ASSURANCE BUSINESS TRANSACTED.

Prospectuses, Forms for Proposals, and any further information, may be had on applying to the Resident Director, or Secretary, at either Office, or of the Company's Agents.

N.B.—Active and influential Agents wanted.

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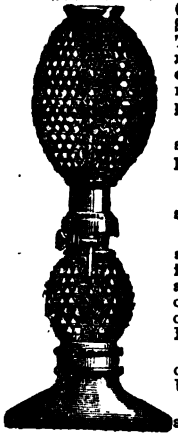
Mineral Waters.—W. Best begs to

inform the Nobility, Gentry, and the Faculty, that he has just received a FRESH IMPORTATION of the under-mentioned MINERAL SPRINGS of Europe, comprising—Friedrich's Hall, Carlsbad, Marienbad, Homburg, Kissingen, Vichy, Adelheids Quelle, Pullna, Ems, Seltzer, Pachingen, &c., at his Eau-de-Cologne, Arquebusad, and Foreign Mineral Water Depôt, 22B, Henrietta-street, Cavendish-square.—N.B. Balls and evening parties supplied with German and Struve's Artificial Seltzer Water on advantageous terms.

N.B. Allsopp's and Bass's Pale Ales, and Guinness's Dublin Stout.

Briet's Double Patent Gazogene or

SODA-WATER APPARATUS (with METAL or IMPROVED GLASS TUBE) for the immediate production of Soda-water, Lemonade, Sparkling Wine, etc., etc.—The delightful Beverages made with the Gazogene renders it an almost necessary requisite for the dinner-table, while its extensive introduction into most of the French and many of the English Hospitals is a guarantee of its value in the sick chamber.



SPECIAL POWDERS, for generating gas in the same, cheaper and more effective than any other preparation.

PATENT REFRIGERATOR, or Gazogene Cooler. Sole Wholesale Agents, GEBHARDT, ROTTMANN, and Co., 24, Lawrence-lane, Cheapside, London.

Messrs. Mondollot, of Paris, successors to Briet, and Proprietors of the said Letters Patent, beg to inform the trade that Messrs. Gebhardt, Rottmann, and Co. are their sole appointed Agents for the sale of the above-mentioned article, which is only to be obtained genuine from them at their Warehouse, 24, Lawrence-lane, Cheapside.

Briet's Patent Gazogenes are sold retail by most of the respectable Chemists and Druggists in the United Kingdom.

Merchants and Shippers will find this article well adapted for the Colonies.

To Physicians, Surgeons, and

DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING TISSUE.—PREPARED FROM PURE CANTHARIDINE.

An elegant preparation, vesicating in much less time than the Emp. Lyttæ P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments, as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the New York Journal of Medicine.

"March 1st, 1850.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this Article is a very simple and neat dressing."

"10, Finsbury-place South, March 16, 1852.

"Dear Sir,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks. I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to insure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"Honorary Surgeon to the Royal Free Hospital, etc., etc.

"To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury. "ANDREW SMITH, M.D.,

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared and sold by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON, and by the Sole Consignee, Mr. WILLIAM BAILEY, Wolverhampton; and all wholesale and retail Druggists and Medicine Agents throughout the British Empire

New Medical Glass Bottles. At

MESSRS. E. AND H. HARRIS'S, 2, UPPER COPENHAGEN STREET, BARNSBURY ROAD, ISLINGTON, LONDON.

6 & 8 oz., Green, any shape, plain or graduated,			10s. per gross.
3 & 4 oz.,	do.	do.	8s. 6d. do.
1½ oz., Moulded Phials	..	..	7s. do.
1 oz.	do.	..	6s. 6d. do.

In Crates from the works, 1s. per gross less.

Country orders attended to on remittance. Full list of prices sent on application. No charge for package, if returned. Goods delivered free within seven miles.

London Cloth Establishment.—Pur-

chasers of CLOTHS, summer trousering, vestings, etc., are respectfully invited to inspect the extensive new STOCK of the above establishment. Every yard of cloth is sold at the very lowest price, and gentlemen who desire it can have their purchases made up on the premises, at as low a charge as is compatible with the best work and trimmings.—WILLIAM SNEWING, 16, Coventry-street, Haymarket.

Bland and Long, Philosophical and

CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d., 8s. 6d., 15s., and 30s. each.

Dinneford's Pure Fluid Magnesia,

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June 18th, 1855.

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Early applications are particularly requested to

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St. George's Hospital, June 20th.

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Every Candidate must be present on the day of Election, which will take place at a Special Court of Governors to be held at the Infirmary, on Saturday, the 14th of July next, at 12 o'clock at Noon, provided an eligible Candidate shall present himself for Election.

By order of the Special Court,

JAMES HUSSEY, Chairman.

16th June, 1855. CHARLES H. RADCLIFFE, Secretary.

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The Medical Officers will enter Students, and give all necessary information.

June 1, 1855. B. WELTON, Clerk.

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BY PROFESSOR TROUSSEAU.

LECTURE III.

RAMOLLISSEMENT OF THE BRAIN, AND ITS DIFFERENTIAL DIAGNOSIS FROM CEREBRAL HÆMORRHAGE.

THE present medical generation believes that ramollissement and cerebral hæmorrhage are two affections characterized by such well-marked symptoms that it is impossible to confound the one with the other. It is established scholastically that, when an individual, whether predisposed or not, suddenly presents the following morbid phenomena, viz., vertigo, loss of consciousness, and paralysis of one of the sides of the body, he is the subject of hæmorrhage, on the side of the nervous centre opposite to that on which the paralysis has manifested itself. On the other hand, when vertigo, formication, and cramps have existed for more or less time, and paralysis has been gradually established, the lesion is regarded as a ramollissement. As a general rule this is true, but so frequent are the exceptions, that we are unable to found our recognition of the nature of the lesion either upon the mode of invasion or the order of the succession of the symptoms. Thus, while we may sometimes observe paralysis, gradually established after precursory symptoms, arises from sanguineous apoplexy, in other cases a sudden attack of paralysis may be the consequence of ramollissement, as the case in No. 42 testifies.

This woman, aged 42, went to bed, early in February, quite well, and on waking she found that the left side, and especially the arm, were not so strong as the same parts on the right side. Alarmed, she dressed herself with difficulty, and repaired to a doctor, who bled her. While the blood still flowed the patient lost her consciousness, and when she came to, her left side was found paralyzed, and she had to be carried home. The catamenia, which were some days behind their time, re-appeared on the day of the accident. The symptoms of paralysis gradually diminished, and at the next menstrual epoch only a little numbness remained. On the day the menses re-appeared the woman was again suddenly seized with paralysis of the left side, and she was then brought to the Hospital.

The following was her condition on admission. She was of a feeble lymphatico-nervous constitution, having the muscular system little developed, and but little *embonpoint*. The left arm hung by her side, the fore-arm was semi-flexed, and the hand in a state of forced pronation, the thumb and fingers being forcibly flexed upon the palm. She could perform no movement with her arm. The leg was less paralyzed than the arm. She could still flex the thigh on the pelvis, and the leg on the thigh, but she could not raise her heel from the bed. All the left side of the face was paralyzed and puffed out, the labial commissure being drawn to the right side, but no deviation occurring to the tongue. The bladder was paralyzed, the catheter being required until death; and the stools came away involuntarily. Sensibility remained unimpaired, and neither vision nor hearing was impaired. Lastly, the understanding was unclouded, the patient relating her history with the greatest clearness.

For some days after her admission the symptoms of paralysis seemed to diminish. She became enabled to execute some movements of the arm, and the urine passed from the catheter with a jet. So she continued until the catamenia re-appeared, when her intellects became enfeebled, and all voluntary motion of the arm or leg was impossible. In the night of the 19th April these parts were seized with clonic convulsions; the face became red and injected, the pulse full and frequent, and the skin hot and sweating. On the morning of the 20th she was found in the deepest coma, with stertorous breathing. All the right side, the motions of which had, till then, been preserved, was in a complete state of resolution. She died in the night.

Autopsy, 36 hours after death.—The membranes of the brain were highly-injected, and especially on the right side; and the pia mater was firmly adherent to the brain. In one of the anfractuosities of the middle lobe, in the vicinity of the fissure of Sylvius, a notable quantity of pus was found. The convolutions of the anterior lobe, on the same side, were softened especially at the base, and the cerebral substance was carried away by a stream of water. In the central parts two points of white ramollissement were found, the one in the optic thalamus and the other in the corpus striatum. Nowhere could any hæmorrhagic effusion be detected, not even those little sanguineous sugillations which are regarded as indicative of capillary hæmorrhage. The colour of the cerebrum had undergone no change at the level of the softened points, and the parts exhibited in no wise the yellowish tint attributed to hæmorrhagiparous ramollissement.

What ought to be our diagnosis in such a case as this? Would not the following be the classical one? Hæmorrhage had taken place in the cerebral substance of the right side, which was renewed at the recurrence of the menstrual epoch. Lastly, in accordance with the ideas established by Lallemand, around this hæmorrhagic deposit the cerebral substance became inflamed, thus explaining the re-actional phenomena which terminated the scene. This was the diagnosis indicated, and the one which, in the great generality of cases, would have proved true. A strong motive for believing in the existence of sanguineous apoplexy was that these accidents occurred every time [illegible] midst of the hæmorrhagic molimen of menstruation. I [illegible] myself inclined towards the common opinion, although I [illegible] that there were powerful reasons for suspending my judgment—reasons that I derived from the nature of the paralytic [illegible]dents themselves. With a most complete hemiplegia as [illegible]rds movement, the general sensibility, the senses, a[illegible] intellect were preserved unimpaired. Now, I remember [illegible] to have heard Recamier teach, and I have since observed [illegible]e so myself, that when there is dissonance among th[illegible]ptoms they are due to ramollissement, while, on the o[illegible]hand, we must conclude that a hæmorrhage exists whe[illegible]here is a consonance in the paralytic phenomena. That which in our case seemed a reason for suspending the judgment, viz., the hæmorrhagic molimen that preceded the paralysis, only adds to the force of the distinction laid down by Recamier; and it remains demonstrated, at any rate, that a sudden paralysis of a portion of the body may be the result of a ramollissement.

ORIGINAL COMMUNICATIONS.

THE PHYSICAL THEORY OF MUSCULAR CONTRACTION:

A SKETCH OF THE ARGUMENT, WITH ALTERATIONS AND ADDITIONS (a).

BY CHARLES BLAND RADCLIFFE, M.D., L.R.C.P.
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(Continued from page 616.)

WHAT, then, is muscular contraction? If it is not a vita phenomenon, is it a physical phenomenon? Directly or indirectly everything up to this point has tended to show that it *may* be a physical phenomenon; and there is, indeed, only one serious objection to this conclusion. This arises out of the law of the contraction. If the contraction is the consequence of any known physical attractive force, it is contended, the force of the contraction ought to increase after a definite law as the fibre contracts; but the very reverse is the actual fact, and the force diminishes as the fibre contracts. Now, there is no doubt that the force diminishes as the fibre contracts but there is every reason to doubt the correctness of the conclusion which has been drawn from this fact. The experiment of M. Schwann, which is usually cited as the proof, does not warrant any such conclusion. On measuring the force of contraction in the muscles of a frog's leg at different degrees of contraction, M. Schwann found that the

(a) This theory was first propounded about five years ago, in a work called "The Philosophy of Vital Motion," and since that time it has been elucidated in various ways, particularly in a book having for its title "Epilepsy, and Other Affections of the Nervous System, which are marked by Tremor, Convulsion, or Spasm: their Pathology, and Treatment." 8vo. Churchill. 1854.

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force decreases as the muscles contract, and because it does this he concludes that the power cannot be that of molecular attraction. But he curiously forgets that the non-contracting, or imperfectly-contracting cellular substance of the muscle, and the inelastic fluids contained in the muscle, may oppose such a *resistance* to the contraction of the proper muscular fibres, as to mark completely the pure law of that contraction; and doing this his conclusion is altogether invalid. This experiment may indeed show *the degree of resistance* which is opposed to muscular contraction; but it is altogether worthless if it be supposed to show that the law of muscular contraction is essentially different from the law of known physical attractive forces; and it is upon this experiment alone that the idea of this essential difference in the law of muscular contraction is based.

But if muscular contraction is not a vital phenomenon, what is it? Is it the result of an *active* attractive force connected with the state of polar action? There are such attractive forces, unquestionably; but when ever the yare present the polar action is also present, and whenever they are increased or diminished the polar action is also increased or diminished. It follows, therefore, that the contractile force of muscle cannot be of this kind, for the polar action of the muscle fails when this force comes into play, and when it is manifested permanently, as in *rigor mortis*, all polar action is for ever extinguished. It follows, also, from the same evidence, that muscular contraction cannot be the result of any *active* physical attractive power, for there are no other forces of this kind besides those which are connected with polar action.

Only one course remains open, therefore, and this is to refer muscular contraction to that *passive* power of attraction which belongs to muscle in common with all matter; for this is the only power which is left after all active powers of attraction are done away with. This is the force which *must* come into play when the muscle ceases to be *resolved* by polar action; and this force is sufficient to account for all the phenomena which yet remain unaccounted for. It accounts for the *power* of muscular contraction, for it is this force, which, acting in the cooling bar of metal, is sufficient to draw in the walls of a bulging building. It accounts, also, for the phenomenon of *rigor mortis*—that phenomenon which is utterly inexplicable on the supposition that muscular contraction is caused by any kind of stimulation; for if this rigor is dependent upon simple molecular attraction, it is quite intelligible that it should come on sooner in cases in which the vitality of the system has been exhausted before death by old age, or by chronic disorder, such as consumption, than in persons who have been cut down suddenly in the full vigour of life, and that the fibre should remain contracted until it breaks up in the ruin of final decay,—for all that is necessary for the continuance of this contraction is the physical integrity of the fibre. It accounts, that is to say, for those unexplained and seemingly contradictory facts which constitute the distinctive features of *rigor mortis*, and accounting for them, this very circumstance becomes a strong argument that molecular attraction is indeed the cause of muscular contraction.

The conclusion, then, to which the whole of the previous argument tends is, that muscle is not *stimulated* to contract by any agency, physical or vital, but that contraction is a *passive* phenomenon which *happens* when muscle is left to the play of simple molecular attraction. In other words, the conclusion is, that *resolution* and not contraction is the *characteristic* state of muscle,—this resolution being the natural consequence of that polar action (natural, *because* heat is one of the accompaniments of this action) of which the muscle is so constituted and circumstanced as to be the constant seat when left to itself,—and that contraction is nothing more than the return to the unrelaxed condition of those tissues which are not the seat of such decided polar action.

III.

In this part it is proposed to examine the special muscular movements which are manifested in the coats of vessels, and to show, not only that these movements can be explained by no other law than that which has just been stated, but that the law gives the clue to the interpretation of "capillary motion," and of the rhythm of the heart.

1. *Of the movements manifested in the coats of ordinary vessels, and of "capillary motion."*

The manner in which the coats of vessels are affected by the several stimuli which act upon them need be no matter of obscurity. When the nervous energy is exuberant, as in joyous excitement, the skin is flushed; when this energy is depressed, as during fear, the skin is blanched. When the blood is rich and stimulating, as in plethora, the vessels are red and full; when it is poor and watery, as in anæmia, they are shrunk and empty. When the hand is held to the fire it flushes; when exposed to cold it becomes blanched. These phenomena appear to be utterly inconsistent with the idea that the muscular coats of the ordinary vessel are stimulated to contract by nervous influence, by blood or by heat; and there are many phenomena of the kind which are not less inconsistent.

On the contrary, this evidence appears to show that the coats of vessels expand under the influence of these several stimuli, and the test of the correctness of this conclusion is, that this view affords a clue to the interpretation of those mysterious movements of the blood which are independent of the impulse of the heart. In obtaining this clue, it must be assumed, not only that the vessels expand in this way, but that they expand to a far greater extent than the blood which is contained within them, and which is acted upon by the same causes of expansion; and, in order to this assumption, it must be remembered that the dartos and the subcutaneous cellular tissue generally, which tissues are the analogues, or direct representatives of the tissues of which the coats of vessels are mainly built up, are relaxed (expanded) to a very remarkable degree under very small increments of heat, or any other stimuli—a degree to which there is nothing comparable in the blood or in any fluid under any circumstances. Let this be assumed then and the rest is obvious. When stimulated the vessel expands to a greater degree than the blood contained within it, and the result is that certain vacua would be formed between the vessel and the blood, if more blood did move in to occupy the increased space. Hence, blood must rush into the *stimulated* vessel, and this equally, whether the vessels be acted upon by external heat, as by holding the hand to the fire, or by the natural stimulation of the blood itself within the vessels. In this way the *action* of the blood is to make a way for itself through the vessels.

2. *Of the Rhythm of the Heart.*

This problem is altogether inexplicable on the supposition that the systole is the result of stimulation, but upon the opposite theory it is easily disposed of.

The fact that the heart remains distended with blood during a full half of the time occupied in the rhythm is a strong argument that the blood does not excite the ventricular systole; and the history of plethora and anæmia are to the same effect. In plethora the pulse is full and slow; in anæmia empty and quick. In the one case, that is to say, the heart fills to distension with rich blood, and the pulse is deferred; in the other case, the heart takes in a small quantity of poor unstimulating blood, and expels it immediately. The facts are the very opposite of what they would be if the blood excited contraction, for then the pulse would be small and quick in plethora, and full and slow in anæmia. But if the blood provokes the ventricle to expansion by its stimulating properties, then it is intelligible that the heart should dilate more, and the dilatation continue longer when the blood is rich and warm, as in plethora, than when it is poor and watery, as in anæmia.

It may also be presumed that the ventricular systole is not excited by "nervous influence," if any argument may be drawn from what takes place when the nervous energy is more or less depressed, as during fear. Under these circumstances the heart beats hastily, and yet little blood is propelled into the vessels. The beats are perhaps doubled, and yet the skin is cold and pale. Now, under ordinary circumstances, the double number of beats would propel a doubled quantity of blood into the vessels, and the skin would be hot and red, instead of cold and pale; and hence the presumption that, in the apparently anomalous condition of the rapid pulse and pale skin which attend upon fear, the chambers of the heart are diminished in size by the contraction of the walls, and that they thus receive and propel less blood than usual. In other words, the ventricles appear to have contracted *without* nervous influence.

On realizing the actual phenomena of the heart's action, it appears still more improbable that the ventricular systole is

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caused by stimulation of any kind, and of the blood particularly. At the systole the arterial blood rushes through the coronary arteries into the coats of the heart, and the diastole occurs. The blood remains until it may be supposed to have lost its arterial properties, and the systole returns. This is the simple fact. It is the *diastole* and not the systole which *appears* to be stimulated by the blood; and this view has the recommendation of affording the key to the rhythm of the heart.

Let it be supposed that the *ventricular* diastole is due partly to the force with which the blood is propelled into the coronary arteries by the systole, and partly to the stimulation of the arterial blood within the vessels, and (to some extent) within the chambers of the heart. Let it be supposed that this diastole continues so long as the blood retains its arterial properties, and that the systole returns when these properties are exchanged for those of venous blood, and when the stimulus of oxygen is no longer present to avert the systole, and the rhythm is intelligible. Again, the systole restores the diastole; and again, in the same order, systole gives rise to diastole, and diastole to systole, so long as the ventricle can respond to the stimulus of the blood.

It even follows that the *auricular systole* must be contemporaneous with the *ventricular diastole*, for there is good reason to believe that this systole is more the effect of the *falling in* of the auricular walls upon the sudden withdrawal of blood from the auricles by the ventricular diastole, than of any special contraction in the auricles themselves. There is reason to believe this, partly from the absence of valves at the mouths of the veins opening into the auricles, and partly from the structure of the coats of the auricles. If the auricles had to contract *primarily*, it may fairly be assumed that there would have been valves to prevent the reflux of blood into the veins; if they had to contract *rapidly*, it may be assumed with equal propriety that the muscular structure would have been like that of the ventricle or any other muscle which has to contract rapidly, and not, as it is, like that of intestinal or other muscle which is only capable of contracting sluggishly. In this way there is no difficulty in accounting for the movements of the auricles; for the diastole of these organs (which is virtually contemporaneous with ventricular diastole) is partly due to the same cause—the rush of blood into the coronary arteries—and partly to the onward current of blood which sets in from the veins; and their systole is mainly due to the collapse of their walls on the passages of blood into the ventricle, at the ventricular diastole.

Hence, the rhythm of the heart receives a physical explanation, if the blood be supposed to counteract, and not to stimulate, contraction.

The same explanation applies even to the movements of the heart, or of a fragment of the heart, after removal from the body. Under these circumstances the air takes the place of the arterial blood, and the only difference is that the cardiac fibres are now stimulated to expand by the oxygen of the air instead of by the oxygen of the blood. If the heart be entire the circumstances are but little changed. The oxygenated air is driven into the coats of the heart through the coronary arteries (partly, at least) by the ventricular systole, and there it causes the diastole; but when this oxygen is replaced by carbonic acid, and the air acquires the negative properties of venous blood, then the diastole must cease, and the systole return. And thus diastole will follow systole, and systole diastole, for some time. Nor is the case very widely different when it is a mere fragment of a heart, which beats rhythmically. Acted upon by the atmosphere, the oxygen excites the polar action of the fibre, and induces expansion. Fresh supplies of oxygen, however, are required for the continuance of this action; and hence, it follows that the action will fail, and be followed by contraction, when the oxygen in contact with the fibre is converted into carbonic acid. This contraction will displace the old and used-up air, and fresh air will come in to take its place. This fresh air will renew the action, and again place the fibre in the state of expansion, and this expansion will continue so long as the air retains its vivifying properties. Then the resulting contraction will replace the old air with new, and thus expansion will follow contraction, and contraction, succeed to expansion time after time. In this way the air will act upon the interior as well as upon the exterior of the fragment, for the action upon the fibres composing the vessels, the cut ends of which are open to the atmosphere, will be to cause these vessels to expand, and to *draw*, as it were, the air into the interior—to draw it in and then expel it, much in the same way, and partly for the same cause, as the air-tubes draw in and expel the air which serves as breath.

There are other arguments of a similar significance to those which have been cited; but sufficient has been said to show that the muscular contraction which is manifested in the coats of the vessels and in the heart, cannot be regarded as the result of stimulation; while, at the same time, the opposite theory is found to give a clue to the explanation of two of the greatest mysteries in physiology, namely, "capillary motion," and the rhythm of the heart.

IV.

In this part—the fourth and last—it is proposed to glance at the pathology of muscular contraction, and show that this is in conformity with the physiological premises.

Now the pathology of the disorders in which muscular contraction is in excess—namely, tremors, convulsions, and spasms, in their multifarious forms—is far too extensive a subject to be considered here, and all that it is possible to do is to glance at the substance of the evidence furnished elsewhere (Epilepsy, and affections of the nervous system, which are marked by tremor, convulsion, and spasm. Churchill. 8vo. 1854). This evidence, then, has been elicited from an examination of epilepsy, of affections allied to epilepsy, of the question of periodicity, and of treatment; and this arrangement of the subject had best be preserved here.

1. In epilepsy, then, the condition of the circulation is habitually one of depression. The plethora of the butcher is never met with, and any vascular fulness, if such exists, is mere venous congestion. This depression is aggravated before the fit, and during the fit the condition tends either to syncope or asphyxia. If inflammation, or true fever, chance to be developed, so surely are the convulsions of epilepsy banished for the time. These conclusions are warranted by all the facts of the case.

With this condition of the circulation an active condition of the nervous system is incompatible, and this is quite in accordance with the actual facts. Sense and intellect are completely obliterated during the fit, and at all times they are under a cloud, or if this cloud is occasionally dispelled, and the patient is influenced by any real excitement, he is, for the time, relieved from his fits. *Agitation* may precede the fit, but never true excitement.

The muscles again are always wanting in real tone.

The several causes of the malady are all exhausting, not exciting, in their character.

In a word, there is every reason to believe that the muscles of the epileptic contract excessively, (as might be expected from the premises,) because they are less stimulated than they ought to be, and not for a contrary reason.

2. In affections allied to epilepsy, whether they be marked by tremor, convulsion, or spasm, the same conclusions are arrived at.

The condition of the circulation during the paroxysm invariably tends to syncope or asphyxia, and inflammation or true fever is utterly incompatible with any form of tremor, convulsion, or spasm. Thus, tremor precedes fever, as rigor, and succeeds it, as subsultus; but it never accompanies fever. Thus, convulsion takes the place of rigor or subsultus, but it never happens in the intermediate hot stage of fever. Thus, the spasm of hooping cough disappears if pneumonia or bronchitis are developed, and returns again when the inflammation is over. In every instance the muscular turmoil is coincident with the opposite of vascular excitement—the state tending to syncope or asphyxia.

As in epilepsy, so here it may be argued, that this condition of the circulation necessitates a condition of inaction in the function of the nervous system, and this presumption is fully corroborated both by the symptoms during life and the appearance after death. If inflammation of the great nervous centres has been present, the history of the case fully shows that this has been either before or after the tremor, convulsion, or spasm. The patient may be *agitated*, that is half overcome with fear, but he is never excited, in the true sense of the word.

The muscles, also, are found, as a rule, to be wanting in tone; and the exciting causes are always *depressing* in their character.

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Everything, indeed, tends to support the previous conclusions, and to show that in affections allied to epilepsy, as in epilepsy itself, and in ordinary muscular contraction, the muscles contract independently of any increased stimulation. The physiology explains the pathology, and the pathology confirms the physiology.

3. The phenomena of periodicity also point to conclusions of the same kind. The plant exhibits plainer and more numerous evidences of periodicity than the animal, and it does this, it is argued, because it has less of that innate life which enables the higher animals to be partially independent of the vivifying influences which are derived from the outer world. If man exhibits more evidences of periodicity than he ought to do, it follows, therefore, that he is shorn of some of that innate life which is the badge of distinction between him and the plant; and hence the periodicity of epilepsy or any cognate disorder is merely one proof that the system in which these diseases are manifested is less stimulated—less vitalized than it ought to be.

4. If, then, these diseases are of this character, it follows, as a necessary consequence—what, indeed, may almost be said to be proved by experience,—that bleeding, purging, or any lowering measures are not calculated to do any good; and that the only hope of benefit must be placed upon measures which will not only strengthen, but *rouse* the system,—a conclusion which is fully warranted by the experience of the author.

The only conclusion, then, which can be drawn from the consideration of those special muscular movements which are manifested in the coats of vessels, and of the pathology of the subject, is the same as that already drawn; and the final conclusion must be, *that muscle is not stimulated to contract by any kind of stimulation, but that the contraction is a passive phenomenon consequent upon the operation of simple molecular attraction.*

OBSERVATIONS ON DENTAL SURGERY IN REPLY TO MR. MACKENZIE'S PAPER.

By EDWIN SERCOMBE, M.R.C.S.
Late Dentist to the Paddington Dispensary.

IT is not my intention to discuss in detail Mr. Mackenzie's opinions as to the curability of toothache, as expressed in your Journal of May 26th, for I feel that dental subjects are not of sufficient interest to the large proportion of your readers to justify any considerable encroachment on your space, but to offer a few remarks on one point in particular.

I may say, in passing, that I approve the paragraph on the value of amalgams in cases where "the caries has left the ivory so thin over the pulp cavity, that any attempt to press gold into the carious cavity would cause severe pain by forcing up the roof of the chamber upon the pulp." "A burnt child dreads the fire." I have suffered most severely from this cause in my own mouth, and I have seen numerous instances in others, where the necessary pressure for packing gold leaf securely into a large cavity has caused the thin layer of bone to bend and impinge upon the dentinal pulp, and thus produce violent inflammation, which, in most of the cases, has required the extraction of the tooth.

There are paragraphs which I disapprove, and others which I cannot understand. Of the latter I will refer to two statements in different parts of the paper. The first is: "I am individually of opinion that the guillotine is as legitimate an instrument for the cure of headache as the forceps for the relief of toothache;" and the other is, "Should the former (toothache) only be present the remedy is at hand; but it may be found that the sockets of one or more of the other teeth are affected, in which case, should the pain be severe, the forceps is generally our only resource, and the anodynes for those with inflamed pulps."

The first of these sentences would be intelligible enough but for the second, for it is expressed in few and decided words, and it may be paraphrased thus:—On no account is a tooth whose dentinal pulp is affected with inflammation to be extracted, for the pain can be abated, and in time entirely removed by the application of camphor, opium, morphia, and the like; for "it would seem absurd to suppose that the same action upon so minute a structure as the dental pulp should defy our skill," when "it is reducible in other tissues by medical interference;" but the second sentence teaches us that this same action does defy our skill when it affects the sockets (I suppose the periosteum of the sockets) of one or more teeth.

Before I proceed to the subject which has called forth these remarks, I must express my disapproval of the stopping forceps sketched and recommended by Mr. Mackenzie. I remember to have been shown similar instruments by Mr. Robinson some years ago; so, although they may be original, as far as Mr. Mackenzie is concerned, they have been in the hands of other dentists for some years. The disagreeable sensation experienced when a tooth is squeezed between the jaws of a pair of forceps, is, in my opinion, an insuperable objection to their use, as they are not absolutely necessary for the operation.

I will now pass on to the special object of these remarks, the treatment of exposed nerve. I quite agree with Mr. Mackenzie, that in a large number of cases, where the dentinal pulp is laid bare by the progress of caries, the tooth may be saved, and rendered artificially sound again, by wise and patient treatment; but we are at issue as to the mode of treatment necessary to secure so desirable an object. Years ago I tried most perseveringly the very plan indicated by Mr. Mackenzie; I gave to it a fair and prolonged trial, but the result was not sufficiently satisfactory to justify adopting it as a rule of practice. I proceeded, first, to remove the carious bone, and then applied either acetate of morphia, or acetate of morphia combined with the oxide of arsenic, in equal proportions, nitrate of silver, chloride of zinc; in fact, both escharotics and anodynes, and the two combined; each and all of which I have found sufficient for the purpose in different cases, so that, in two or three days, the teeth have generally been quite free from pain, and capable of bearing immediate stopping. Before introducing the metal, which was generally, in these cases, succedaneum, I protected the pulp-cavity by a piece of gold plate, hammered into a cup-shape, and lined with lead-foil; which I never found the smallest difficulty in getting into its place in the tooth, as I adopted the plan in common use among jewellers when mounting small precious stones, of rolling a piece of wax to a fine point with my fingers, bending it at a suitable angle, and then sticking the cup to its point, and so carrying it to its place in the tooth. At first these cases all promised well, but in a few days there appeared in the majority a low grumbling pain, which was always sensibly increased when anything, either above or below the temperature of the mouth, touched the tooth, the lesser pain continued more or less constantly, indicating a measure of chronic inflammation in the dentinal pulp, which, by exposure to cold wind or other exciting cause, was changed to acute, and where prompt attention was not given suppuration rapidly followed; for relief, the patient generally demanded extraction. Such was the general result, as far as my experience has gone in such cases; but other results may follow, leading also to the loss of the tooth, as the following case very strikingly proves. In 1840, a gentleman had several teeth stopped, but in one, the inferior anterior left molar, the dentinal pulp was exposed. It was treated with an anodyne, and in a few days it was quite free of pain. A gold cap was fitted over the pulp cavity, and the tooth was filled with amalgam. In a few days, a slightly uneasy sensation was experienced in the tooth, which was unheeded by the patient, until, upon general cold being taken, it increased to violent pain, when advice was sought. Leeches, with pil. hyd. and senna draught, produced relief. Time went on, the tooth was never altogether free from pain. About a year after the tooth was stopped, conjunctivitis appeared first in one eye and then in both. Treatment was employed with but partial success; the conjunctivitis became chronic for a period of two years or more, when, upon an abscess forming on the border of the sterno-cleido mastoideus, its lower third, it passed away. As the abscess continued to discharge for a very long period, a thorough change of air was recommended, and a trip to the Continent was taken with partial advantage; but on returning home, exposure to a cold wind on deck brought on severe pain in the formerly troublesome tooth. I was called upon to remove it, but, as the symptoms were those of periostitis, I objected, and prescribed leeches and blue pill. The next day my patient insisted on having his own way, and the tooth was extracted. On external examination, I found two or three small exostoses on the roots, and, upon making a section, I found the pulp cavity filled with ossific matter. The amalgam

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and gold cap were firmly in their place. My patient returned in a few days to the country; in a week or two the abscess healed, and to the present time, he has had no return either of abscess or conjunctivitis.

Here the pulp did "emulate the snail;" but it did not stop with repairing its house.

The preparation, which is a most interesting one, is in my possession.

From this case and others, which I could cite, if necessary, I long since came to the conclusion that a metallic stopping should not be introduced into the cavity for some considerable time after the dentinal pulp has been either destroyed at the exposed spot or caused to recede from it, but some temporary non-metallic material, which the patient should be able easily to renew once or twice a day. The reason appears to me obvious. The pulp, in the vast majority of cases, attempts to repair its house, if protected from irritation and exposure; but it is absurd to act as though it had accomplished this at the end of two or three days—a long time, I believe, is necessary, generally months. If, then, a metallic stopping be introduced into a tooth before this is accomplished, although it would effectually keep out all irritating matter, it would, from its power of absorbing caloric, be constantly conveying shocks to the pulp, and so keep it in a state of irritation, which would result either in suppuration or in a state of things similar to that described in the case above cited. But, if a non-conductor of caloric can be employed as a temporary plug, not only will the pulp be saved from all irritating matter, but also from sudden alternations of temperature, and thus it will have a fair chance of accomplishing its work. Such a stopping can be formed of wool saturated with some gummy material, mastic, wax, or the like, with which a sedative, or astringent, or any other desirable agent may be combined. In a variable time a sufficient deposit of bone will have taken place, if the case be a successful one, to allow of the cavity being filled with a metallic stopping, such as sponge-gold or amalgam, without the risk of imparting destructive shocks to the delicate and sensitive pulp.

6, Somers-place, Hyde-park, June 15.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING MAY.

(Concluded from page 626.)

EXCISION OF THE TESTIS.

Case 1.—A healthy man, aged 37, was admitted into St. Bartholomew's Hospital, under the care of Mr. Skey, on account of great enlargement of the right testis, which had commenced two years before and had been unaccompanied by pain. The gland was of stony hardness and more than four times the size of the opposite one. The testis and spermatic cord were excised on February 10. The parts healed, and he was discharged from the Hospital in March, but was subsequently readmitted, and died of pleurisy. The diseased growth consisted of cartilage, as also did the numerous glandular and other secondary ones. (The full particulars of this singular case were read by Mr. Paget before the Medico-Chirurgical Society. See Report in this Journal, page 634, June 23.) *Case* 2.—A man, aged 37, in moderately good health, under the care of Mr. Cock, in Guy's Hospital, on account of great enlargement of the left testis. The disease had commenced spontaneously, and there was no history of hereditary tendency to cancer. The diagnosis was extremely difficult, as the man had no degree of cachexia, and the condition of the testis was much masked by effusion into the tunica vaginalis. The first part of the operation was exploratory. The fluid having been evacuated the testis was found to be the seat of medullary cancer, and was accordingly excised. The cord was sound. The gland after removal presented an excellent specimen of soft cancer. The man recovered well. *Case* 3.—A man, aged 35, under the care of Mr. Henry Thompson, in the Marylebone Infirmary, on account of enlargement of the testicle of seven months' duration. After excision the disease was found to consist of a combination of cystic, cartilaginous and cancerous deposits. The gland was the size of a small fist. The man recovered quickly. *Case* 4.—A man, aged 30, under the care of Mr. Hillman, in the Westminster Hospital. The testis was excised on account of scrofulous disease, which had destroyed its structure. Recovered.

REMOVAL OF NON-MALIGNANT TUMOURS.

Case 1.—A boy, aged 6, under the care of Mr. Cock, in Guy's Hospital, on account of a large tumour beneath the scalp of the occiput. It was said to have been of congenital origin, but had recently increased much in size. At the operation it was found to consist of dense fat. It was without any definite boundaries, and connected itself on all sides with the surrounding adipose tissue. The wound healed well. *Cases* 2, 3, 4, and 5.—Fatty or sebaceous tumours, of not unusual size, successfully removed. *Case* 6.—A robust young woman, aged 24, under the care of Mr. Ward, in the London Hospital, for a mammary glandular tumour of large size. It was excised, and during the operation was found to have no structural connexion whatever with the gland by the side of which it lay. Its weight was nine ounces, and it possessed complete glandular development, its tubuli containing milk. The patient is doing well, but the wound has been rather slow in healing. *Case* 7.—A man, aged 41, under the care of Mr. Critchett, in the London Hospital, on account of a large and deeply-placed tumour in the thigh, overlying the middle of the femoral artery. The growth proved to be fibro-plastic in structure. During its excision the femoral vessels were exposed for more than an inch in length, but not otherwise disturbed. Secondary hæmorrhage, from ulceration of the artery, occurred about a fortnight afterwards, and ligatures had to be applied above and below the spot. Doing well. *Case* 8.—A healthy girl, aged 10, under Mr. Lawrence's care, in St. Bartholomew's Hospital, on account of an enchondroma developed in connexion with the fourth metacarpal bone. It grew from nearly the whole length of the affected bone, was of six years' duration, and had attained the size of a small egg. The tumour was cut away, and that part which projected into the substance of the bone gouged out. The wound healed readily, and the patient left the Hospital with perfect use of the hand.

PUNCTURE OF THE BLADDER.

Case 1.—A man, aged 43, was admitted, on May 9, into Guy's Hospital, under the care of Mr. Poland, suffering from retention of urine. He had, previous to this attack, been in good health: his stricture was of two years' duration. Catheterism had been rather forcibly attempted prior to admission, and a false passage had been made, Mr. Poland also having failed in the endeavour to introduce an instrument, and after twelve hours' waiting, the warm bath, etc., having been used, it was determined to puncture the bladder. The operation was performed by the rectum in the usual way. The cannla was allowed to remain in four days, during which all the urine flowed by it. An abscess, attended with some sloughing, had in the meantime formed in the perinæum. Up to the sixth day the man was doing well in every respect, but subsequently the symptoms of pyæmia were developed, and death took place on the 22nd (thirteenth day). At the autopsy it was with difficulty that the spot where the canula had passed could be found: all the tissues about it were perfectly healthy. In the lungs were local patches of pneumonia, with small deposits of pus. It seemed most probable that the perineal abscess had been the cause of the pyæmia, and not the wound made in the operation. *Case* 2.—An unhealthy man, aged 65, under the care of Mr. Tatum, in St. George's Hospital, had puncture of the bladder by the rectum performed on account of impassable stricture. Death followed. The kidneys were extensively diseased.

OPERATIONS FOR URETHRAL STRICTURE.

A man, aged 47, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of a cartilaginous stricture of thirteen years' duration. No instrument could be passed through it. Mr. Skey accordingly introduced a large catheter down to it, and having cut into the urethra over its point, prolonged the incision through the stricture. A full-sized catheter was immediately passed, and was subsequently re-

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tained for two or three days. The man recovered perfectly; and when he left the Hospital the sinus left by the wound was closed.

REMOVAL OF NECROSED BONE.

Cases 1 and 2.—The patients in these are both men under the care of Mr. Cock, in Guy's Hospital, on account of necrosis of the jaw. In one, the upper jaw, in the other, the lower is affected. Large portions of bone have been removed. Neither of the men had worked in phosphorus. Under treatment. *Case* 3.—A strumous boy, aged 3, under the care of Mr. Curling, in the London Hospital, on account of disease of the os calcis, consequent on an injury. Mr. Curling gouged away some softened cancellous tissue, and laid the cavity freely open, but did not succeed in finding any fragment actually necrosed. The wound seems likely to heal. *Case* 4.—A healthy man, aged 23, under Mr. Fergusson's care, in King's College Hospital, on account of necrosis of the tibia, of twenty years' standing. The diseased portion has been removed. Doing well. *Case* 5.—A man, aged 25, under the care of Mr. Fergusson, in King's College Hospital, on account of necrosis of the femur. A sequestrum two inches in length, and including the entire shaft, was removed from the lower third of the bone. Doing well. *Case* 6.—A cachectic man, aged 30, under the care of Mr. Holt, in the Westminster Hospital, on account of necrosis of the fifth metatarsal bone of the right foot. It was excised. Doing well. *Case* 7.—A boy, aged 14, under the care of Mr. Solly, in St. Thomas's Hospital, on account of necrosis of the humerus. The whole upper half of the shaft was removed. A second operation will probably be required. *Case* 8.—A lad, aged 17, under Mr. Clarke's care, in St. Thomas's Hospital, on account of necrosis of the tibia. A small portion of bone was removed from the lower part. Doing well. *Case* 9.—A woman, aged 30, under the care of Mr. Cutler, in St. George's Hospital, on account of necrosis of the femur. A large sequestrum has been removed. Doing well.

OPERATIONS FOR EXOSTOSIS.

Case 1.—A healthy lad, aged 13, under the care of Mr. Wormald, in St. Bartholomew's Hospital, on account of an exostosis from the lower third of the femur, close above the knee-joint. It had been noticed for the first time four months previously. It was removed in the usual manner, and the wound, although phagædenic for some time, ultimately healed well. *Case* 2.—A patient, under the care of Mr. Prescott Hewett, in St. George's Hospital, has had a small exostosis removed, and has recovered.

PLASTIC OPERATIONS.

Three cases of cleft palate are under the care of Mr. Pollock, in St. George's Hospital, in which the operation of staphyloraphy has been performed. In one, complete union has followed, and the other two are yet under treatment, and will be partially successful. One case of contraction after burn, and one of hare-lip, have been successfully operated on in St. Bartholomew's Hospital. Two cases of hare-lip, under the care of Mr. Fergusson, in King's College Hospital, have been operated on, and have resulted in cures.

LIGATURE OF VARICOSE VEINS.

A healthy man, aged 30, under the care of Mr. Partridge, in King's College Hospital, on account of large varicose veins in the leg. A ligature was applied in the usual manner, by passing a needle beneath the vessel, and twisting the thread over its projecting ends. A cure, without any troublesome complications, followed.

TRACHEOTOMY.

A stout muscular man, aged 28, a seaman, of intemperate habits, was brought to St. Bartholomew's Hospital at 5·30 a.m. (8th April) suffering from intense dyspnœa, which had come on during the night. Two days previously he had been locked up all night in a police cell for drunkenness. He felt a slight pain in the upper part of the larynx, which did not prevent his going about. He went to bed at 10·30 the night before he came to the Hospital without any difficulty at all in his breathing, and awoke at 5 a.m. with a feeling of suffocation. Leeches were applied to the throat, and blood taken from the arm. This gave him temporary relief, but the urgent symptoms again came on, and tracheotomy was performed by Mr. Morris, the House-Surgeon, with immediate relief. He progressed most favourably for ten hours when he was seized with a fit of delirium, and suddenly expired. Post-mortem examination showed the epiglottis to be in a state of slough with serous effusions in the surrounding cellular tissue; there was emphysema of the cellular tissue in the posterior-mediastinum and compression of the lungs.

LIGATURE OF ARTERIES.

The following case has been under the care of Mr. Skey, in St. Bartholomew's Hospital:—A man, aged 28, well nourished, though at the time of the operation much reduced by frequent hæmorrhage from a wound in the palm, accidentally inflicted on Jan. 17. A ligature had, on the day of the injury, been placed on a bleeding vessel in the palm when he applied at the London Hospital. On his admission the edges of the wound were sloughing, and the tips of the index and middle fingers in an almost gangrenous condition. The radial and ulnar arteries were tied, and the hand enveloped in a linseed-meal poultice. On Feb. 12th, the ulnar ligature separated and hæmorrhage commenced from the proximal end of the ulnar artery. It was deemed advisable to again cut down upon and tie the vessel higher than before. On Feb. 16th, hæmorrhage from the distal and proximal ends of the ulnar artery, and oozing from the palm came on. The brachial was tied on this day at the point where it crosses the insertion of the coraco-brachialis muscle. Much difficulty met with in consequence of the number of large venous trunks in that situation. On Feb. 18th, the distal end of the ulnar artery again poured forth a large quantity of blood. Some bleeding also from the brachial wound. The axillary was tied by Mr. Skey on this day. The patient has been discharged quite well, though hæmorrhage several times occurred after the ligature of the axillary, evidently from the whole calibre of that vessel.

OPERATIONS FOR ENLARGED BURSA.

Case 1.—A woman, aged 22, was admitted, under the care of Mr. Cock, into Guy's Hospital, having an enlarged bursa, the size of a walnut, beneath the tendon of the flexor carpi ulnaris muscle. It had occasioned great pain by pressure on the ulnar nerve, and had caused contraction of the little ring fingers. Mr. Cock laid it freely open, removed some small melon-seed-like bodies, and left the cavity to fill by granulation. There has been no undue inflammation, and the healing is now all but complete. *Case* 2.—A man, aged 26, was admitted into Guy's Hospital, under the care of Mr. Birkett, on account of a ganglion in connexion with the tendon of the peroneus tertius, which had given him much trouble. It had been twice laid open, but when healed the fluid had on each occasion resecreted. Mr. Birkett dissected it out, together with some fibres of the tendon to which it adhered. The suppuration which followed extended up the leg, but it subsided after a time, and the wound healed.

GUY'S HOSPITAL.

REDUCTION OF A DISLOCATED FEMUR WITHOUT EXTENSION, AFTER FAILURE BY THE ORDINARY METHOD.

(Under the Care of Mr. Cock.)

We have repeatedly, of late years, called the attention of our readers to the plan now generally adopted for the reduction of dislocations of the thigh bone, which accomplishes its end without resort to any form of extending force. To dispense entirely with the cumbrous mechanism usually advised in surgical works is, doubtless, no small advantage in favour of the modern plan. It is one also which will be particularly appreciated by Surgeons living in country districts, to whom such cases are liable to happen at times, when the whole armamenta may not chance to be at hand. But not only is the flexion plan superior to the extension one in being attended by almost no trouble, and requiring no apparatus; it is more efficient. In proof of this last assertion, let us cite the following case:—On Monday last, a muscular labourer, aged 23, was admitted into Guy's Hospital, under the care of Mr. Cock, on account of a dislocation of the left femur, on to the dorsum. In Mr. Cock's absence, the reduction was commenced in the ordinary way, about four hours having elapsed between the accident and the attempt. We should here state that the dis-

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location was an extremely well characterized one. Chloroform was administered, and for upwards of an hour the most energetic attempts were made, by means of manual traction, to effect replacement. Pulleys were not employed, but the united force of the six assistants who undertook the extension must have been equivalent to any degree of mechanical power which could wisely have been resorted to. The attempt failed, and it was at length deemed necessary to desist. On the following morning Mr. Cock undertook the case. The man was taken into the operating-theatre, placed in position, and, the pulleys being in readiness in case of need, chloroform was given. As soon as complete insensibility had come on, Mr. Cock took the thigh, flexed it on the pelvis, bent it outwards, and made a slight rotatory movement, when the head of the bone slipped into its socket. The reduction did not take half a minute, and was accomplished without the apparent application of any force.

With regard to the direction in which it is necessary to apply force in reduction without extension, it may be concisely indicated in the formula—lift up, bend out, roll in. The thigh is to be flexed on the pelvis, and the operator, taking hold of the patient's knee, is to bend it outwards away from the axis of the body. In that position a slight rotatory movement is to be accomplished, and the head of the bone will slip into place. The explanation of the success of these movements will be apparent to any one who is familiar with the relative positions of the parts implicated. Movements modified according to the different positions taken by the femur, and which will readily suggest themselves to those possessing anatomical knowledge, are equally effectual with the other varieties of dislocation at the hip. One principle is that the femur is made to constitute a powerful lever in the hands of the operator, and it may be well to remark that, in cases in which the length of leverage may not seem sufficient, the difficulty will be at once met by using the whole limb, and grasping the foot instead of the knee.

CENTRAL LONDON OPHTHALMIC HOSPITAL.

DISEASE OF THE LACHRYMAL DUCT. CASES ILLUSTRATING THE USE OF THE "STYLE."

[Case under the Care of Mr. HAYNES WALTON.]

(Communicated, with remarks, by Dr. Maurice Davis.]

WHEN a Surgeon in general practice meets with an example of obstructed lachrymal duct, he is likely to refer to whatever work on diseases of the eye he may possess, for definite rules as to when the "style," a recognized appliance in this disease, should be used; and it is probable that he may accept what he reads as an exposition of the correct practice, or, at all events, that which is generally adopted. It is natural enough that he should expect to find directions as definite at least as those which are established and given in surgical works, for the employment of bougies in the several other kinds of stricture, or of mechanical support in certain accidents, or deformities. Authors, however, differ here very materially in their advice; for some recommend the style with indiscriminate prodigality, and others as diametrically reprobate it. The latest writer we have on eye diseases, after telling us in his preface that he has had twelve years of official duty at the most numerously attended Ophthalmic Hospital in existence, adds in the text, when alluding to the surgical treatment of the lachrymal apparatus:—"I do not think that I have introduced ten styles within as many years." Would that he had told us what he does with his "bad cases!"

I express Mr. Walton's opinions when I say, that the style is frequently misused; that it is often required, and not resorted to; also, that its effect is more palliative than curative, but that the palliation may be of a marked kind, amounting to suspension of the distressing annoyance, attendant on obstructed duct.

A journeyman shoemaker, aged 37, thin, pale, and altogether a most miserable-looking being, came under Mr. Walton's care in October, 1853, with a large abscess over the left lachrymal sac, attended with much inflammation of the surrounding parts. Acute pain alone had induced the man to seek relief. A very large quantity of fetid pus was evacuated; so unusually large, that several questions were asked about the disease, and notes taken. He had had several abscesses during the past eighteen months or two years; some had burst of themselves, some had been incised. He had had a "watery eye" for years before the abscesses appeared. The acute symptoms soon passed away, and there were apparent,—extreme hardness and thickness of the lachrymal sac, thickening of the conjunctival palpebræ from chronic inflammation, slight ectropium of the inner half of the lower eye-lid, and a muco-purulent discharge from the puncta lachrymalia.

These numerous and well-marked proofs of stoppage, not merely obstruction, of the exit from the eye to the nose, together with much disease of the passage, and the fact that several Surgeons had used remedial measures in vain, induced Mr. Walton to introduce the style, an operation, in this instance, that required much tact. After a few attendances, during some consecutive weeks, the patient absented himself till December, 1854, when he appeared with the integuments at the inner corner of the eye in a sloughing state, together with separation of the periosteum from the bones in the immediate vicinity, and considerable swelling of the side of the face. For nine months he had escaped the accession of abscesses; had felt so well, that he had consoled himself with the belief that he was cured, withdrew the style, and all the old symptoms returned.

Directly that the swelling was reduced, Mr. Walton introduced the style. This is rather against the usual rule, which is to wait for a while; but I am sure that the plan adopted facilitated, rather than retarded repair, and that the practice was attended with the best possible effects, as in three weeks cicatrization had closed in the breach, the style sat well, and the eye was once again rendered comfortable.

This example represents one of a class that is by no means uncommon at a public Ophthalmic Institution, and for which the style alone affords relief.

But there are cases, even less severe, that can derive benefit from no other appliance, and which are very common among the London poor. We meet with patients who have had a lachrymal duct obstructed for years, and have adopted every kind of treatment, local and general, that has been recommended by the different Surgeons under whom they have been; and yet the disease progresses, the obstruction becomes more and more, the conjunctiva becomes inflamed, the eye is suffused with tears, the sac distended with mucus and pus, other parts of the lachrymal appendages become involved, and, independently of the personal annoyance, the function of the eye is materially affected. The emptying of the sac by pressure affords a kind of relief, but of a very trivial kind, and does not prevent the worst effects of the obstruction. The style, if it be properly introduced, is now quite a refuge from misery, that is, passed into the natural channel, and not thrust through the lachrymal bone, as a well-known ophthalmic Surgeon has recommended.

With very little teaching, a patient bears to remove the style, to clean, and replace it; but if the metal is very fine silver this is not often required, as it will tarnish less soon. The necessity for this is the chief objection generally brought against the use of the style by Surgeons. The presence of a piece of metal on the face is the patient's objection; not, however, after he has felt the comfort of the instrument.

It may be well to mention that Mr. Walton's styles are larger than those ordinarily used, and with round thick heads. They are made by Messrs. Weiss. The form of the head prevents them from slipping into the duct, and the round edges prevent irritation or abrasion of the skin.

I would remind my readers that I am not dilating on the treatment of an obstructed duct in general, but considering what should be done, when the worst stage of obstruction has arrived, and all remedial means that have been tried, have failed.

Is it not surprising that even after disease of the derivative lachrymal apparatus has run its destructive course, destroyed the natural channel for conveying away the tears, which now escape on the cheek through a false passage, below the entrance of the puncta into the sac, some Surgeons should recommend that no appliance be used, but prefer that the person so afflicted should be satisfied with the use of the handkerchief, and the endeavour to keep the parts as clean as he can? It is impossible to have a case more fitted for the style than when the fistula is established. Besides the annoyance of a secretion being

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poured out on the cheek, the skin around the fistulous aperture becomes diseased, being discoloured and having granulation, and is not unfrequently undermined by sinuses. I have seen five fistulous apertures on one cheek all communicating with a parent opening in the sac. More than this, the bones may become affected; last year I saw a most distressing case of the kind. After long existence of a fistula, acute inflammation ensued, and a portion of the nasal process of the superior maxillary bone necrosed and exfoliated.

There are some practical hints that I have derived from Mr. Walton's practice in these cases, that I shall give.

Directly that a fistula is met with, the style should be at once used, and all sinuses, bridles of skin, and unhealthy integument freely divided. It is a loss of time to apply lotions, ointments, or poultices.

Whenever it is possible the style should be introduced through the healthy integument, at least through skin, because the aperture will the more readily heal when it is removed.

When the style is necessarily introduced through the fistulous tract, it should either be long enough for the extremity to rest against the floor of the nose, in order that the head should neither sink down, nor rest on and irritate the excoriated surface, either of which may frustrate our object. In some instances it may be better not to use the style in this manner, but to have the head quite globular. The neck of the style, too, will often require modifications in length and in form.

I have seen several cases in which, contrary to my expectation, the style has been dispensed with after a few months' wearing; the duct having become, to all appearance, healthy.

I have said nothing about general treatment, as it was not intended to be included in this Report. I will briefly state, that in every case in which I have seen the style used, it has been clearly indicated, and a strictly tonic plan has been carried out.

Medical Times & Gazette.

SATURDAY, JUNE 30.

BONES!

THE Report of the Select Committee on the Public Health and Nuisances Removal Bills, which has just made its appearance, has a strong claim on the attention of all the intelligent, air-breathing animals in this part of creation; while it furnishes many points of peculiar interest to the members of the Medical Profession.

One of the most remarkable witnesses who presented himself before the Committee for the purpose of illuminating their minds on matters sanitary, was a Mr. Henry Knight, whose business "consists in buying bones for crushing, for agricultural purposes, for making animal charcoal for sugar-refiners, and manufacturers generally." "The Curiosities of London," in its next edition, may be somewhat improved by additions from the evidence of this distinguished merchant, who purchases "more bones than any other man in London," and the range of whose commerce extends to South America and Australia. We learn from this great purveyor of rotten skeletons and their fragments, that his bones are brought from the bone-boilers' yards in London, not to his counting-house in Chatham-place—*nec olet nummus*—but to the public wharfs, such as Cotton's Wharf, Davis's Wharf, Pickle-herring Wharf, and several other wharfs, where, we are told, they lie. Of native bones this is the history:—"They are brought from the bone-boilers' yards in London; the process is this: first of all they are bought by what we call rag-shops; they are the purchasers of the bones in small quantities of five-hundredweight, and ten-hundredweight, and so on; and from thence they are conveyed to the bone-boilers' yards, and there they are boiled and thrown into heaps, after being divested of the meat and the noxious matters." If the uninitiated in the bone trade should imagine that all "noxious matters" are not removed very scrupulously before the boiling process, they must settle this point of difference between their olfactories and the intelligent witness whose testimony we have just quoted. *En passant*, we had the misfortune, some ten days ago, to be cheated out of a good quantity of the fresh air we had bargained for, when a heavy train passed the platform on which we were standing, laden with a most sickening freight of putrid bones, from which, but for the evidence of this parliamentary witness, we should have guessed that "the meat and the noxious matters" had *not* been removed.

As it is not, we believe, in contemplation to offer this gentleman, or his brethren of the bone trade, any compensation when their "occupation's gone," it was not necessary that he should impart any information as to the benefits which it confers on his exchequer. He has, however, in answer to a few searching queries, favoured the Committee with his opinions on the supposed injurious effect of putrid exhalations on the health of individuals and the public, which, differing as they do from the doctrines we have advocated, it is only candid that we should submit *for* consideration.

It will be clearly perceived, in the first place, that the great bone-grubbers of the metropolis are a sort of voluntary officers of health, whose unrequited labours ought in future to receive commendation rather than censure. To question 104, "If those bones were not so purchased, and used, what would become of them?"—we have this instructive answer—"They would lie over a much larger area in London, and would, I think, be productive of a great deal more injury than they are now." So the great bone-collector has functions to perform for the good of society, similar to that of the scavengers of creation, so much abused and persecuted as ugly frightful things, by the vulgar, to whose comfort and salubrity they minister.

If this interesting piece of information should lead to the objection that something like pestilence is known to have broken out in the places which are occupied with rotting bones and other disagreeable matters, it will now be discovered from this witness, that the notion is a vulgar error, which he employs his own impartial testimony to correct.

We have seen something very much like conclusive evidence that Cholera was materially aided in its developement by the presence of putrid exhalations, which, if not its cause, was certainly one of its powerful stimulants. Our witness is able, not only effectually to overturn this theory, but to prove that the craft of the bone-boiler gives something like immunity from the scourge. "With respect to public health, I *might* say that there was not a single case among all the bone merchants, during the late epidemic." "I can say that the cholera was worse at some distance from the bone-boiling establishments, than it was close to them." "I do not think there is any proof at all that the bone-boiling was productive of cholera." The "do not think" of this very competent witness becomes the more valuable when it is observed that he has "taken some pains" to inquire into the subject. The cart-men in the time of the Great Plague, and the different workmen employed about the seething cauldrons of Maiden-lane, and Sharp's-alley, it will be seen were a highly privileged race. These facts being made good, medical inquiry into their causes ought to follow.

Mr. H. Knight is one of a class who are anxious to convince the Legislature that "any decaying or offensive accumu-

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lation or deposit, such accumulation or deposit not being necessary to the carrying on of any trade or manufacture," might be removed; his wish is that those which are connected with trade or manufacture should remain, and those only. He would like, with his brethren who are engaged in offensive trades, to enjoy undisturbed quiet "on their present locality for thirty years." It will be for the Legislature, on behalf of the public, to determine whether that wish is one which may be gratified with safety to the many, as well as with profit to the few.

"THE GUIDE TO LIVING MEDICAL AUTHORS."

SOME time since, when the "Guide to Living Authors" first made its appearance, we regarded the affair as a hoax upon the credulity of the Profession, and we treated it accordingly. We were the more inclined to regard it in this light because it appeared in the same quarter, and under precisely similar auspices, with the biographical sketches of Medical men which amused us a short time ago. We considered these biographies as a joke, although not a very happy one, at the expense of the vanity of some of our Professional brethren, and looked upon them precisely as we viewed the weekly caricatures of our contemporary *Punch*. The amusement was enhanced by the perusal of the biographical sketches which accompanied the caricatures; for, in these *historiettes*, written by the subjects of the biographies, we found that each hebdomadal hero of the Portrait Gallery was endowed with all the good qualities, social, moral, and Professional, under the sun. But a change occasionally came over the scene, and instead of the indiscriminate eulogy which was bestowed upon the portraits, we found that some of our brethren were held up to unmitigated scorn and abuse, while, in other cases, particulars and incidents were related in certain biographies which we knew to be erroneous. A little investigation soon unfolded the truth, and it was discovered that those persons whose vanity induced them to swallow the bait, were depicted in the Portrait Gallery, and the records of their lives and doings, although furnishing only merriment to the Profession, were held up as models for imitation, and themes of admiration for the general mass of the ignorant public, among whom the biographies were profusely distributed, generally at the expense of the originals of the portraits. Those, however, who declined to have any connexion with the scheme, were loaded with abuse, their features distorted by the exhibition of some hideous daub, or consigned to contempt by the exhibitors of the Portrait Gallery. It was now found, therefore, that the matter had passed beyond a joke, for not only were some harmless, though conceited, members of our Profession elevated into Brodies and Astley Coopers, but some most respectable gentlemen were dragged into a notoriety to which they did not aspire, and the lives of others were filled with mistakes and misrepresentations. By a common effort of the respectable portion of the Medical Press, the biographical system was extinguished, and the pages which had formerly been opened to this ridiculous traffic in credulity and vanity, relapsed into their former inanity, relieved occasionally by vulgar abuse, and exciting only a contemptuous smile.

It can astonish no one to be informed that the exhibitors of the Portrait Gallery are also the "Guides to Living Medical Authors;" and that the living Medical Authors are, in almost every case, the originals of the Portrait Gallery. Our Correspondent, whose letter we print at page of the present number, affords us a key to the comprehension of the motives which have led some persons, from what we consider to be a mistaken view of the principles of honour, to allow their names to appear in the "Guide."

We blush, however, to reflect that some of those who have figured in this new scheme have not even this excuse to offer in palliation of their conduct; and that, throwing aside the modesty and the dignity of the Professional character, they have not hesitated to court a spurious notoriety by emulating the manœuvres of the lowest quack. The walls of our metropolis make us acquainted with the virtues of Holloway's ointment and of Morison's pills, and the *affiches* pasted up in certain nameless places of public resort, inform us of the names and titles of M.D.'s from mythic universities, who cure infallibly a whole range of diseases not mentioned in polite society; but it is reserved for the nineteenth century, and the year of grace 1855, to witness a section of our Profession (happily a very small section) disputing with Coffinites and Morisonians the empire of mural literature, and with the Lamerts and Curtises the exclusive dominion of the shrines of Cloacina.

NOTES AND QUERIES.

WITH our next number we propose to commence the weekly devotion of a small space to MEDICAL NOTES AND QUERIES. This department will not be entirely a new one; it will receive some of the detached fragments of information which we, or our contributors, have hitherto been accustomed to give to inquirers either under the heads of "General Correspondence" or of "Answers to Correspondents." By arranging the queries and answers which have thus been scattered in other parts of the Journal systematically in one department we anticipate great advantage. Our "Answers to Correspondents" are not included in the Index, yet we are often assured that they contain information of a kind useful not alone to the individual addressed, but also valuable as of general importance. Henceforth, therefore, under that head we shall give only such as are essentially of but transitory or personal value, and shall place in the body of the Journal all matters of more permanent interest.

It has long appeared to us that the Medical public would derive great advantage from such a medium of intercommunication as we now propose. Inquiries frequently perplex an individual, and lead to laborious investigation and much loss of time, which, if submitted to the readers of a Medical Journal, would in the next number receive easy solution. A surgeon is employed in the study of a special disease, and if among the abundance of books of the present day he is not aware of the existence of more than one-third of what has been written on it, it is no discredit to him. A query addressed, however, to the Profession, would at once elicit the information required, from those who had already been over the ground What is more common now-a-days than for a man to work most laboriously on a supposed novelty, and find, when he produces it to the world, that his neighbours have long known it? The prevalence of a particular form of disease is observed; a remedy is thought to show properties which to the observer are new; the unraveling of a peculiar and ill-understood symptom becomes to some one a matter of interest —but it is needless to suggest cases, for they are of hourly occurrence, in which the Medical investigator would not only economize his time and labour, but obtain knowledge of a kind not perhaps to be had from any other source, by addressing to the Profession a brief query respecting his difficulties, his suggestions, or his wants. For this purpose the *Medical Times and Gazette*, possessing, as we believe it does, a far larger circulation among members of the Profession than any other existing journal, offers unusual advantages. Through its medium questions may be addressed to all parts of the world, and are certain to meet the eye of the best-informed of our Profession in all lands. But it is not only for Inquiries

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that the department we propose will be found useful. It is intended to comprise Notes as well as Queries. There are many stray facts met with in reading, or encountered in daily observation, which are well worth being chronicled, but yet may scarcely seem to warrant so large an intrusion on the space of a public Journal as is implied in a letter or other communication. Stated briefly as simple notes, without any of the needless apologies or explanations which are often deemed necessary in the communications which are now sent us, we shall be able to find space for interesting matter of this kind.

In conclusion, we have simply to invite the co-operation of our readers. This we are confident of receiving, and, this secured, we doubt not that the proposed department may become the means of aiding most efficiently the advance of the noble science to which we are all devoted.

THE WEEK.

WE are at last to have a Parliamentary inquiry into the Adulteration of Food and Drugs. Mr. Scholefield's motion for the appointment of a committee was adopted on Tuesday, as was to be expected, without opposition. About the importance of the question and the need of investigation all are agreed. There is, however, a much greater difference of opinion as to the practicability of effecting any great reform. With regard to Drugs the question is comparatively easy, for their adulterations are easily detected in most instances, are always real frauds, and ought always to subject their perpetrators to legal penalties. In the case of Food, however, the question is wholly different. It is impossible to define in what adulteration really consists; that is, unless our legislators will favour us with authorized formulæ for our various articles of diet, and make it criminal to depart from them. The objection would apply to all articles containing more than one ingredient, a class in which the adulterations which are really injurious are chiefly practised. There would still remain, however, numerous articles of food not compounded, of which it certainly would be well if we could have the purity guaranteed by law. We can feel, therefore, no doubt that the proposed committee will be able, if it perform its task well, to suggest some valuable regulations. Its undertaking is, however, one of no small difficulty both from extent and intricacy. We trust that it will be careful to obtain its information first-hand, and to examine those only who possess real knowledge of the matter.

By arrangements now made, and which, although so many delays have already taken place, we believe may be considered final, the remaining part of the Staff for the Dardanelles Civil Hospital [at Ghumes] is to sail on the 2nd or 3rd of next month. All the later accounts which have reached us confirm the first statements as to the good sanitary conditions of the spot which Dr. Parkes has selected.

The reports from Smyrna continue to be satisfactory, that is, as to the small number of patients which it is found necessary to accommodate, and as to the favourable progress of those few. The Hospital has hitherto escaped the visitation of any severe epidemic, although there has been enough to confirm the suspicions which the well-informed entertained from the first as to the non-salubrity of the place. It appears, however, that there are more dangers incident to Medical life in Smyrna than had been contemplated. A Surgeon resident in the town has been kidnapped in broad daylight by a band of villains, and placed under conditions of durance from which it would be extremely satisfactory to hear that he had escaped with life. The civil Medical staff have, it would seem, behaved with gallant alacrity in proceeding to the rescue, and we may hope shortly to learn that their efforts have been successful.

The French Medical journals inform us that there has scarcely ever before been known a less average of sickness than now prevails in Paris. The supplementary wards at all the Hospitals are stated to have been closed. At the London Hospitals no remarkable lull has, we believe, been noticed; on the contrary, certain diseases, especially those of the nervous system, have been observed as unduly prevalent. The Registrar's report records, during the past week, 62 deaths more than should have occurred according to calculated averages in which every allowance is made for increase of population.

The Professorial Chair of Medicine in St. Bartholomew's School is about to admit a new occupant. Dr. Burrows does not, however, resign, but is desirous, in consequence of his numerous other engagements, to be relieved from a part of the course. He is, consequently, to have a colleague appointed. The managers of the School will have some difficulty in selecting from among several most suitable candidates the best man for the post.

It is with most unfeigned pleasure that we notice a mistake into which we were led last week. In our Obituary was the name of William Easton, Surgeon to the Cossack, whom, at the time, we, in common with the public, believed to have been brutally murdered at Hango. From information since received we are glad to know that that gentleman, although a prisoner, is alive and unwounded.

GENERAL CORRESPONDENCE.

PREPARATIONS FOR THE SICK AND WOUNDED OF OUR CRIMEAN ARMY.

[To the Editor of the Medical Times and Gazette.]

SIR,—As I have lately visited the Crimea, and inspected the Hospitals in camp and at Balaklava, at Kululee and Scutari, and Dr. Parkes's wooden buildings on the Dardanelles, perhaps some account of my observations upon the provisions made for the care of our sick and wounded soldiers may prove interesting to your readers. If you think the following hurried notice worthy of their attention, I shall be obliged by its insertion in the *Medical Times and Gazette*.

1.—*Primary Attendance upon the Wounded.*—During the time I spent in the camp the only active operations before the enemy took place in the siege batteries and trenches opposed to the defences of Sebastopol. The men employed in our works are exposed to wounds from rifle-bullets, round shot, shell and their fragments, splinters of stone, and bayonet thrusts in case of a sortie. They are accompanied, not only in the batteries, but in the advanced works, by Medical officers, whose duty it is to suppress hæmorrhage, and afford any such assistance as the wounded men may require before removal to a place of greater security. Formerly both men and Medical officers remained twenty-four hours in the works, but of late they have been relieved every twelve hours. The relief party leaves the camp about 3. 30 a.m., and half-an-hour before sunset. A walk of something more than half-an-hour, along natural covered ways formed by ravines, brings the party to the batteries in the first parallel, from which trenches are carried to the advanced works. On the relief arriving, the party employed returns to camp. Wounds from shot and shell sometimes occur during the transit to and from the camp, as the enemy have information from deserters of the direction taken by the working parties and the hours of relief. The Medical officers are accordingly accompanied by an orderly, who carries such instruments and necessaries as may be immediately required, either in the walk, or during the twelve hours of duty. In each of our batteries in the first parallel, a sort of hut, in a tolerably

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sheltered spot, is used as a surgery. One Medical officer is always stationed there, and sometimes two or more. Others accompany the men into the advanced works. When a man is wounded the nearest Medical Officer is immediately called to him, and often has to run the gauntlet of several embrasures at which the Russians are directing their shot, before he arrives at his patient; so that he not only runs as much risk as a combatant, but very often considerably more. The man having received such attention as he immediately requires, is carried on stretchers, or supported if he can walk, to the hut in the battery of the first parallel, where more assistance is given if necessary, and he is afterwards conveyed to a sheltered spot in the ravine leading to the camp where ambulance wagons are always in waiting to carry wounded to the Regimental Hospitals—a distance, probably, of a mile. Here the French system differs from ours. Where we put men into ambulance wagons the French have advanced Field-Hospitals and a Medical Staff for the performance of primary operations. Most of the Medical men with whom I conversed seemed to think this plan better than ours, as a mile in an ambulance wagon can be better supported by a man with a dressed stump than with a shattered limb.

2. *Land Transport of the Wounded.*—Two kinds of ambulance wagons are in use in the Crimea,—one, on four wheels and drawn by four horses or mules, devised by Dr. Smith; the other on two wheels, and drawn by one or two horses, on the plan of Mr. Guthrie. The latter is lighter, bnt is said to be very apt to overturn on bad roads, and the former is generally preferred. Both, however, are said to be inferior to the mule chairs and litters, used by the French. One can easily understand that they must be so in a country where roads do not exist, or are very bad. On good roads, as on those now leading from Balaklava to the camp, the patients are conveyed in great comfort in either class of the ambulance wagons.

3. *Field or Camp Hospitals.*—Each regiment has a certain number of wooden huts, or canvas marquees, devoted to the sick. They are erected just without the range of the enemy's projectiles. In each division, also, a number of huts form a General Divisional Hospital, for the reception of such patients as the Regimental Hospitals cannot contain. The Regimental Hospitals are under the care of the Surgeon of the regiment and his assistants. The Divisional Hospital is attended by Medical officers of the staff. The huts are of two sizes; one, 28 feet by 16, is calculated for 16 patients; the other, 60 feet by 20, for 30 patients. The height at the sides is about 6 feet, the roof shelving from this to more than double this height in the centre. The floor is boarded, and raised about a foot from the ground; the interspace, in those most recently erected, being filled with charcoal. Very free ventilation is secured by side windows, but the beds appeared to me to be much too crowded, both in the huts and marquees, which generally contain 10 or 12 beds. The bedsteads are of iron or wood, and the beds and bedding appeared generally very clean and comfortable. There are no trained cooks or attendants for their Hospitals. Soldiers nurse and cook for their sick comrades; and Medical Officers complain that, as soon as a man learns enough to be useful in this way, he is removed to the ranks, and some useless character put in his place. This part of our Military Medical system requires instant reformation. There is no attempt at drainage to these huts; all excrement, etc., is carried to holes dug in the neighbourhood. Lime has been thrown into these holes (which are the regimental privies) every week since the visit of the Sanitary Commissioners. When nearly full they are covered, and others opened. The supply of water is obtained by digging wells, and, as the springs are very superficial, the water can scarcely be pure in the vicinity of large and numerous latrines. It is turbid, depositing a thick, whitish, flocculent sediment, which blackens on exposure to light, on the addition of nitrate of silver. I had no opportunity of applying other tests. Some of the officers and apothecaries have extemporized charcoal filters, but their use is confined within a very small circle.

4. *General Hospitals in the Rear.*—At Balaklava, an old stone house with tiled roof, and wooden huts near it, form what is called the *General Hospital.* I forget the exact number of patients it contains, but I believe about 500. It is very badly situated, near the head of the harbour, some 40 or 50 feet above the sea-level. It is now principally occupied by cases occurring among the troops stationed around Balaklava. A little to the right of the entrance to the harbour, some 300 feet above the sea-level, a number of huts have been erected on a ridge of land, open both to the sea and land breezes. This is the *Sanatorium.* It is devoted to Surgical cases exclusively. The huts are of the same size as in the Camp Hospitals. The water supply is better, as there is a spring in the hills above, but there is no drainage, and the latrines resemble those in the camp. The access is very difficult. Wounded men have to be carried up a very steep, rugged path, on one side of a ravine. About 100 feet above this is the *Marine Hospital.* It has been brought into excellent order by Drs. Derriman and Brown. The huts are of the same size as those used for the Military Hospitals, and are adapted for 150 patients. New huts are being erected to enlarge this Hospital. An attempt at drainage has been made into a neighbouring ravine, but is very imperfect as yet. The water supply is excellent from a mountain spring. The patients are exclusively marines, who are at present encamped on a hill above the Hospital. On the opposite side of the harbour two of the large huts have been erected for 80 patients each, and two others are in course of erection, for a *Naval Hospital.* This is under the care of Drs. Smart and Pearce, Surgeon and Assistant-Surgeon of H.M.S *Diamond*, which was used during the winter as an Hospital-ship. The Hospital is admirably situated, and though very recently established, in excellent order. At the Monastery of St. George, on a cliff close to the sea, on the coast between Balaklava and Kamiesch, huts of corrugated iron are being erected, to form another Hospital. As they are not complete, I did not visit them, but the situation, as seen from the sea, appeared to be a model one for an Hospital, if a good road were made to it.

The number of sick which can be accommodated in the camp and at Balaklava, may be seen from time to time in Dr. Hall's reports. Except in the emergencies after an assault or general action, or some wide-spreading epidemic, the Hospital accommodation in the Crimea would appear to be as great as an army of the strength of ours would be likely to require; but such emergencies have to be provided for, so that all cases not likely to recover within a moderate time, and not likely to be injured by removal, are, or should be, sent to the Hospitals at a distance from the seat of war, or to England.

5. The *Sea Transport Service* is now very efficiently conducted. A number of large steamers are specially adapted for the purpose, and every necessary provision is made for the Medical attendance and comfort of the sick during the passage. The length of the voyage from Balaklava to Constantinople is generally about thirty hours. It is about fourteen hours further to the Hospitals on the Dardanelles, and another sixteen or eighteen hours to Smyrna.

6. *Hospitals at Constantinople.*—All our Hospitals at Constantinople are on the Asiatic side, at Scutari and Kululee. Allowing 1000 cubic feet of air to each patient, the accommodation is as follows:—

Barrack Hospital, Scutari . .	1680
General Hospital, do. . . .	900
Palace Hospital, do.	400
Kululee	1220
	4200

When I was at Scutari last week, 2500 of these beds were vacant. These buildings have been so fully described in our daily and illustrated papers, that I shall only add a few remarks on their sanitary condition. The first two are admirably situated, and well construcoted for the purpose of Hospitals. Close to the Sea of Marmora, but on a hill from forty to eighty feet above it, they are thoroughly open to every breeze. The quadrangular form in which they are built favours free ventilation, and there is the greatest facility for perfect drainage. The wards and corridors are so formed that ventilation is perfect in weather permitting the windows to be opened, but very imperfect when these must be closed. At the General Hospital, some preparations for winter are being made by ventilating shafts; but they appeared to me to be ill-contrived, and not likely to prove by any means efficient without some propelling power. The system of drainage and privies is still very imperfect and objectionable. The wards and corridors are now exceedingly clean, and the bedding appears to be very clean and comfortable. M. Soyer has introduced great improvement in the cooking department, but the monster evil of our Military Hospital system is still in full

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force in all our Constantinople establishments—I mean the use of soldiers as nurses. The evil is in some degree mitigated by the female nurses, and the ladies under Miss Nightingale, but not to the extent generally believed. Evils also result from the division of authority between the Medical Inspector and the Military Commandant. There are no such strict regulations to prevent the introduction of spirits as exist in every Civil Hospital. The consequence is, that drunkenness prevails to a frightful extent, and the Medical Officers have to combat an evil which might be prevented by better discipline. The Medical Officers are also trammelled, here as in every Military Hospital, by a number of useless forms, and most troublesome form of diet-roll, absorbing time which might be much more profitably occupied. The Palace Hospital is a wooden building, about half a mile from the other Hospitals. It is in a sheltered, but damp, situation. Kululee is on the shore of the Bosphorus, about five miles from Scutari. It is badly situated, as the hills rise abruptly behind it, and it is out of the direct current of the stream. The principal building is close to the water, another is very near the top of the hill. It is very clean, and in excellent order.

7. *Hospitals in the Dardanelles.*—Only one hospital is as yet in operation on the Dardanelles. It is situated at Abydos. I did not visit it, but passed very near. It consists of a number of low huts close to the water, in a confined situation. Fever is said to be prevalent in the neighbourhood every autumn. If so, it should certainly be abandoned. The other hospital is the civil establishment under Dr. Parkes—consisting of wooden huts erected after designs by Mr. Brunel. Each hut will contain 50 patients. Four are now ready, and it is expected that every preparation will be made for the reception of 300 patients by the 21st of this month, exactly a month after the first nail was driven, during which time stores have been also erected, materials landed, and great progress made with the necessary works for drainage and supply. The only objection that can be made to the site selected by Dr. Parkes, is its distance from the seat of war; but Mr. Brunel's plan required a peculiar site, which could not be found nearer within the limits of time and distance prescribed for Dr. Parkes. He selected the nearest appropriate site he could obtain, and a very excellent one it appears to be. A belt of sandy soil projects from the foot of the hills on the Asiatic shore of the Dardanelles, gradually rising from the water's edge to the hills, and forming a plateau on which the huts are to stand, on a slightly inclined plane, from 28 feet to about 60 feet above the level of the water. They are open to every breeze. Drains have a sufficient fall into a rapid current, and an abundant supply of water is obtained from springs in the neighbouring hills. The huts themselves are infinitely superior to those in the Crimea. The separate buildings are connected by an open corridor. Each hut contains two wards intended for 26 beds each, rooms for nurses, a row of water-closets and urinals resembling those at our railway stations, with fixed basins for lavatories and simple appliances for supplying and drawing off water. The wooden roof is covered by a layer of felt, and then of thin highly polished tin, which is found to be the most effective protection against heat. The woodwork is whitewashed, the wash being slightly tinted to take off the glare. There is a simple mechanical apparatus for forcing in fresh air under the floors of the wards; but this can only be necessary in calm weather, as opening windows are provided all along the sides, and spaces are left immediately beneath the roof at the two gables. The windows are provided with shutters, which exclude the light but admit air. Stores, a dispensary, and officers' quarters are also wooden buildings. The kitchen and laundry are of iron. A slaughter-house has also been provided. Besides the mechanical means for securing good ventilation the air may be made cool and moist by a very simple provision, made for passing the air over a considerable extent of water surface. Portable berths have also been supplied, into which infirm patients can be lowered on a frame. Thus, a good supply of water, a perfect system of drainage, free ventilation, and perfect cleanliness, are obtained with very small labour of attendants, and I feel convinced that these buildings, when completed, will form an Hospital, not only superior to any of our own now in existence in the East, but very far superior to any of the French Hospitals. The wooden buildings of our allies in the Seraglio gardens, at Constantinople, are only a shade better than ours in the Crimea, and very far behind those designed by Mr. Brunel. Dr. Parkes's staff will all join him before the completion of the buildings, which are to accommodate 1500 patients.

8. *The Hospital at Smyrna.*—Allowing 1000 cubic feet of air to each patient, this Hospital can accommodate 520 patients. Some 400 convalescents can be received in the lazaretto, a building about a mile off. Before I left England, I expressed my opinion very strongly that Smyrna was an unhealthy site for an hospital, and that its distance from the seat of war was far too great. The pressure upon other Hospitals, and the want of suitable buildings elsewhere, however, rendered its temporary occupation imperative. So soon as sufficient wooden buildings can be erected elsewhere, I trust that the patients will be removed to a more salubrious situation. So far as the Hospital itself is concerned, I may be allowed to say, as my own share in the arrangements is so very limited, that it is in excellent working order. It is clean and airy, the food is well cooked, and the patients are attended by skilled nurses. The mortality for the last quarter has not reached 3 per cent.

I have trespassed far too much on the patience of your readers, but I cannot conclude without saying a word for a class of officers whose labours and merits have been overlooked, and who have been blamed for the faults of others. The Medical Officers of the army before Sebastopol compose a body of which any country might be proud. There are men in that body who can perform a delicate operation under the fire of the enemy, as well as it can be done in the theatre of a London Hospital,—men who have passed the best years of their lives upon the miserable pittance of 7*s.* 6*d.* per diem; who have fulfilled their duties in unhealthy climates, away from home and friends,—who have battled with the cholera and typhus, which have carried off their colleagues,—who have incurred all the danger of their soldier comrades, without the excitement of combat or the hope of reward,—who have supported their poor patients under cold and nakedness, starvation, neglect, and overwork, which they knew to be avoidable, and against which they repeatedly protested in written documents, now in existence; yet these are the men who suffer, because Lord Raglan obstinately refused to allow them to take the necessary ambulances and stores to the Crimea; and he, or others, left them unprovided with anything that was necessary to treat diseases engendered by privation and exhaustion. Let us hope that the day is gone by when Ministers at home and Generals abroad can turn a deaf ear to the advice of Medical men; or, if this is too much to expect, let us still hope that Englishmen will not allow men to be blamed who have striven to do their duty, but have not been permitted, and will repay those who have hazarded their lives, and laboured hard in their country's service with some share of the honours and rewards they are so ready to shower upon the successful soldier. I am, etc.

T. SPENCER WELLS.

Smyrna Hospital, June 16, 1855.

FEES FOR VACCINATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—If your Correspondent "Inquirer" (*vide Medical Times and Gazette* of this day) entered into contract for Vaccination with the Guardians of his Union subsequently to the 20th of August, 1853, there can be no doubt whatever that he is entitled to the full sum of 2*s.* 6*d.* for every child vaccinated by him at any greater distance than two miles from his own residence, whether there be a station within the two miles or not.

The words of the Act in this respect are simple and clear,—"for every person successfully vaccinated *at any place* more than two miles distant from such residence, any sum not less than two shillings and sixpence."

While it is most desirable, for the sake of saving the time and labour of Medical men, and for other obvious reasons, that people should be induced as much as possible to bring their children for Vaccination to the appointed stations, it is, at the same time, highly important that, in cases when they do not attend, Vaccinators should be not only permitted, but encouraged, to follow them to their own homes. I think the case to which attention has been called by your correspondent affords an excellent illustration of the impropriety of allowing Public Vaccination to be controlled by Poor Law officials—a subject on which you have yourself made some admirable comments in your leading article. I am etc.

33, Sloane-street, June 23, 1855. EDWARD SEATON.

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"THE GUIDE TO LIVING MEDICAL AUTHORS."

[To the Editor of the Medical Times and Gazette.]

SIR,—As a frank avowal of having done wrong is the surest sign of amendment, I am induced to write you a few lines in explanation of my connexion with the "Guide to Living Medical Authors," which you have justly held up to ridicule in your pages. My own case illustrates very fully the danger which a man incurs when he has once taken a false step, and when in so doing he falls into the hands of unscrupulous parties.

You must remember that a year or two since a series of biographical sketches appeared in the pages of one of your contemporaries, and I confess that I was weak enough, in reply to repeated applications, to furnish my portrait, together with a biography. In consequence of the ridicule and obloquy cast upon the biographies the system was discontinued, and those who, like myself, had furnished their portraits and their lives, but who had not yet actually appeared in print, were too glad to withdraw altogether from the scheme, and I hoped that all recollection of the proceeding would fondly be buried in oblivion. But latterly the same parties who, I believe, started the biographies have hit upon the idea of the "Guide to Living Medical Authors," and I was applied to for my support. I was now placed in an unfortunate dilemma, for I must either join a puffing scheme which I admit to be rather derogatory to the Profession, or, in case I had refused, I should have run the risk of an exposure of my portrait and biography, of which, now that I am a somewhat older and I hope a wiser man, I am heartily ashamed. I chose the former alternative, and I think you will admit that the advertisement of my book coupled with my professional address, is not so discreditable to me as a half-length portrait of myself accompanied by a eulogistic and self-indited biography. But I am, nevertheless, ashamed of my present company, and wish I could find any feasible plan of escape; for I feel that "evil communications corrupt good manners."

I am, etc.

London, June, 1855. A LIVING AUTHOR.

[We admire our correspondent's candour, and hope that he will still be able to extricate himself without dishonour from the dilemma in which he has been placed. We only fear that he is too scrupulous, and we think that by a bold effort he might yet disentangle himself from a connexion which he evidently despises.—ED. *Med. Times and Gazette.*]

REPORTS OF SOCIETIES.

NORTH LONDON MEDICAL SOCIETY.

APRIL 24, 1855.

DR. HARE in the Chair.

MR. NORMAN read a paper on

ENCYSTED TUMOURS OF THE SKIN,

(observing that if the term tumour were limited in its sense to a new formation, it would not be applicable to the cases to be treated of,) which he regarded as natural cavities distended by their own retained secretions, as were also many other swellings, which were entitled, nevertheless, from their distinctness, to be so called, if a wider and more natural meaning were attached to the word.

He described these growths as they are ordinarily seen in the scalp and other exposed situations, and commonly known under the name of wens, but doubted, from his own experience, whether, in those situations, they were more common, or only more noticed—instances having come under his observation—in the lobes of the ear, the arms, the hands, the trunk of the body, the labia, and thigh. Some instances of the tumour attaining to a very large size were referred to, and various peculiarities of the tumours in outward appearance in different sites. Its tendency to increase and undergo a process of softening and suppuration, and to occasion, in some instances, after spontaneous bursting, a foul indolent sore which could not be healed without dissecting out or destroying the remains of the cyst by cauterization, was dwelt on, and illustrated by cases; as also the occasional growth of fleshy and horny excrescences from the cavity of the opened cyst; spontaneous absorption of the smaller tumours was sometimes observed, and absorption after blows, etc., not unfrequently; they were supposed to be free from any tendency to become malignant; nothing had been made out respecting their cause. Sir A. Cooper's supposition that they were sometimes occasioned by the combined influence of pressure and friction of the clothes, was held to be quite untenable and gratuitous, from their frequent formation in places where these causes did not exist; and it was suggested that friction, by maintaining an active state of the capillary circulation in the skin, was more likely to prevent than cause the malady. Hereditary tendency to the disease had been observed by the author as well as others.

Atheroma, steatoma, and meliceris, were only different stages and states of one kind of growth; this had been objected by Boyer, and others. The contents of the tumour, which were epithelium, fat, cholesterine, with or without pus or blood, and, together with the frequently discernible communication of a follicle of the surface, and the laminated arrangement to be seen in the dryer and harder specimens, were demonstrative proof of the nature of the swelling. Sir A. Cooper was often supposed to have first suggested this, but Mr. Sharp did so long before Sir A. Cooper.

Treatment.—Excision, by transfixing and bisecting the swelling, and then pulling out the cyst with forceps. The method just recommended by Mr. Copeland Hutchinson was the best proceeding in small tumours, and now generally adopted. Instances were cited of spontaneous subsidence, and one in which a patient got rid of a large tumour, entire, behind his ear; he rubbed it with salt until the skin gave way, and the tumour was enucleated.

The fear of erysipelas supervening often deterred persons from recommending an operation; but the danger of the accident was considered to be very small, and calculated only to lead to due care in avoiding the operation when the patient was unhealthy, or in an atmosphere tainted by erysipelas.

ROYAL COLLEGE OF PHYSICIANS.

WE beg to draw particular attention to the following important document, which has been sent to us from the Royal College of Physicians:—

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled.

The humble Petition of the President and College or Commonalty of the Faculty of Physic in London under their common seal—

Showeth,—That your Petitioners having ever been considered as the legitimate guardians of the Public Health, feel it their duty to represent to your Honourable House that they have had under their attentive consideration certain Bills relating to the Public Health which have been introduced into Parliament in the present session, viz.—

The Public Health Bill, 1855.

The Nuisances Removal and Disease Prevention Acts Consolidation and Amendment Bill, and

The Metropolis Local Management Bill.

That there is in all seasons and years a large amount of sickness and death in our towns and villages from numerous diseases, attributable, more or less directly, to causes which Medical Science has shown to be capable of great abatement or entire removal. From the returns of the Registrar-General, it appears that the annual mortality from continued Fever and Bowel disorders, as Diarrhœa and Dysentery, not to enumerate other maladies, is extremely great. In one year the number of deaths from Fever alone, in England and Wales, was upwards of 30,000, a number considerably greater than all the deaths from Cholera during last year; and the mortality during the last ten years from Fever and Bowel disorders, exclusive of Asiatic Cholera, has far exceeded that from the successive visitations of the latter pestilence in 1848, 1849, 1853, and 1854.

That the labours of Medical men have demonstrated the close connexion which exists between the prevalence and fatality of these diseases and the presence of local circumstances injurious to health, and that experience has abun-

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dantly shown how much these diseases may be controlled or even altogether prevented by judicious sanitary arrangements. Our Prisons, Workhouses, and Lunatic Asylums, which were formerly infested with Typhus or Jail Fever, have been of late years almost entirely free from its ravages in consequence of improvements introduced by the advice of the Medical Officers.

That after any epidemic disease has once established itself in any place, all sanitary works for arresting its progress and mitigate its severity have been found to be relatively inefficacious when compared with the very same measures systematically carried out previously to the advent of the disease. The extreme insalubrity of Newcastle in 1853 prior to the outbreak of cholera from the long-continued neglect of sanitary regulations, had been frequently pressed upon the attention of the local authorities by several of the resident Medical men, but without avail. Most beneficial results have been obtained in the city of London, in Liverpool, and other towns where able officers of health have been appointed even when the powers vested in these officers were in many respects very inadequate.

That your Petitioners have observed with great satisfaction that, by clause CIV. of the Metropolis Local Management Bill, it is proposed that "Every Vestry and District Board shall, from time to time, appoint one or more legally qualified Medical practitioner or practitioners of skill and experience to inspect and report periodically upon the sanitary condition of their parish or district, to ascertain the existence of diseases, more especially epidemics, increasing the rate of mortality, and to point out the existence of any nuisance or other local causes which are likely to originate and maintain such diseases and injuriously affect the health of the inhabitants; and to take cognizance of the fact of the existence of any contagious or epidemic diseases, and to point out the most efficacious mode of checking or preventing the spread of such diseases, etc."

That it is obviously most desirable for the maintenance of the public health throughout the kingdom that a similar provision be made in the Bills now under the consideration of Parliament for the appointment of local Officers of Health in other towns and parts of the country.

That whereas in the Public Health Acts of 1848 and 1854, there was no provision whatever for the employment of any Medical officer in connexion with the General Board, your Petitioners are gratified to perceive that by clauses VII. and VIII. of the Public Health Bill now before your Honourable House it is proposed that "the General Board may appoint a Medical Council, consisting of such number of Medical practitioners as the General Board may, with the consent of the Treasury, deem expedient."

And also, "may appoint a Medical Officer," as one of the recognized Officers on the Staff of the Board.

The anomaly of a ministry of Public Health, without the services of any members of the Medical Profession, will thus cease to exist.

That a serious defect in the sanitary legislation hitherto has been that the General Board of Health, to which the care of the public health is supposed to be intrusted at all times, has been left without any power even to institute inquiries respecting the prevalence of fatal diseases in any town or district of the country, far less to promulgate any regulations or directions for the arrest of sickness and the preservation of life, except after the issuing of a Special Order of Her Majesty's Privy Council.

Since the establishment of the General Board in 1848, such an order has been issued only upon the outbreak of Asiatic Cholera.

This defect does not appear to be supplied by any of the Sanitary Bills now before the Legislature.

That to secure the efficiency of any legislative enactments for the protection of the public health, and the prevention of disease, it is indispensable that the General Board should, as in the case of the Poor Law and other Government Boards, have the power of maintaining, by means of qualified inspectors, a constant supervision over the working of the Acts throughout the country; and also of affording counsel and direction to local authorities on matters relating to the health of their district, whenever the advice of the Board is sought for by these authorities, or when the prevalence of disease may render it expedient.

Your Petitioners therefore pray that your Honourable House will be pleased to make such further provision in the Bills now before Parliament as may empower the General Board of Health, acting for the benefit of all classes of the community, to exercise such authorized Medical supervision, as is, not in times of pestilence only, but at all times, requisite to maintain the health of the people of this country at the highest possible standard; and further, to pursue such investigations for the promotion of the public good by means of science as are wholly impracticable by the private combinations.

OPENING OF THE ROYAL MEDICAL BENEVOLENT COLLEGE.

ON Monday the ceremony of opening the Royal Medical Benevolent College, at Epsom, was performed by His Royal Highness Prince Albert, with all appropriate formalities and observances.

The skill and forethought which have characterized all the proceedings relating to the establishment of the College, are particularly manifested in the choice of the site whereon the building stands. Seated on the slope of a gently rising hill, in a proverbially salubrious neighbourhood, the downs of Banstead and Epsom defend it from the chilling blasts which come from the north and east, while to the south and west lies a fine open country; and the eye can range at pleasure over the most fertile and sylvan parts of the beautiful county of Surrey, from the little town of Epsom, with its graceful church spire rising from the trees in the foreground, on to the confines of Berkshire, almost to the Royal Park, at Windsor, interspersed with the homesteads and villages which are the ornaments of English rural scenery. The building is constructed in the pointed style of the fourteenth century. The entrance porch is paved with Minton tiles, and the corridors are seen running the whole length of the building. Turning to the left, and passing several offices, we arrive at the warden's house, the warden having the superintendence of the whole department. Immediately to the right of the porch is a magnificent staircase, formed entirely of stone, with perforated balustrades. Turning to the right, four class-rooms and a school-room are seen, with an infirmary, lavatories, bath-rooms, etc. Other portions of the first and second floor are occupied with dormitories capable of accommodating one hundred boys; the master's and teachers' apartments, and sleeping-rooms for the servants. The basement floor contains the kitchen, washhouses, and the usual domestic offices of an extensive establishment. Externally the building is faced with red brick with stone dressings. The principal entrance porch is very handsome and elaborate. It is composed entirely of Caen stone, and on the first floor it furnishes the means of lighting the principal dormitories, by beautiful quatrefoil and cinquefoil tracery. All the other arrangements accord therewith. In front of the second floor are the Royal Arms of Her Majesty, this being an addition since the Queen became the Patroness of the institution. Lower down on the right are the arms of Mr. Propert, the founder of the College, and on the left those of the Earl Manvers, the President. A fine and well-executed bust of the founder also adorns the corridor end of the entrance porch. The architect of the building is Mr. G. Northey Clifton. The structure is so far completed as to enable the subscribers to proceed to the election of some of the scholars and pensioners in the course of a week or two, although much is required to be done before the whole of the proposed arrangements will be carried out in their entirety; and continued aid will be required on that behalf from the public. The schoolmaster appointed is the Rev. Robinson Thornton, of St. John's College, Oxford.

His Royal Highness Prince Albert, who left Buckingham Palace at three o'clock, was accompanied by H.R.H. the Prince of Wales. He was received at the entrance porch by the officers and council of the Institution. Thence he was conducted by Earl Manvers, Mr. Propert, and Mr. Hancocks (hon sec.) to a private apartment prepared for his reception. After a few minutes he proceeded to the dining-hall, which

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had been fitted up as a reception room, where Mr. Clifton, the architect, explained the plan of the building, which was lying on the table. There were also placed on the table a magnificent service of communion plate, and a splendidly bound and gilt Bible, common prayer book, etc., for the administration of the church. The whole were presented by A. F. Price, Esq. In the centre of the salvers were engraved on a scroll, "*Spes Nostra Christus*," and on the bottom the words "*Laus Deo.*"

Leaving the reception room, his Royal Highness and attendants proceeded to the entrance of the building where the inauguration address was read by the Lord Bishop of Oxford, to which His Royal Highness replied in the following terms :—

Mr. President and Gentlemen,—It has given me great pleasure to attend here this day to open this valuable Institution. Gratitude to the members of the Medical Profession is a feeling in which all must participate, and I have gladly witnessed the ready and general support which has been given to this undertaking, which has for its object to administer to the distresses of those who have in their more prosperous days devoted their time and energy to the alleviation of sufferings, and the restoration of the sick to their families.

After the Benediction, His Royal Highness formally declared the Royal Medical Benevolent College to be opened. He was then conducted over the principal parts of the building, including the pensioners' apartments, with all of which he was pleased to express his high approbation.

Returning to the reception-room, Prince Albert received the company assembled, many of whom availed themselves of the opportunity of presenting their donations in support of the College.

At the Déjeûner the Earl Manvers presided, and about five hundred partook of the repast. The Marine Band was stationed outside, and performed some popular pieces.

The noble Chairman proposed the health of Her Majesty, as Patroness of the Royal Benevolent Medical College; the health of His Royal Highness Prince Albert; Albert Prince of Wales, and the rest of the Royal Family; the Army and Navy.

The Chairman next proposed the health of Mr. Propert, to which that gentleman replied as follows :—I am quite sure that the warmth of human kindness which has brought you here to-day will induce you to feel for the individual who now stands before you. I am also sure that you will make every allowance for me when I beg you to believe that I feel almost overcome by your kindness (hear). When we look back to three and a-half years which have passed—it is not four years since—when my noble friend—he will pardon me for saying so, because I have just cause to do so, he has always been a friend—lent me his assistance in the project, it was the first day when a meeting was held in the Hanover-square rooms under his lordship's presidency. When I reflect upon what we have been able to do, the humble individual now addressing you has great reason to be proud that the power to carry forward the plan has been lent to him, and that we have been able to relieve those who cannot help themselves, and who are deserving of our highest sympathy (cheers). I need not tell you this institution has been raised for the purpose of assisting and comforting the distressed members of our Profession, to console the afflicted widow, and to rescue bereaved orphans from the bonds of indigence and want, and to put them in a way of procuring a livelihood so as to be a credit to themselves and an ornament to society (cheers.) When I look back upon what has been done, I cannot find words to thank you for your kind support to the undertaking. There is one circumstance connected with this day's proceedings of which I cannot but feel proud; and that was, like a true Welshman, I wished Prince Albert to condescend, if it were possible, to bring his Royal Highness the Prince of Wales with him at the opening ceremony. My wish was complied with—a circumstance most gratifying to me, and, indeed, I thank God, every step I have taken on behalf of this noble institution has received the most cordial support; and this it is which has enabled us to make such progress with the building, although it has been little more than sixteen months in rising to its present position. You have all done your duty, and I hope and trust that our building will endure and be a blessing to generations yet to come (cheers). But let me entreat you to bear in mind that the expenses will be considerable, and I trust you will continue to stir up your friends on its behalf (hear). I think we are warranted in making this appeal, for apart from it being our profession to relieve the sufferings of humanity, is there one Medical man present who does not know that there are circumstances continually occurring where he feels called upon to render assistance beyond the professional aid for which he is called in, and which has been rendered necessary through domestic matters of which he is almost the sole confidant? If there is one of us here who has not felt that, I should almost blush for my profession. But there is not one of us who has not experienced it, and therefore I say we are justified in stirring up our friends (hear, hear). Mr. Propert concluded by acknowledging the kind co-operation he had received from the Earl Manvers—from whom, within ten minutes after sending his application, he received a note, expressing his most earnest desire to promote it in such a way so noble a project deserved, and he (Mr. Propert) prayed that it would please God to spare him to see the whole plan completed (hear). After other toasts, Mr. Propert stated that, in connexion with the present occasion, the ladies had subscribed a sum amounting to nearly 3000 guineas.

THE ARMY IN THE CRIMEA.

ABSTRACT OF HEALTH REPORTS FOR THE WEEK ENDED 11TH JUNE, 1855.

BOTH cholera and the casualties of war have added greatly to the number of admissions and deaths during the week, and cholera has also made its appearance in the Expeditionary Force at Kertch, and up to the 7th of June had proved fatal to 30 men. The admissions to strength (exclusive of the force at Kertch) amounted this week to 6·89 per cent.; last week they were 3·97 per cent.

This week the deaths have been 0·64 per cent., last week they were 0·25.

Cholera, which is present in all the Divisions of the army, has been most destructive in the first; and nearly one-half of all the admissions and deaths that occurred during the week took place in it. Two batteries of artillery, A and H, which were sent down from the front, and the Small Arms Brigade, just landed from England, were encamped in a confined position under the trenches on the Balaklava heights. Cholera broke out amongst them almost immediately on their taking up their position, and several men died. When the Small Arms Brigade was inspected on the evening of the 5th, 65, out of a strength of 93, were found on the sick-list; and they had already lost 9 men. They were moved that evening, as well as the two batteries, and encamped on a small knoll further out in the plain. Since then a marked improvement has taken place in the health of the men. The 31st regiment, which was put into huts formerly occupied by the 79th, was also attacked with cholera, and lost several men. Up to the 5th of June, from their landing, on the 25th of May they had lost 14 men.

The number of men in each hut was, however, to be diminished, and a proportion sent to occupy the huts, recently vacated by the 63rd regiment, which are higher, drier, and better situated than those of the 79th, which stand on objectionable ground. The disease has become milder within the last day or two, and it appears to be declining. In other respects the general health of the division is better, fever is less prevalent, and milder in character.

Cholera has broken out in the cavalry camp also. During the week 40 cases have occurred, and 15 of them have proved fatal.

In the siege-trains the admissions from cholera have been 39, and deaths 23.

	Admissions.	Deaths.
In the 1st Division . . .	106	66
,, 2nd ,, . . .	27	11
,, 3rd ,, . . .	19	8
,, 4th ,, . . .	8	4
,, Light ,, . . .	19	5
General Hospital, Balaklava . .	15	12
	194	106

The total admissions in camp have been 274, deaths 145—to which may be added 81 admissions and 30 deaths in the Kertch Expeditionary Force, making the grand total for the

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whole Army in the Crimea, so far as it has been ascertained, 352 admissions and 175 deaths from cholera during the week under review.

The number of admissions from fever is nearly the same as last week, but that of diarrhœa is doubled.

The admissions into hospital from wounds and injuries have amounted to 642, and occurred chiefly on the night of the 7th, when the "Quarries" in front of the Redan was stormed.

The men were brought in by the ambulance wagons, aided by a party of Croats with bearers, and they were all comfortably accommodated, and their injuries promptly attended to by the Medical Officers with their regiments in front. The heavest loss fell on the 2nd and Light Divisions. Ample accommodation is still left for wounded men, sufficient for almost any contingency.

The Sardinian Contingent is suffering from cholera, as also the Land Transport Corps and the Merchant Seamen in the harbour of Balaklava.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—At the quarterly meeting of the Comitia Majora, held at the College, on Monday, June 25th, the following gentlemen, having undergone the necessary examinations for diploma, were admitted members of the College:—

BYL, Dr. VAN DER, Oxford-square, Hyde-park.
EDWARDS, Dr., Bentinck-street, Manchester-square.
MURCHISON, Dr., Upper Seymour-street, Portman-square.
SMITH, Dr. IRVING, Madras Army.
THOMPSON, Dr., Connaught-terrace.

Also, were admitted Extra Licentiates—

COOPER, Dr., Hove, Brighton, and
WATSON, Dr., Green-hill-house, Derby.

At the same Comitia, Dr. PAGE, Dr. HUGHES, Dr. GUY, and Dr. BLACK were chosen Censors for the ensuing year.

The following were chosen Fellows:—

COTTON, Dr., Clarges-street.
DICKSON, Dr., Hertford-street, Mayfair.
FINCHAM, Dr., Chapel-street, Belgrave-square.
GOODFELLOW, Dr., Russell-square.
KIRKUS, Dr., Lower Seymour-street.
OGLE, Dr., Queen-street, Mayfair.
STEWART, Dr., Grosvenor-street, and
WOODFALL, Dr., Maidstone.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 22nd inst:—Messrs.

SCHOFIELS, CHARLES JAMES, Leeds.
KNIGHT, ALBERT STANLEY PRESCOTT, Army.
O'LEARY, RICHARD, Bradford, Yorkshire.
CLOUGH, CHARLES FREDERICK, Worksop, Nottinghamshire.
TREDEGAR, THOMAS ANTHONY, Iron Works, Monmouthshire.
WEIS, MARSHALL, Belfast.
GARDNER, THOMAS TURVILLE, Brighton.
CROOME, WILLIAM FREDERICK, Banbury, Oxon.
STOBART, MATTHEW WILLIAM, St. Bartholomew's Hospital.
KAY, DAVID, Bradford, Yorkshire.

At the same meeting of the Court Mr. BROWNELL RICHARD MURPHY passed his examination for Naval Assistant-Surgeon.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 21st June, 1855:—

HARDING, WILLIAM WOODS, Brompton, Kent.
HASSEY, JEPHTHA THOMAS, Hindley, Lancashire.
HOLMES, FREDERICK, Catton, Yorkshire.
KAY, DAVID, Bradford, Yorkshire.

APOTHECARIES' HALL.—There are eighty-four candidates for the next Preliminary Examination in Classics and Mathematics, which will take place next month.

APPOINTMENT.

DERBYSHIRE GENERAL INFIRMARY.—At the Quarterly General Meeting of the Governors, on the 26th of March last, Dr. Thomas Morley Rooke was elected to the office of Physician, vacant by the resignation of Dr. Johnson.

DEATHS.

BODLEY.—June 18, at Merton-house, Brighton, William Hulme Bodley, Esq., M.D., aged 75.

CULVERWELL.—June 20, William Culverwell, Esq., Surgeon, of Blackfriars-road, and formerly of Bristol, aged 58.

SIMPSON.—May 31, before Sebastopol, of intermittent fever, Walter Simpson, Esq., M.D., 17th regiment of foot, beloved and lamented by all who knew him.

THE LONDON HOSPITAL MEDICAL COLLEGE.—The distribution of prizes took place on Wednesday, June 20th. The Right Hon. the Earl of Shaftesbury in the chair. The anatomical theatre of the College, in which the ceremony took place, was quite full, and the proceedings of the day were opened by a statement made by Dr. Little as to the general progress of the pupils during the past session, and the manner in which the prizemen for the year had distinguished themselves. He made particular allusion to the Hospital gold medals, presented by the Governors of the Hospital to those gentlemen who had distinguished themselves for zeal, attention, and humanity in the treatment of the patients, and for sound clinical knowledge of medicine and surgery. These prizes had this year been materially enhanced in value, in consequence of James Scott Smith, Esq., the Chairman of the House Committee, having added two splendid copies of the Bridgewater Treatises. This circumstance was an evidence that the governing body of the Hospital had at heart the interests of the College; and if further proof were required, the noble building in which the company were assembled, and which had been erected at the expense of the Hospital Governors, afforded it. He regarded the past session as one of the most satisfactory in an educational point of view that he could have been called upon to comment on. Lord Shaftesbury, in his address to the prizemen of the day, remarked with much feeling and eloquence on the characteristics of the Medical Profession. He regarded it as of all Professions the most entitled to public appreciation; but he grieved to say, that notwithstanding its liberal efforts in the cause of philanthropy, its intelligent, persevering, and heroic members were but too often treated in a spirit totally at variance with the principle, "that the labourer is worthy of his hire." He could but conclude that there existed a peculiar dispensation which rendered its cultivators capable of meeting with fortitude and goodwill the difficulties of their calling; and that their varied avocations in the departments of sanitary preventive medicine engendered a spirit of kindly feeling and practical charity. The following gentlemen received the honours of the day:—*Clinical Medicine.*—Gold medal (presented by the Governors of the Hospital), and a copy of the Bridgewater Treatises (presented by James Scott Smith, Esq., Chairman of the House Committee), Mr. Riners Mantell, Bitton. *Clinical Surgery.*—Gold medal (presented by the Governors of the Hospital), Mr. Riners Mantell. A copy of the Bridgewater Treatises (presented by James Scott Smith, Esq.), Mr. Edward Crossman, Friezwood. *College Class of Medicine.*—Senior: Microscope (a), Mr. Samuel Tregelles Fox, Falmouth; Certificate, Mr. J. Langdon H. Down, Torpoint. Junior: Silver Medal, Mr. J. Langdon H. Down; Certificate, Mr. Philip H. Banks, Bedford. *Surgery.*—Senior: Microscope (a), Mr. Samuel Tregelles Fox. Junior: Silver Medal and Pocket Case of Surgical Instruments (presented by the House Committee), Mr. William W. Harkness, Hackney. *Anatomy and Physiology.*—Senior: Gold Medal.—Mr. William W. Harkness. Junior: Silver Medal, Mr. Edward H. Lloyd, Thornbury; Certificate, Mr. George Pape, Plymouth. *Midwifery.*—Microscope (a), Mr. Samuel Tregelles Fox; Certificate, Mr. John Sharman, Abersychen. *Chemistry.*—Silver Medal, Mr. Robert Luther Bayley, Limehouse; Certificate, Mr. Edward H. Lloyd; Certificate, Mr. George Pape. *Forensic Medicine.*—Silver Medal: Mr. George K. Poole, H.E.I.C.S.; Certificate, Mr. James Chatterton, Coborn-road. *Materia Medica.*—

(a) One Microscope in lieu of the Gold Medals that are usually presented for Medicine, Surgery, and Midwifery.

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Silver Medal, Mr. J. Langdon H. Down; Certificate, Mr. Alfred Taylor, Limehouse. *Botany.*—Silver Medal: Mr. J. Langdon H. Down; Certificate, Mr. John Sharman.

ADULTERATION OF FOOD, ETC.—On Tuesday, on the motion of Mr. Scholefield, a Select Committee was appointed to inquire into the adulteration of food, drinks, and drugs.

A NEW PATHY.—The *Gazette Médicale de Toulouse* announces that a Swedish doctor, named Engelstroëm, has introduced a new mode of treating disease, called *tapotopathy*. It consists in striking the parts affected gentle blows at first, these being gradually increased in intensity until the patient can no longer bear them. To the pain thus caused, an agreeable warmth and indescribable beatitude succeed, which cause the patient to desire a continuation of the treatment. Arrived at this point, the rapping physician does not hesitate to declare that the cure is complete.

THE PROFESSION AT MONTPELLIER.—If ever a town was amply supplied with practitioners, Montpellier is in that position. For a population of 45,000 souls there are 77 practising doctors, or a little more than 1 for every 600 individuals.

MORTALITY NOTABILIA.—In the week that ended last Saturday 1075 deaths were registered in the metropolitan districts. Of these 548 were deaths of males, 527 of females. In the ten corresponding weeks of the years 1845-54 the average number was 923, which, to be compared with last week's return, must be raised in proportion to increase of population. The average rate of mortality would have produced 1015 deaths last week; the actual number was in excess of the estimated number by 60.

BIRTHS.—The births of 882 boys and 869 girls, 1751 children, were registered. Average 1383.

METEOROLOGY.—The mean height of the barometer in the week was 30·031 in.; and the mean daily reading was above 30 in. on every day after Monday. The mean temperature of the week was 52·9°, which is 7° below the average of the same week in 38 years. The mean temperature was below the average on every day, and on the first four days the extent of this depression was from 8° to 11°. Wind, north or north-east.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, June 23, 1855.*

CAUSES OF DEATH.	In the Week ending Saturday, June 23, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature.....	Mean temp. ° 52·9						° 60·2
ALL CAUSES	1075	522	175	196	148	24	923·2
SPECIFIED CAUSES	998	521	175	196	148	84	917·8
DISEASES:—							
1. Zymotic Class	247	188	31	24	4	..	215·8
2. Dropsy, Cancer, and others of uncertain seat	38	1	4	16	15	2	41·2
3. Tubercular Class	221	99	67	50	5	..	178·3
4. Of Brain, Nerves, etc. ..	125	48	14	29	31	3	113·7
5. Of Heart, etc.	42	4	9	15	12	2	34·3
6. Of Respiratory Organs ..	138	68	14	23	26	7	107·4
7. Of Digestive Organs ..	48	19	9	11	9	..	61·5
8. Of Kidneys, etc.	14	1	3	4	6	..	12·6
9. Of Uterus; viz. — Puerperal Disease, etc. ..	11	..	5	4	1	1	7·3
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	12	4	5	2	1	..	7·3
11. Of Skin, etc.	4	..	1	2	1	..	1·5
12. Malformations	5	5	..	..	..	..	3·1
13. Debility from Premature Birth, etc.	29	29	..	..	..	..	24·3
14. Atrophy	34	25	1	1	5	2	24·2
15. Age	31	..	..	..	17	14	39·3
16. Sudden	17	12	1	2	2	..	10·0
17. Violence, Privation, etc...	53	18	11	13	8	3	35·5
CAUSES NOT SPECIFIED.. ..	6	1	..	..	..	..	5·9

DEATHS IN PUBLIC INSTITUTIONS for the Week ending June 23:—

	Males.	Females.	Total.
Workhouses	47	55	102
Prisons	..	..	..
Military and Naval Asylums ..	5	..	5
General Hospitals	39	24	63
Hospitals for Special Diseases ..	3	4	7
Lying-in Hospitals	..	..	..
Military and Naval Hospitals ..	7	..	7
Hospitals for Foreigners, etc. ..	..	1	1
Lunatic Asylums	3	4	7
Total	104	88	192

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	3	1	6	7	2	3
North	490,396	7	5	12	9	2	7
Central ..	393,256	3	1	12	11	3	7
East.....	485,522	6	6	9	8	7	10
South	616,635	4	3	15	11	11	20
Total..	2,362,236	23	16	54	41	25	47

TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.

WE beg to remind our readers that, under the NEW NEWSPAPER STAMP ACT, which comes into operation this day, the following particulars are important to be observed:—

STAMPED COPIES can only be transmitted by post within FIFTEEN DAYS from the date of publication.

When posted they must be so folded that the Stamp is fully exposed to view.

A Student of St. Bartholomew's.—We believe that your information is correct, and that Dr. Burrows has withdrawn his name from the "Guide to Living Medical Authors."

Answers to numerous Correspondents are deferred till next week, on account of the pressure on our space.

COMMUNICATIONS have been received from—

MR. N. WARD; MR. WILDE; MR. SANG; DR. GODFREY; MR. TOYNBEE; MR. H. H. WATSON; MR. SPENCER WELLS; THE MIDDLESEX HOSPITAL; MR. W. PARKER; DR. SEATON; MR. T. WEST; DR. R. B. TODD; THE HON. SECRETARIES OF THE EPIDEMIOLOGICAL SOCIETY; DR. R. TAYLOR; MR. NORRIS F. DAVEY; A SURGEON; MR. WIGLESWORTH; THE ROYAL COLLEGE OF PHYSICIANS; THE ROYAL INSTITUTION; DR. LEVISON; DR. ANDREW SMITH; MR. G. M. HUMPHREYS; A SUBSCRIBER; SECRETARY OF THE ROYAL MEDICAL BENEVOLENT COLLEGE; MR. E. A. HART.

APPOINTMENTS FOR THE WEEK.

JUNE & JULY.	MISCELLANEOUS REGISTER.
30. SATURDAY....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
2. MONDAY.....	
3. TUESDAY	Operations at Guy's, 1 p.m.
4. WEDNESDAY ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
5. THURSDAY....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
6. FRIDAY	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.

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"I have now for some time employed pretty largely the triple Compound of Iodine, Quinine, and Iron, prepared by Mr. John T. Davenport, in the form of Syrup. I do not hesitate to express my opinion of its great value as a therapeutic agent. It has appeared to me, that the Quinine assisted the assimilation of the Iron, and I have found it to be of very great value in cases in which the use of the Iodide of Iron is recognised. This triple compound possesses many advantages over the simple Iodide, and not the least of them is the satisfactory manner in which it is tolerated by the stomach, especially if administered (as all preparations of Iron ought to be) immediately after a meal.

"GOLDING BIRD, A.M., M.D., F.R.S.,
"Fellow of the Royal College of Physicians,
"Physician and Professor of Materia Medica at Guy's."

From Dr. GEORGE P. MAY.

"Having for some time past used the ternary Compound of Quinine, Iodine, and Iron, prepared by Mr. J. T. Davenport, I can with confidence testify to its marked efficacy in cases of Struma and Anæmia, and, indeed, in all instances in which the exhibition of Iron and its Compounds is indicated. This preparation appears to combine all the therapeutic powers of its constituents without their nauseous quality, which renders it an admirable medicine in the treatment of some of the disorders of childhood. "GEORGE P. MAY, M.D.

"Maldon."

CITRATE of QUININE and IRON, containing 25 per cent. Quinine 4s. 6d. per oz.

SYRUP of the IODIDE of POTASSIUM and IRON. A fluid drachm contains two grains of each salt.

SYRUP IODIDE of ZINC, as prepared for Dr. Barlow, of Guy's Hospital.

BI-MECONATE SOLUTION of OPIUM. Professional Testimonials acknowledge this preparation to be the most efficient sedative extant. The unpleasant effects of ordinary opiates are entirely obviated. Dose, fifteen to thirty drops. 8d. per oz.

COTYLEDON UMBILICUS.

EPILEPSY successfully treated with this medicinal agent by Dr. JOSEPH WILLIAMS, (*vide* the "Lancet," February 4 and March 25, 1854.) Davenport's Preparations specially referred to are as under:—

Preserved Juice. Dose, one to three drachms; 5s. 4d. per lb.
Inspissated Juice. Dose, half a drachm to a drachm; 16s. per lb.
Solid Extract. Dose, five to fifteen grains; 20s. per lb.

TARAXACUM (Davenport's) Liquor or Fluid Extract, prepared by Spontaneous Inspissation, possesses every characteristic of the Fresh Juice, and has proved highly efficacious where the ordinary Extracts have proved inert. Dose, a fluid drachm; 6s. per lb.

J. T. DAVENPORT, Operative Chemist to H.R.H. the Duke of Cambridge, No. 33, Great Russell-street, Bloomsbury.

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The Best Food for Children, Invalids,

and others.—ROBINSON'S PATENT BARLEY, for Making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinæ of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

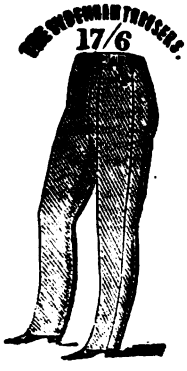
Prepared only by the Patentees, ROBINSON, BELLVILLE, and CO., Purveyors to the Queen, 64, RED LION-STREET, HOLBORN, LONDON.

The Proprietors of ROBINSON'S PATENT BARLEY and PATENT GROATS, desirous that the public shall at all times purchase these preparations in a perfectly sweet and fresh condition, respectfully inform them that every packet is now completely enveloped in the purest tin-foil, over which is the usual and well-known paper wrapper.

Sold by all respectable Grocers, Druggists, and others, in Town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 3s. 5s., and 10s. each.

Bland and Long, Philosophical and

CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICROSCOPES, with Jointed Stands, in Cases, complete, £5 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d., 8s. 6d., 15s., and 30s. each.



Samuel Brothers' Stock

for the present Season is worthy of your Inspection, combining the three requisites—Quality, Style, and Moderate Price.

READY MADE CLOTHES EQUAL to BESPOKE—an advantage not to be obtained at any other establishment. Dress Coats, 21s. to 42s.; Frock ditto, 25s. to 46s.: Paletots, 21s.; Oxonian Coats, 16s. to 24s.; Albion Over Coats, 21s. to 42s. 9d.; Toga, 25s. to 50s.; Talma, 25s. to 50s.; Poncho, 21s. to 42s.; Fancy Vests, 5s. to 10s.; Hussar Suits, 25s. to 28s.; the new Circular Coat, with Belt, 13s. 6d.

A FOUR-POUND SUIT Samuel Brothers strongly recommend—made from Saxony cloth, manufactured by an eminent West of England house, the wear of which they warrant.—Patterns etc., sent free.—No. 29, Ludgate Hill.—SAMUEL BROTHERS, MERCHANT TAILORS, OUTFITTERS, HATTERS, etc., 29, Ludgate-hill, London.

Adnam's Improved Patent Groats

and BARLEY.—THE ONLY EXISTING PATENT, and STRONGLY RECOMMENDED BY THE MEDICAL PROFESSION.

TO INVALIDS, MOTHERS, and FAMILIES.—The important object so desirable to be obtained, has at length been secured to the Public by J. and J. C. ADNAM, Patentees, who, after much time and attention, have succeeded by their IMPROVED PROCESS, in producing preparations of the purest and finest quality ever manufactured from the Oat and Barley.

The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged.

A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined:—

"Chemical Laboratory, Guy's Hospital,
"February 19, 1855.

"I have submitted to a microscopical and chemical examination the samples of Barley-meal and Groats which you have forwarded to me, and I beg to inform you, that I find in them only those principles which are found in good Barley; there is no mineral or other impurity present, and from the result of my investigation, I believe them to be genuine, and to possess those nutritive properties assigned by the late Dr. Pereira to this description of food. (Signed) "A. S. TAYLOR.

"Messrs. J. and J. C. Adnam and Co."

To be obtained Wholesale at the Manufactory, Maiden-lane, Queen-street, London; Messrs. Barclay and Sons, Farringdon-street; and Edwards, St. Paul's-churchyard; Sutton and Co., Bow-churchyard; and other Wholesale Houses. Retail in Packets and Canisters at 6d. and 1s. each, and in Canisters for Families at 2s., 5s., and 10s. each, of all respectable Grocers, Druggists, etc., in Town and Country.

A New Circular Brougham, forming

both a Complete Close and Open Carriage, the property of a gentleman, well suited for the Medical profession, will be sold a bargain at White's Coach Manufactory, 14, Cheltenham-place, Westminster-road, where may be seen a variety of other carriages.

W Best has just received his fresh

supply of the following MINERAL WATERS, direct from the sources, viz.:—Seltzer, Fachingen, Vichy, Pullna, Fredrickshall, Ems, Schwalbach, Kissingen, Marienbad, Homburg, Spa, Adelheidsquelle, Carlsbad and Carlsbad salts, at his old-established Eau de Cologne, Arquebusade, and foreign mineral water depôt, 22B, Henrietta-street, Cavendish-square. Agent for Dr. Struve's Brighton mineral waters, Bass's and Allsopp's pale ales, and Guinness's stout in imperial measure.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Prepayment,

in the PURCHASE of

NEW WHITE MOULDED VIALS.

APSLEY PELLATT and Co. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

½ oz., 1 oz., 10 dr., and 1½ oz.	per Gross,	6s.
14 dr., and 2 oz.	,,	7s.
3 oz.	,,	8s.
4 oz.	,,	10s.
6 oz.	,,	15s.
8 oz.	,,	18s.
4½ oz. graduated in 8 doses,	,,	12s. 6d.

In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package. Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes *all charges* whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in *full*, *made payable in London*.—Orders and remittances to be addressed,

APSLEY PELLATT & Co.,

FALCON GLASS WORKS, LONDON.

Pure and Healthy Leeches may at

all times be obtained of HENRY POTTER, Importer of Leeches, Herbalist, Seedsman, and Dealer in Turkey Sponge, 66, Farringdon Market, and 65, Farringdon Street, London.

H. P. having just added the latter house to his premises to carry on the business of Seedsman, offers to supply Flower Seeds in packets at the following prices:—25 varieties, 3s. 6d.; 50 ditto, 6s. 6d.; and 100 ditto, 12s. Guaranteed to be New Seeds. All other Seeds at the same moderate prices.

King's College, London — Medical

DEPARTMENT.—The WINTER SESSION, 1855-56, will commence on Monday, October 1st, 1855, on which day all Students are expected to attend the Introductory Lecture, at Two o'clock.

The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.
Physiology and General and Morbid Anatomy—Professor W. Bowman, F.R.S., and Lionel S. Beale, M.B.
Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.
Principles and Practice of Surgery—Professor William Fergusson, F.R.S.

There are two Laboratories in the College fitted up with every convenience for the attainment of practical chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of pathological chemistry, demonstrations of the urine, etc.

KING'S COLLEGE HOSPITAL.

The Hospital is visited daily. Clinical Lectures are given every week, both by the Physicians and by the Surgeons. The Physicians' Assistants and Clinical Clerks, the House Surgeons and Dressers, are selected by examination from the Students of the Hospital.

SCHOLARSHIPS.—New Students will have the privilege exclusively of contending, in October next, for two Warneford Scholarships of £25 per annum, for three years. The examination commences on the 30th of September next, in Divinity, Classics, (subjects the same as for the Matriculation examination this year at the University of London), Mathematics, and the Modern Languages.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars upon every subject may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

R. W. JELF, D.D., Principal.

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MESSRS. LANE AND LARA,

MEDICAL AGENTS AND ARBITRATORS, AND LUNATIC ASYLUM REGISTRARS.

14, JOHN-STREET, ADELPHI.

(Established A.D. 1823.)

Commission on Transfers charged only to one party; permanent Assistants provided without expense to Principals; and every other description of business transacted for the Profession at a fixed and moderate cost. A postage-stamp must be enclosed in every communication requiring an answer.

*** Office hours from 12 till 4.

Medical Assistant.—Wanted immediately, by a General Practitioner in the country, a qualified single gentleman as in-door VISITING and DISPENSING ASSISTANT. Apply to John Martin, Surgeon, Merthyr Tydvil.

A Visiting Assistant is required by a Medical Man practising in Alexandria. Address, A.B., Marischal College, Aberdeen. Unexceptionable testimonials and references are required.

Newcastle-upon-Tyne Dispensary.—Wanted, a VISITING ASSISTANT for the Eastern Branch of the Newcastle-upon-Tyne Dispensary. He must be a member of one of the Royal Colleges of Surgeons of the United Kingdom, and a Licentiate of the Apothecaries' Company of London. Particulars as to salary and the duties required may be known on application to the Secretary, to whom Testimonials must be sent on or before the 14th July next.

THOMAS HUMBLE, M.D., Honorary Secretary.

4, Eldon-square, June 21st, 1855.

Coventry and Warwickshire Hospital.—A Vacancy having occurred in the Office of HOUSE-SURGEON to this Institution, Candidates for the same (who must be members of the Royal College of Surgeons of London, Dublin, or Edinburgh, and must also be Licentiates of the Apothecaries' Company, or possess a Medical degree), are requested to send their Testimonials, sealed and addressed to the Medical Officers of the Hospital, to the care of the Secretary, on or before the 1st of August next. The Salary is £100 per annum, with furnished apartments in the Hospital, coals, and candles.

Coventry, June 19, 1855.

Stockport Infirmary.—Wanted, a HOUSE-SURGEON for this Institution. He must be a Member of one of the Royal Colleges of Surgeons of England, Ireland, or Scotland, and a Licentiate of the Apothecaries' Society, London. He will be expected to engage for three years. The Salary will be Sixty Guineas per annum, with board and furnished apartments in the Infirmary.

The Election is fixed for Monday, the 30th of July next, at Eleven o'clock in the forenoon.

Testimonials and certificates must be sent (post paid) to the Secretary, at the Infirmary, at least ten days previous to the Election.

June 18th, 1855.

Bethlem Hospital.—Medical School.—The Summer Term for the Study of Mental Diseases in Bethlem Hospital will commence on Monday, the 2nd of July, and terminate on Saturday, the 29th of September next.

Members of the Medical Profession and Medical Students, desirous of attending the Hospital Practice, are required to enter their names at the Hospital.

Admission Fee £3 3s.

The Medical Officers will enter Students, and give all necessary information.

June 1, 1855. B. WELTON, Clerk.

To the Profession.—Mr. Bowmer, M.R.C.S. Eng., 50, LINCOLN'S-INN-FIELDS, continues to assist Gentlemen in the Purchase and Sale of Practices, Negotiation of Partnerships, and other important transactions of a similarly confidential nature, upon moderate terms.

Practitioners can be supplied with ASSISTANTS adapted to their requirements, upon application, free of expense.

Assistants wishing to secure engagements may register their names, etc., personally or by letter.

Attendance from 11 till 4.

To the Medical Profession.—The Members of the "Banon Mechanics' Institution and Benefit Society" being desirous of ELECTING a duly qualified Medical gentleman to reside in Banon, beg to invite the attention of the Medical Profession. The payments by the Society are about £60 per annum. The population is about 1,200, and is fast increasing. The parish (of Dalton) in which Banon is situated contains a population of 6,000 lying within a circuit of six miles. This is an eligible opening for a Medical gentleman wanting practice, as there is none residing within five miles. Testimonials to be addressed to Mr. R. W. Bolton, Secretary, before the 30th day of July, 1855.

N.B.—Banon is a rising seaport in Morecambe Bay.

Medical Transfer and Partnership. 30, Bucklersbury, London.

MR. ORRIDGE, MEDICAL TRANSFER AGENT, in offering his services to the Profession, has the honour of being permitted to give reference to the testimony of Practitioners of the first respectability in town and country, between whom he has been professionally engaged in matters of TRANSFER and PARTNERSHIP.

MR. ORRIDGE'S AGENCY embraces *the Transfer and Valuation of every Description of Medical Property.*

An *Assistants' Registry* provided.

Office hours, Eleven to Four daily.

For Sale.—The House of a Medical Practitioner lately deceased, in a large Town in the North of England, where he has carried on an extensive and respectable practice for about Twenty-six years. Purchase money £1000, half of which may remain, if required, on the premises. Applications to be addressed to A. B., care of Mr. W. J. Wilkinson, 12, Little Tower-street, London.

Salisbury Infirmary.—Wanted, a HOUSE-SURGEON and APOTHECARY. No married person need apply, nor any person who has not passed an Examination before the College of Surgeons and at Apothecaries' Hall.

N.B.—His Examination and character must be certified by sufficient Testimonials. His Salary is £50 per annum, with washing, lodging, and boarding in the House, to which a Gratuity will be added at the end of the year, if the office be discharged to the satisfaction of the Governors.

The Rules and Statutes to be observed by the Surgeon and Apothecary may be known on application to the Secretary, to whom all Certificates and Testimonials are to be sent, on or before Saturday, the 7th of July next.

Every Candidate must be present on the day of Election, which will take place at a Special Court of Governors to be held at the Infirmary, on Saturday, the 14th of July next, at 12 o'clock at Noon, provided an eligible Candidate shall present himself for Election.

By order of the Special Court,

JAMES HUSSEY, Chairman.

16th June, 1855. CHARLES H. RADCLIFFE, Secretary.

Surgeon.—Rupture Society, Established 1804.—A Vacancy having occurred in the office of SURGEON to the above Society, gentlemen desirous of becoming Candidates to supply the vacancy, are requested to forward their applications in writing, with copies of their testimonials, to the undersigned, by Twelve o'clock at noon, on Wednesday, the 11th day of July next, after which time no application can be received. The Candidate must be a Fellow or Member of the Royal College of Surgeons in London, and no one practising pharmacy or midwifery is eligible for the office. Particulars as to the gratuity to be allowed, the duties required to be performed, etc., may be obtained on personal application to the Secretary.

WILLIAM MOSELEY TAYLER, Secretary.

13, Bedford-street, Covent-garden, June 27th, 1855.

Maldon Union.—Appointment of MEDICAL OFFICER.—Notice is hereby given, that the Board of Guardians of the above Union will, at their Meeting to be held on Thursday, the 12th day of July next, proceed to the appointment of a MEDICAL OFFICER for the District of Burnham, comprising the parishes of Althorne, Burnham, and Crixea, with an area of 7578 statute acres, and a population of 2466.

Salary £45 per annum, together with the remuneration for extra services specified in Art. 177 of the General Order of the Poor Law Board of the 24th July, 1847, and also 15s. for each case of midwifery, and 1s. 6d. for each case of successful vaccination; which said several extras amounted together upon the average of three years ended at Lady-day last, to the sum of £27 2s.

Applications for the Appointment, with Testimonials, to be sent in to the Clerk, on or before the 11th day of July next, and Candidates are requested to attend the Board on the following day, at One o'clock.

By order of the Board of Guardians,

Maldon, 18th June, 1855. WILLIAM CODD, Clerk.

Struve's Seltzer, Fachingen, Vichy, and other MINERAL WATERS.—Under Her Majesty's especial patronage.—ROYAL GERMAN SPA, Brighton.

STRUVE'S PUMP-ROOM AND PROMENADES, affording every facility for a course of Mineral Waters, as perfect and beneficial as at the natural springs, are now open for the 31st Season. Orders for Struve's Bottled Mineral Waters continue to be executed by George Waugh and Co., Chemists to the Queen, 177, Regent-street (West side), London, and by numerous other respectable houses in London and the provincial towns, where a prospectus may be obtained gratis.

CAUTION.—Struve and Co. are compelled, in justice to the public and themselves, to disclaim any connexion with Waters advertised under the general designation of "Brighton Seltzer," "Brighton Fachingen," etc. by various parties, and respectfully request the public, especially consumers at clubs, hotels, etc., to observe carefully that the name of Struve is on the label as well as on both sides of the red ink stamp over the cork, having the words "Royal German Spa, Brighton," beneath the royal arms.

London: Printed by CHARLES REED and BENJAMIN PARDON, of 1, 2, and 3, Lovell's-court, Paternoster-row, in the City of London; and published by JOHN CHURCHILL, at the Publishing Office, No. 11, New Burlington-street, in the Parish of St. James, in the City of Westminster.—June 30, 1855.

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